



# Arkansas Department of Health and Human Services

## Division of Medical Services



P.O. Box 1437, Slot S-295  
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789 & 1-877-708-8191

Internet Website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)

**TO:** Arkansas Medicaid Health Care Providers – Ambulatory Surgical Center

**DATE:** June 1, 2006

**SUBJECT:** Provider Manual Update Transmittal #64

### REMOVE

Section	Date
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—	—

### INSERT

Section	Date
216.800	6-1-06
242.145	6-1-06

### Explanation of Updates

Section 216.800 is a new section about Hyperbaric Oxygen Therapy (HBO). It provides specific details which providers must adhere to when utilizing this type of treatment and adds an approved list of diagnosis codes.

Section 242.145 is included to update information about procedure code 99183.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

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Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director



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## SECTION II - AMBULATORY SURGICAL CENTER

### CONTENTS

#### 200.000 AMBULATORY SURGICAL CENTER GENERAL INFORMATION

- 201.000 Arkansas Medicaid Participation Requirements for ASCs
- 202.000 Documentation Requirements

#### 210.000 PROGRAM COVERAGE

- 211.000 Introduction
- 212.000 Scope
- 213.000 Coverage
  - 213.100 Surgery Coverage
  - 213.200 Laboratory, X-Ray and Machine Test Coverage
  - 213.210 Specimen Collection, Handling and/or Conveyance Coverage
- 215.000 Benefit Limits
  - 215.100 Outpatient Surgery Benefit Limits
  - 215.110 Benefit Limits for Laboratory, X-Ray and Machine Tests
  - 215.111 Benefit Limits for Fetal Ultrasound and Fetal Non-Stress Tests
  - 215.120 Benefit Extension Requests
    - 215.121 Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services, form DMS-671
    - 215.122 Documentation Requirements
    - 215.123 Provider Notification of Benefit Extension Determinations
    - 215.124 Reconsideration of Benefit Extension Denials
  - 215.200 Appealing an Adverse Action
- 216.000 Coverage Limitations
  - 216.100 Abortions
    - 216.110 Abortion When the Life of the Mother Would be Endangered if the Fetus Were Carried to Term
    - 216.120 Abortion When the Pregnancy is a Result of Rape or Incest
    - 216.121 Procedure Codes for Abortion in the Case of Rape or Incest
  - 216.200 Cosmetic Surgery
  - 216.300 Sterilizations
    - 216.310 Consent to Sterilization – Additional Information
  - 216.400 Hysterectomies
    - 216.410 Informed Consent
    - 216.420 Random Audits of Hysterectomies
    - 216.430 Hysterectomies Performed for Sterilization
  - 216.500 Acknowledgement Statement for Hysterectomies and Sterilization Consent Form
  - 216.600 Cochlear Implants
  - 216.700 Dental Treatment
  - 216.800 Hyperbaric Oxygen Therapy

#### 220.000 PRIOR AUTHORIZATION

- 221.000 Procedure for Obtaining Prior Authorization
- 222.000 Post-Procedural Authorization for Eligible Recipients Under Age 21
- 223.000 Procedures That Require Prior Authorization in an Ambulatory Surgical Center
- 231.000 Method of Reimbursement - Outpatient Surgical Procedures

#### 230.000 REIMBURSEMENT

- 231.000 Method of Reimbursement - Outpatient Surgical Procedures
- 232.000 Specimen Collection, Handling and/or Conveyance
- 233.000 Burn Dressing Changes
- 234.000 Extracorporeal Shock Wave Lithotripsy (E.S.W.L.)
- 235.000 Rate Appeal Process

#### 240.000 BILLING PROCEDURES

241.000	Introduction to Billing
242.000	CMS-1450 (formerly UB-92) Billing Procedures
242.100	Procedure Codes
242.110	Outpatient Surgery
242.120	Dental Procedures
242.130	Venipuncture for Collection of Specimen
242.140	Abortion Procedure Code in the Case of Rape or Incest
242.145	Hyperbaric Oxygen Therapy Procedures
242.150	Non-Payable Procedure Codes
242.200	Place of Service and Type of Service Codes
242.300	Billing Instructions – Paper Only
242.310	Completion of the CMS-1450 (formerly UB-92) Claim Form
242.400	Special Billing Procedures
242.410	Burn Dressing
242.420	Bone Stimulation
242.430	Billing for Procedures that are not Assigned to a Surgical Group

**216.800 Hyperbaric Oxygen Therapy**

6-1-06

Hyperbaric Oxygen Therapy (HBO) involves exposing the body to oxygen under pressure greater than one atmosphere. Such therapy is performed in specially constructed hyperbaric chambers holding one or more patients, although oxygen may be administered in addition to the hyperbaric treatment itself. Patients should be assessed for contraindications such as sinus disease or claustrophobia prior to therapy. In some diagnoses, hyperbarics is only an adjunct to standard surgical therapy. These indications are taken from "The Hyperbaric Oxygen Therapy Committee Report" (2003) of The Undersea and Hyperbaric Medical Society (Kensington, MD).

All hyperbaric therapy will require prior approval, except in emergency cases such as for air embolism or carbon monoxide poisoning. Prior approval will be for a certain number of treatments. A copy of the approval letter must be filed with each claim and the number in the series of treatments documented. Further treatments will require reapplication for a prior approval. Documentation for prior approval should include, but not be limited to, a complete physician SOAP note, a physical exam and prior therapy treatment failures, including antibiotic therapies and surgical interventions. It must include a clear description of the wound with each claim. Documentation of no measurable signs of healing for at least 30 consecutive days of wound care therapy prior to the start of HBO therapy should be included (for those diagnoses requiring this treatment plan). If an extension of benefits is needed, the above documentation must be submitted. Physician progress notes with physical findings at each treatment and the effects of treatment and wound description will be needed for an extension. Any questions may be addressed to the Medical Director at 501-682-9868.

Requests for prior approval may be mailed or faxed.

Mailing address:

ATTN: Medical Director  
Division of Medical Services  
P. O. Box 1437, Slot S412  
Little Rock, AR 72203-1437

Fax to:

501-682-8013 or  
501-683-4124  
ATTN: Medical Director

The following tables provide explanation of diagnosis requirements and treatment number and treatment schedules.

Diagnosis	Description	Number of Treatments
6396, 67300, 9580, 9991	Air or Gas Embolism	10
9930	Decompression Sickness	10
986	Carbon Monoxide Poisoning	5
0400, 0383	Clostridial Myositis and Myonecrosis (Gas Gangrene)	10
8690-8691, 8871, 8873, 8875, 8877, 8971, 8973, 8975, 8977, 9251-9299, 99690-99699	Crush injuries, compartment syndrome, other acute traumatic peripheral ischemias	See Table
25070-25073, 44023, 44024, 44381-4439, 4540, 4542, 70700-7079, 9895, 99859	Enhancement of healing in selected problem wounds; diabetic foot ulcers, pressure ulcers, venous stasis ulcers; only in severe and limb or life-threatening wounds that have not responded to other treatments, particularly if ischemia that cannot be corrected by vascular procedures is present	30

Diagnosis	Description	Number of Treatments
3240	Intracranial abscess, multiple abscesses, immune compromise, unresponsive	20
72886, 7854	Necrotizing Soft Tissue Infections, immune compromise	30
73000-73020	Refractory osteomyelitis after aggressive surgical debridement	40
52689, 73010-73019, 7854, 9092, 990	Delayed Radiation Injury	60
99652, 99660-99670, V423	Compromised skin grafts and flaps	20
9400-9495	Thermal burns>20% TSBA +/- involvement of hands, face, feet or perineum that are deep, partial or full thickness injury	40

Hyperbaric Treatment Schedules ("Doses") of HBO <sub>2</sub>				
ICD9 Code	Injury Type	Number & Schedule of HBO <sub>2</sub> Treatments	Number of HBO <sub>2</sub> Treatments Before Peer Review (Days)	Comments
9251-929.9	Crush Injuries according to Gustilo classification	TID <sup>a</sup> 2 days BID <sup>b</sup> 2 days Daily for 2 days	6	
9585	Compartment syndrome, impending stage fasciotomy not required	TID <sup>a</sup> for 1 day	1	If post-fasciotomy, see problem wound recommendations
9400-9495, 99652, 99666-99670, V423	Threatened flaps & grafts	Same as for crush injuries	6	
92951-929.9	Problem wounds after primary management	BID <sup>b</sup> for 7d; daily 7 days	14	Post-fasciotomy wounds, complications and residual wounds after primary management of crush injuries

Hyperbaric Treatment Schedules ("Doses") of HBO <sub>2</sub>				
ICD9 Code	Injury Type	Number & Schedule of HBO <sub>2</sub> Treatments	Number of HBO <sub>2</sub> Treatments Before Peer Review (Days)	Comments
73000-73020	Refractory osteomyelitis	Daily for 21 days	21 +	May require continuation of HBO <sub>2</sub> through 60 treatments, but reassessment and second stage peer review recommended after 40 treatments

<sup>a</sup>Three times a day

<sup>b</sup>Twice a day

Refer to section 242.145 of this manual for billing instructions.

**242.145 Hyperbaric Oxygen Therapy Procedures**

6-1-06

- A. **Facilities may bill for only one unit of service per day. The facility's charge for each service date must include all its hyperbaric oxygen therapy charges, regardless of how many treatment sessions per day are administered.**
- B. Facilities may bill for laboratory, X-ray, machine tests and outpatient surgery in addition to procedure code 99183.
- C. Hospitals and ambulatory surgical centers must file paper claims for procedure code 99183 because the claims are reviewed for medical necessity.
- D. Indicate which treatment session is being billed (for example, "Treatment session # 4") and attach pertinent progress and treatment notes.

Procedure Code	Description
99183	Hyperbaric oxygen pressurization, facility charge, one per day, outpatient

Refer to section 216.800 of this manual for coverage policy, diagnosis requirements and treatment schedules.





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**TO:** Arkansas Medicaid Health Care Providers – Hospital

**DATE:** June 1, 2006

**SUBJECT:** Provider Manual Update Transmittal #91

### REMOVE

Section	Date
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272.404	10-13-03

### INSERT

Section	Date
217.130	6-1-06
272.404	6-1-06

### Explanation of Updates

Section 217.130 is a new section about Hyperbaric Oxygen Therapy (HBO). It provides specific details which providers must adhere to when utilizing this type of treatment and adds an approved list of diagnosis codes.

Section 272.404 is included to update information about procedure code 99183.

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## SECTION II – HOSPITAL / CRITICAL ACCESS HOSPITAL (CAH) / END-STAGE RENAL DISEASE (ESRD)

### CONTENTS

<b>200.000</b>	<b>HOSPITAL, CRITICAL ACCESS HOSPITAL (CAH) AND END-STAGE RENAL DISEASE (ESRD) GENERAL INFORMATION</b>
200.100	Introduction
201.000	Hospital General Information
201.100	Arkansas Medicaid Participation Requirements for Acute Care/General Hospitals
201.110	Arkansas Medicaid Participation Requirements for Pediatric Hospitals
201.120	Arkansas Medicaid Participation Requirements for Arkansas State-Operated Teaching Hospitals
201.200	Routine Services Providers and Limited Services Providers
201.210	Hospitals in Arkansas and in Bordering States
201.211	Routine Services Providers
201.220	Hospitals in States Not Bordering Arkansas
201.221	Limited Services Providers
201.300	Provider Enrollment and Provider File Maintenance
201.301	Provider Enrollment Procedures
201.310	Provider Enrollment and Provider File Maintenance
201.311	Enrollment and Provider File Maintenance – Pediatric Hospitals
201.312	Enrollment and Provider File Maintenance – Arkansas State-Operated Teaching Hospitals
201.313	Enrollment and Provider File Maintenance – Critical Access Hospitals (CAHs) in Other States
201.400	Critical Access Hospital (CAH) General Information
201.401	Arkansas Medicaid Participation Requirements for CAHs
201.402	Participation of Out-of-State CAHs
201.410	Provider Enrollment Procedures
201.411	Provider Enrollment – In-State CAH
201.412	Out-of-State CAH Enrollment in the Hospital Program
202.000	Hospital and CAH Medical Record Requirements
202.100	Availability of Hospital and CAH Medical Records
204.000	End-Stage Renal Disease (ESRD) General Information
204.100	Arkansas Medicaid Participation Requirements for Providers of ESRD Services
204.110	ESRD Providers in Arkansas and In Bordering States
204.111	ESRD Routine Services Providers
204.120	ESRD Providers in States Not Bordering Arkansas
204.200	ESRD Medical Records
204.210	Availability of ESRD Medical Records
<b>210.000</b>	<b>PROGRAM COVERAGE</b>
211.000	Introduction
212.000	Inpatient Hospital Services
212.100	Scope – Inpatient
212.200	Exclusions – Inpatient
212.300	Therapeutic Leave
212.400	Inpatient Hospital Benefit Limitation
212.401	Inpatient Hospital Services Benefit Limit
212.410	Medicaid Utilization Management Program (MUMP)
212.411	MUMP Applicability
212.412	MUMP Exemptions
212.413	Direct Admissions
212.414	Transfer Admissions
212.415	Retroactive Eligibility
212.416	Third Party and Medicare Primary Claims

- 212.417 Requests for Reconsideration
- 212.418 Post Payment Review
- 212.419 Swing Beds and Recuperative Care Beds
- 213.000 Outpatient Hospital Services
- 213.100 Scope – Outpatient
- 213.200 Coverage
- 213.210 Emergency Services
- 213.220 Outpatient Surgical Procedures
- 213.230 Non-Emergency Services
- 213.231 Non-Emergency Services in Emergency Departments and Outpatient Clinics
- 213.232 Non-Emergency Services in the Emergency Department
- 213.233 Non-Emergency Services in Outpatient Clinics
- 213.240 Outpatient Hospital Treatment and Therapy Services
- 213.241 Treatment and Therapy Coverage that Includes Emergency or Non-Emergency Facility Services
- 213.242 Burn Therapy
- 213.243 Dialysis
- 213.244 Occupational, Physical and Speech Therapy (Including Evaluations)
- 213.245 Augmentative Communication Device (ACD) Evaluations
- 213.300 Outpatient Assessment in the Emergency Department
- 213.400 PCP Enrollment in the Hospital Outpatient Department
- 213.500 Laboratory, Radiology and Machine Test Services
- 213.510 Telemedicine (Interactive Electronic Medical Transactions)
- 213.600 Observation Bed Status and Related Ancillary Services
- 213.610 Arkansas Medicaid Criteria Regarding Inpatient and Outpatient Status
- 213.611 Medical Necessity Requirements
- 213.612 Services Excluded from Observation Bed Status
- 215.000 Benefit Limitations for Outpatient Hospital Services
- 215.010 Benefit Limit for Emergency Services
- 215.020 Benefit Limit for Non-Emergency Services
- 215.021 Benefit Limit for Occupational, Physical and Speech Therapies
- 215.030 Benefit Limit for Outpatient Assessment in the Emergency Department
- 215.040 Benefit Limit in Outpatient Laboratory, Radiology and Machine Test Procedures
- 215.041 Benefit Limits for Fetal Non-Stress Test and Fetal Ultrasound
- 215.100 Benefit Extension Requests
- 215.101 Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services, form DMS-671
- 215.102 Documentation Requirements
- 215.103 Provider Notification of Benefit Extension Determinations
- 215.104 Reconsideration of Benefit Extension Denials
- 215.110 Appealing an Adverse Action
- 215.200 Exclusions – Outpatient
- 215.300 Non-Covered Services
- 215.400 Critical Access Hospitals (CAH) Coverage
- 215.410 CAH Scope of Coverage
- 215.420 CAH Coverage Restrictions
- 215.430 CAH Exclusions
- 215.440 CAH Benefit Limits
- 216.000 Family Planning
- 216.100 Family Planning Visits
- 216.110 Basic Family Planning Visit
- 216.120 Periodic Family Planning Visit
- 216.130 Post-Sterilization Visit
- 216.200 Contraceptive Devices
- 216.300 Other Contraceptives and Supplies
- 216.310 Depo-Provera Injections
- 216.400 Sterilizations

- 216.410 Informed Consent to Sterilization
- 216.500 Family Planning Benefit Limits
- 216.510 Family Planning Visit Benefit Limit
- 216.520 Implantable Contraceptive Capsules Benefit Limit
- 216.530 Intrauterine Device (IUD)
- 216.540 Sterilization
- 216.550 Post-Sterilization Visit
- 217.000 Coverage Limitations
- 217.010 Abortions
- 217.011 Abortions When the Life of the Mother Would Be Endangered if the Fetus Were Carried to Term
- 217.012 Abortion for Pregnancy Resulting From Rape or Incest
- 217.020 Cosmetic Surgery
- 217.030 Dental Treatment
- 217.040 Gastric By-Pass or Gastric Stapling for Obesity
- 217.050 Hysterectomies
- 217.060 Transplants
- 217.061 Bone Marrow Transplants
- 217.062 Corneal Transplants
- 217.063 Heart Transplants
- 217.064 Liver Transplants
- 217.065 Liver/Bowel Transplants
- 217.066 Lung Transplants
- 217.067 Kidney (Renal) Transplants
- 217.068 Pancreas/Kidney Transplants
- 217.069 Skin Transplants
- 217.100 Observation Bed Status and Related Ancillary Services
- 217.110 Arkansas Medicaid Policy Regarding Inpatient and Outpatient Status
- 217.111 Medical Necessity Requirements
- 217.112 Services Affected by Observation Policy
- 217.120 Cochlear Implants
- 217.130 Hyperbaric Oxygen Therapy
- 218.000 Guidelines for Retrospective Review of Occupational, Physical and Speech Therapy Services
- 218.100 Guidelines for Retrospective Review of Occupational and Physical Therapy for Beneficiaries Under the Age of 21
- 218.101 Documenting Evaluations
- 218.102 Standardized Testing
- 218.103 Other Objective Tests and Measures
- 218.104 Progress Notes
- 218.105 Frequency, Intensity and Duration of Therapy Services
- 218.106 Duration of Services
- 218.107 In-Home Maintenance Therapy
- 218.108 Monitoring In-Home Maintenance Therapy
- 218.110 Definitions of Terms
- 218.120 Accepted Tests for Occupational Therapy
- 218.121 Fine Motor Skills – Standard
- 218.122 Fine Motor Skills – Supplemental
- 218.123 Visual Motor – Standard
- 218.124 Visual Perception – Standard
- 218.125 Handwriting
- 218.126 Sensory Processing – Standard
- 218.127 Sensory Processing – Supplemental
- 218.128 Activities of Daily Living/Vocational/Other – Standard
- 218.129 Activities of Daily Living/Vocational/Other – Supplemental
- 218.130 Accepted Tests for Physical Therapy
- 218.131 Norm Reference

- 218.132 Physical Therapy – Supplemental
- 218.133 Physical Therapy Criterion
- 218.134 Physical Therapy – Traumatic Brain Injury (TBI) – Standardized
- 218.135 Physical Therapy – Piloted
- 218.200 Speech-Language Therapy Guidelines for Retrospective Review
- 218.201 Medical Necessity
- 218.202 Documenting Evaluations
- 218.203 Feeding/Swallowing/Oral Motor
- 218.204 Voice
- 218.205 Progress Notes
- 218.210 Accepted Tests
- 218.211 Speech-Language Tests – Standardized
- 218.212 Speech-Language Tests – Supplemental
- 218.213 Birth to Three
- 218.214 Ages 3 through 20
- 218.220 Intelligence Quotient (IQ)
- 218.221 IQ Tests – Traditional
- 218.222 Severe and Profound IQ Test/Non-Traditional – Supplemental
- 218.223 Articulation/Phonological Assessments
- 218.224 Articulation/Phonological Assessments – Supplemental
- 218.225 Voice/Fluency Assessments
- 218.226 Auditory Processing Assessments
- 218.227 Oral Motor – Supplemental
- 218.228 Traumatic Brain Injury (TBI) Assessments
- 218.300 Retrospective Review of Paid Therapy Services
- 218.301 Medical Necessity Review
- 218.302 Utilization Review
- 218.303 Reconsideration Review

**240.000 PRIOR AUTHORIZATION**

- 241.000 Procedures for Obtaining Prior Authorization
- 242.000 Post-authorization for Emergency Procedures and Periods of Retroactive Eligibility
- 243.000 Post Procedural Authorization for Eligible Recipients Under Age 21
- 244.000 Procedures that Require Prior Authorization
- 245.000 Prior Approval and Due Process Information
- 245.010 Organ Transplant Prior Approval in Arkansas and Bordering States
- 245.020 Organ Transplant and Evaluation Prior Approval in Non-Bordering States
- 245.100 Requests to Reconsider Denied Prior Approvals
- 245.200 Beneficiary Appeal Process for Denied Prior Approvals

**250.000 REIMBURSEMENT**

- 250.100 Introduction to Reimbursement
- 250.110 Cost Report and Provider Statistical and Reimbursement Report (PS & RR)
- 250.200 Inpatient Reimbursement for Arkansas-Licensed and Bordering City Hospitals
- 250.201 Interim Per Diem Rates
- 250.202 Mass Adjustments
- 250.203 Cost Settlement
- 250.210 TEFRA Rate of Increase Limit
- 250.211 TEFRA Rate of Increase Limit Base Year Determination
- 250.212 TEFRA Exceptions
- 250.220 Customary Charges
- 250.230 Daily Upper Limit
- 250.300 Disproportionate Share Payment Eligibility
- 250.301 Definitions of Important Terms
- 250.310 Full 12-Month Cost Reporting Period
- 250.320 A Qualifying Utilization Rate
- 250.321 Minimum Qualifying Utilization Rates
- 250.330 Minimum Obstetrical Staffing Requirement

250.340	Minimum Medicaid Inpatient Utilization Rate
250.350	Minimum Payment Year Requirement
250.400	Calculating Disproportionate Share Payments
250.410	Rural Hospitals Qualifying under the Medicaid Inpatient Utilization Rate
250.420	Urban Hospitals Qualifying under the Medicaid Inpatient Utilization Rate
250.430	Hospitals Qualifying under the Low Income Utilization
250.440	Hospitals Qualifying For Disproportionate Share Payments by Both Indicators
250.450	Limitations to Disproportionate Share Payments
250.500	Disproportionate Share Payment and Rate Appeal Process
250.600	In-State Hospital Class Groups
250.610	Pediatric Hospitals
250.620	Arkansas State Operated Teaching Hospitals
250.621	Direct Graduate Medical Education (GME) Costs; Exclusion from Interim Per Diem
250.622	Arkansas State Operated Teaching Hospital Adjustment
250.623	Private Hospital Inpatient Adjustment
250.700	Allowable Costs
250.710	Organ Transplant Reimbursement
250.711	Bone Marrow Transplants
250.712	Corneal, Kidney and Pancreas/Kidney Transplants
250.713	Other Covered Transplants in all Hospitals Except In-State Pediatric Hospitals and Arkansas State-Operated Teaching Hospitals
250.714	Other Covered Transplants in In-State Pediatric Hospitals and Arkansas State-Operated Teaching Hospitals
250.715	Organ Acquisition Related to "Other Covered Transplants
250.716	Beneficiary Financial Responsibility
250.717	Transportation Related to Transplants
250.720	Costs Associated with Children under the Age of One
250.721	Newborn Physiological Bilateral Hearing Screen
251.000	Out-of-State Hospital Reimbursement
251.100	Reimbursement by Class Group
251.110	University-affiliated Teaching Hospitals
251.120	Hospitals Serving a Disproportionate Number of Medicaid Eligibles (Indigent Care Allowance Eligibility)
252.000	Reimbursement for Outpatient Hospital Services in Acute Care Hospitals
252.100	Outpatient Fee Schedule Reimbursement
252.110	Reimbursement of Outpatient Surgery in Acute Care Hospitals
252.111	Outpatient Surgical Group I
252.112	Outpatient Surgical Group II
252.113	Outpatient Surgical Group III
252.114	Outpatient Surgical Group IV
252.115	Reimbursement of Laboratory and Radiology Services in Acute Care Hospitals
252.116	Reimbursement of End-Stage Renal Disease (ESRD) Services in ESRD Facilities and Acute Care Hospitals
252.117	Reimbursement of Burn Dressing Changes in Outpatient Hospitals
252.118	Extracorporeal Shock Wave Lithotripsy (E.S.W.L.)
252.119	Reimbursement for Hyperbaric Oxygen Therapy
252.120	Outpatient Reimbursement for Pediatric Hospitals
252.130	Outpatient Reimbursement for Arkansas State Operated Teaching Hospitals
252.200	Critical Access Hospital (CAH) Reimbursement
252.210	CAH Inpatient Reimbursement
252.220	CAH Outpatient Reimbursement
253.000	Change of Ownership
254.000	Medicaid Credit Balances
255.000	Filing a Cost Report
256.000	Access to Subcontractor's Records
257.000	Rate Appeal and/or Cost Settlement Appeal Process

## 260.000 HOSPITAL/PHYSICIAN REFERRAL PROGRAM

261.000	Introduction
262.000	Hospital/Physician Responsibility
263.000	County Human Services Office Responsibility
264.000	Completion of Referral for Medical Assistance Form
264.100	Purpose of Form
264.200	Hospital/Physician Completion - Section 1
264.300	County Human Services Office Completion - Section 2
265.000	Hospital/Physician Referral for Newborns

## **270.000 BILLING PROCEDURES**

271.000	Introduction to Billing
272.000	Inpatient and Outpatient Hospital CMS-1450 (formerly UB-92) Billing Procedures
272.100	HCPCS and CPT Procedure Codes
272.101	Non-Payable Procedure Codes
272.110	Chemotherapy
272.111	Chemotherapy Drugs
272.112	Unlisted Chemotherapy Drugs
272.113	Chemotherapy Drugs Restricted by Diagnosis for Age 21 and Older
272.114	Unlisted Chemotherapy Drugs Restricted by Diagnosis for Age 21 and Older
272.115	Observation Bed Billing Information
272.116	Observation Bed Policy Illustration
272.120	Immunizations
272.130	Outpatient—Emergency, Non-Emergency and Related Charges
272.131	Non-Emergency Charges
272.132	Procedure Codes Requiring Modifiers
272.140	Inpatient / Outpatient Dental Procedures
272.150	Family Planning Services
272.160	Outpatient Surgery
272.200	Place of Service and Type of Service Codes
272.300	Hospital Billing Instructions – Paper Only
272.400	Special Billing Instructions
272.401	Interim Billing
272.402	Newborn
272.403	Burn Dressing
272.404	Hyperbaric Oxygen Therapy Procedures
272.420	Dialysis
272.421	Dialysis Procedure Codes
272.422	Hemodialysis
272.423	Peritoneal Dialysis
272.424	Administration of Epogen for Renal Failure
272.430	Billing for Organ Transplants
272.431	Billing for Bone Marrow Transplants
272.432	Billing for a Living Bone Marrow Donor
272.433	Billing for a Living Kidney Donor
272.434	Billing for a Living Partial-Liver Donor
272.435	Tissue Typing
272.440	Factor VIIa
272.441	Factor VIII
272.442	Factor IX
272.443	Cryoprecipitate
272.444	Immune Globulin
272.445	Norplant
272.446	Therapeutic Leave
272.447	Bone Stimulation
272.448	Vascular Injection Procedures
272.449	Abortion Procedure Codes
272.450	Laboratory, Diagnostic Radiology and Radiation Therapy
272.451	Injections Conditionally Covered



272.452 Hysterectomy for Cancer or Dysplasia  
272.454 Argon Laser Trabecular Photocoagulation  
272.460 Non-Payable Diagnosis Codes  
272.470 Excluded Diagnosis Codes  
272.500 Influenza Virus Vaccines



**217.130 Hyperbaric Oxygen Therapy**

6-1-06

Hyperbaric Oxygen Therapy (HBO) involves exposing the body to oxygen under pressure greater than one atmosphere. Such therapy is performed in specially constructed hyperbaric chambers holding one or more patients, although, oxygen may be administered in addition to the hyperbaric treatment itself. Patients should be assessed for contraindications such as sinus disease or claustrophobia prior to therapy. In some diagnoses, hyperbarics is only an adjunct to standard surgical therapy. These indications are taken from "The Hyperbaric Oxygen Therapy Committee Report" (2003) of The Undersea and Hyperbaric Medical Society (Kensington, MD).

All hyperbaric therapy will require prior approval, except in emergency cases such as for air embolism or carbon monoxide poisoning. Prior approval will be for a certain number of treatments. A copy of the approval letter must be filed with each claim and the number in the series of treatments documented. Further treatments will require reapplication for a prior approval. Documentation for prior approval should include, but not be limited to, a complete physician SOAP note, a physical exam and prior therapy treatment failures, including antibiotic therapies and surgical interventions. It must include a clear description of the wound with each claim. Documentation of no measurable signs of healing for at least 30 consecutive days of wound care therapy prior to the start of HBO therapy should be included (for those diagnoses requiring this treatment plan). If an extension of benefits is needed, the above documentation must be submitted. Physician progress notes with physical findings at each treatment and the effects of treatment and wound description will be needed for an extension. Any questions may be addressed to the Medical Director at 501-682-9868.

Requests for prior approval may be mailed or faxed.

Mailing address:

ATTN: Medical Director  
Division of Medical Services  
P. O. Box 1437, Slot S412  
Little Rock, AR 72203-1437

Fax to:

501-682-8013 or  
501-683-4124  
ATTN: Medical Director

The following tables provide explanation of diagnosis requirements and treatment number and treatment schedules.

Diagnosis	Description	Number of Treatments
6396, 67300, 9580, 9991	Air or Gas Embolism	10
9930	Decompression Sickness	10
986	Carbon Monoxide Poisoning	5
0400, 0383	Clostridial Myositis and Myonecrosis (Gas Gangrene)	10
8690-8691, 8871, 8873, 8875, 8877, 8971, 8973, 8975, 8977, 9251-9299, 99690-99699	Crush injuries, compartment syndrome, other acute traumatic peripheral ischemias	See Table
25070-25073, 44023, 44024, 44381-4439, 4540, 4542, 70700-7079, 9895, 99859	Enhancement of healing in selected problem wounds; diabetic foot ulcers, pressure ulcers, venous stasis ulcers; only in severe and limb or life-threatening wounds that have not responded to other treatments, particularly if ischemia that cannot be corrected by vascular procedures is present	30

Diagnosis	Description	Number of Treatments
3240	Intracranial abscess, multiple abscesses, immune compromise, unresponsive	20
72886, 7854	Necrotizing Soft Tissue Infections, immune compromise	30
73000-73020	Refractory osteomyelitis after aggressive surgical debridement	40
52689, 73010-73019, 7854, 9092, 990	Delayed Radiation Injury	60
99652, 99660-99670, V423	Compromised skin grafts and flaps	20
9400-9495	Thermal burns>20% TSBA +/- involvement of hands, face, feet or perineum that are deep, partial or full thickness injury	40

Hyperbaric Treatment Schedules ("Doses") of HBO <sub>2</sub>				
ICD9 Code	Injury Type	Number & Schedule of HBO <sub>2</sub> Treatments	Number of HBO <sub>2</sub> Treatments Before Peer Review (Days)	Comments
9251-929.9	Crush Injuries according to Gustilo classification	TID <sup>a</sup> 2 days BID <sup>b</sup> 2 days Daily for 2 days	6	
9585	Compartment syndrome, impending stage fasciotomy not required	TID <sup>a</sup> for 1 day	1	If post-fasciotomy, see problem wound recommendations
9400-9495, 99652, 99666-99670, V423	Threatened flaps & grafts	Same as for crush injuries	6	
92951-929.9	Problem wounds after primary management	BID <sup>b</sup> for 7d; daily 7 days	14	Post-fasciotomy wounds, complications and residual wounds after primary management of crush injuries

Hyperbaric Treatment Schedules ("Doses") of HBO <sub>2</sub>				
ICD9 Code	Injury Type	Number & Schedule of HBO <sub>2</sub> Treatments	Number of HBO <sub>2</sub> Treatments Before Peer Review (Days)	Comments
73000-73020	Refractory osteomyelitis	Daily for 21 days	21 +	May require continuation of HBO <sub>2</sub> through 60 treatments, but reassessment and second stage peer review recommended after 40 treatments

<sup>a</sup>Three times a day

<sup>b</sup>Twice a day

Refer to section 272.404 of this manual for billing instructions.

**272.404 Hyperbaric Oxygen Therapy Procedures****6-1-06**

- A. **Facilities may bill for only one unit of service per day.** The facility's charge for each service date must include all its hyperbaric oxygen therapy charges, regardless of how many treatment sessions per day are administered.
- B. Facilities may bill for laboratory, X-ray, machine tests and outpatient surgery in addition to procedure code 99183.
- C. Hospitals and ambulatory surgical centers must file paper claims for procedure code 99183 because the claims are reviewed for medical necessity.
- D. Indicate which treatment session is being billed (for example, "Treatment session # 4") and attach pertinent progress and treatment notes.

Procedure Code	Description
99183	Hyperbaric oxygen pressurization, facility charge, one per day, outpatient

Refer to section 217.130 of this manual for coverage policy, diagnosis requirements and treatment schedules.



# Arkansas Department of Health and Human Services

## Division of Medical Services



P.O. Box 1437, Slot S-295  
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789 & 1-877-708-8191

Internet Website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)

**TO:** Arkansas Medicaid Health Care Providers – Physician/Independent  
Lab/CRNA/Radiation Therapy Center

**DATE:** June 1, 2006

**SUBJECT:** Provider Manual Update Transmittal #109

### REMOVE

Section	Date
—	—
292.860	3-15-05

### INSERT

Section	Date
258.000	6-1-06
292.860	6-1-06

### Explanation of Updates

Section 258.000 is a new section added to include coverage conditions for hyperbaric oxygen therapy (HBO).

Section 292.860 has been revised to reference section 258.000 for HBO therapy coverage policy.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:

[www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

## SECTION II - PHYSICIAN/INDEPENDENT LAB/CRNA/RADIATION THERAPY CENTER

### CONTENTS

#### 200.000 PHYSICIAN/INDEPENDENT LAB/CRNA/RADIATION THERAPY CENTER GENERAL INFORMATION

- 201.000 Arkansas Medicaid Participation Requirements
- 201.100 Arkansas Medicaid Participation Requirements for Physicians
- 201.110 Group Providers of Physician Services
- 201.111 Arkansas Medicaid Participation Requirements for Rural Health Clinic or Federally Qualified Health Clinic Physician Groups
- 201.120 Physicians in Arkansas and Bordering States
- 201.130 Physicians in Non-Bordering States
- 201.200 Arkansas Medicaid Participation Requirements for Independent Laboratories
- 201.210 Independent Laboratories in Arkansas, Bordering and Non-Bordering States
- 201.300 Arkansas Medicaid Participation Requirements for Certified Registered Nurse Anesthetist (CRNA)
- 201.310 Group Providers of Certified Registered Nurse Anesthetist (CRNA) Services
- 201.320 CRNA Providers in Arkansas and Bordering States
- 201.330 Providers of CRNA Services in Non-Bordering States
- 201.400 Arkansas Medicaid Participation Requirements for Radiation Therapy Centers
- 202.000 Required Documentation
- 202.100 Documentation Required of All Medicaid Providers
- 202.200 Medical/Clinical Records Physicians are Required to Keep
- 202.300 Independent Lab Services Required Documentation
- 202.400 CRNA Services Required Documentation
- 202.500 Radiation Therapy Center Required Documentation
- 203.000 Physician's Role in the Medicaid Program
- 203.100 Introduction
- 203.110 Ambulance Services
- 203.120 Physician's Role in the Child Health Services (EPSDT) Program
- 203.130 Physician's Role in Developmental Day Treatment Clinic Services (DDTCS)
- 203.140 Physician's Role in Family Planning Services
- 203.150 Physician's Role in Home Health Services
- 203.160 Physician's Role in the Hospice Program
- 203.170 Physician's Role in Hospital Services
- 203.180 Physician's Role in the Hyperalimentation Program
- 203.190 Physician's Role in Intravenous Therapy in a Patient's Home (Home IV Therapy)
- 203.200 Physician's Role in Long Term Care Facility Placement
- 203.210 Physician's Role in the Occupational, Physical and Speech Therapy Program
- 203.220 Physician's Role in Personal Care Services
- 203.230 Physician's Role in the Pharmacy Program
- 203.240 Physician's Role in the Portable X-Ray Services Program
- 203.250 Physician's Role in the Private Duty Nursing Services Program
- 203.260 Physician's Role in the Prosthetics Program
- 203.270 Physician's Role in Mental Health Services
- 203.280 Physician's Role in the Rehabilitative Services for Persons with Mental Illness (RSPMI) Program
- 203.290 Physician's Role in the Ventilator Program
- 203.300 Physician's Role With Other State Programs
- 203.310 Physician's Role In Preventing Program Abuse
- 204.000 Role of Quality Improvement Organization (QIO)
- 205.000 Physician's "Direct Supervision"
- 205.100 Physician's "Direct Supervision" in the Provision of Psychotherapy Services
- 206.000 Early Intervention Reporting Requirements for Children Ages Birth to Three

#### 210.000 PROGRAM COVERAGE

211.000	Introduction
212.000	Scope
213.000	Exclusions
213.100	Inpatient Psychiatric Services
213.110	Physician Assistant Services
220.000	Benefit Limits
221.000	Family Planning Services
221.100	Additional Family Planning Benefit Information Regarding Aid Categories 69 and 61
222.000	Fetal Non-Stress Test and Ultrasound Benefit Limits
223.000	Injections
224.000	Inpatient Hospital Services
224.100	Inpatient Hospital Services Benefit Limit
224.200	Medicaid Utilization Management Program (MUMP)
224.210	MUMP Applicability
224.220	MUMP Exemptions
224.300	MUMP Procedures
224.310	Direct Admissions
224.320	Transfer Admissions
224.330	Retroactive Eligibility
224.340	Third Party and Medicare Primary Claims
224.350	Requests for Reconsideration
224.400	Post Payment Review
225.000	Outpatient Hospital Benefit Limit
225.100	Laboratory and X-Ray Services
226.000	Physician Services Benefit Limit
226.100	Consultations
226.200	Telemedicine (Interactive Electronic) Consultations
226.210	Telemedicine Visits
226.220	Telemedicine Echocardiography and Echography
227.000	Physical and Speech Therapy Services
227.100	Guidelines for Retrospective Review of Occupational, Physical and Speech Therapy Services
227.200	Occupational and Physical Therapy Guidelines for Retrospective Review
227.210	Accepted Tests for Occupational Therapy
227.220	Accepted Tests for Physical Therapy
227.300	Speech-Language Therapy Guidelines for Retrospective Review
227.310	List of Accepted Tests
227.320	Intelligence Quotient (IQ) Testing
227.400	Recoupment Process
228.000	Bilaminar Graft or Skin Substitutes
229.000	Procedures for Obtaining Extension of Benefits
229.100	Extension of Benefits for Laboratory and X-Ray, Physician Office and Outpatient Hospital Services
229.110	Completion of Request Form DMS-671, "Request For Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services"
229.120	Documentation Requirements
229.130	Administrative Reconsideration of Extensions of Benefits Denial
229.140	Appealing an Adverse Action
240.000	Coverage Restrictions
241.000	Ambulatory Infusion Device
242.000	Dermatology
243.000	Family Planning Services
243.100	Family Planning Services Demonstration Waiver
243.200	Family Planning Services for Women in Aid Category 61, PW-PL
243.300	Basic Family Planning Visit
243.400	Periodic Family Planning Visit
243.500	Contraception
244.000	Covered Drugs and Immunizations

- 244.100 New Pharmacy and Therapeutic Agents
- 244.200 Radiopharmaceutical Therapy
- 245.000 Laboratory and X-Ray Services Referral Requirements
- 246.000 Non-Core Rural Health Clinic (RHC) Services
- 247.000 Obstetrical Services
- 247.100 Pregnant Women in the PW-PL and PW-PE Aid Categories
- 247.200 Risk Management Services for Pregnancy
- 248.000 Psychotherapy and Psychological Testing
- 249.000 Inpatient Evaluation and Management Services
- 249.100 Professional Components of Diagnostic and Therapeutic Procedures
- 250.000 Outpatient Hospital Physician Services
- 250.100 Emergency Services
- 250.200 Physician Assessment in the Hospital Emergency Department
- 250.300 Non-Emergency Services
- 250.400 Therapy and Treatment
- 250.500 Observation Status
- 251.000 Surgery
- 251.100 Co-Surgery
- 251.110 Assistant Surgery
- 251.120 Surgical Residents
- 251.200 Surgical Procedures
- 251.210 Anesthesia
- 251.220 Elective Abortions
- 251.230 Cochlear Implant and External Sound Processor
- 251.240 Cosmetic Surgery
- 251.250 Diagnostic Endoscopy Procedures
- 251.260 Extracorporeal Shock Wave Lithotripsy (E.S.W.L.)
- 251.270 Gastric By-Pass or Gastric Stapling for Obesity
- 251.280 Hysterectomies
- 251.290 Sterilization
- 251.300 Organ Transplants
- 251.301 Corneal Transplants
- 251.302 Kidney (Renal) Transplants
- 251.303 Heart Transplants
- 251.304 Liver and Liver/Bowel Transplants
- 251.305 Bone Marrow Transplants
- 251.306 Lung Transplants
- 251.307 Skin Transplants
- 251.308 Pancreas/Kidney Transplants
- 252.000 Telemedicine (Interactive Electronic Medical Transactions)
- 252.100 Telemedicine (Interactive Electronic) Physician Visits and Consultations
- 252.200 Telemedicine (Interactive Electronic) Echography and Echocardiography
- 253.000 Bilaminate Graft or Skin Substitute
- 254.000 Enterra Therapy for Treatment of Gastroparesis
- 255.000 Ultrasonic Osteogenic Stimulator for Treatment of Non-Union Fractures (Exogen)
- 256.000 Gastrointestinal Tract Imaging with Endoscopy Capsule
- 257.000 Tobacco Cessation Products Counseling Services
- 258.000 Hyperbaric Oxygen Therapy

**260.000 PRIOR AUTHORIZATION**

- 261.000 Obtaining Prior Authorization of Restricted Medical and Surgical Procedures
- 261.100 Obtaining Prior Authorization from Arkansas Foundation of Medical Care, Inc. (AFMC)
- 261.110 Post-Procedural Authorization Process for Recipients Under Age 21
- 261.120 Prior Authorization of Bilaminate Graft or Skin Substitute
- 261.200 Obtaining Prior Authorization from the Division of Medical Services Utilization Review Unit
- 261.210 Prior Authorization of Ambulatory Infusion Device



- 261.220 Prior Authorization of Cochlear Implant and External Sound Processor
- 261.230 Prior Approval of Transplant Procedures
- 261.231 Reconsideration for Denied Prior Approvals
- 261.232 Beneficiary Appeal Process for Denied Prior Approvals
- 261.240 Prior Authorization of Hylan G-F (Synvisc) Injection
- 261.250 Prior Authorization process for Laboratory Procedures for Highly Active Antiretroviral Therapy (HAART)
- 261.260 Prior Authorization of Elective Abortion of Pregnancy Resulting from Rape or Incest
- 262.000 Procedures That Require Prior Authorization
- 263.000 Prescription Drug Prior Authorization
- 264.000 Appeal Process for Medicaid Recipients

**270.000 REIMBURSEMENT**

- 271.000 Method of Reimbursement
- 272.000 Special Reimbursement Methods
- 272.100 Anesthesia
- 272.200 Assistant Surgery
- 272.300 Clinical Lab
- 272.400 Extracorporeal Shock Wave Lithotripsy (E.S.W.L.)
- 272.500 Lab Panel Fee Reimbursement
- 272.600 Magnetic Resonance Imaging (MRI)
- 272.700 Multiple Surgery
- 272.800 Organ Transplant Reimbursement
- 272.810 Bone Marrow Transplant
- 272.820 Corneal, Kidney, and Pancreas/Kidney Transplants
- 272.830 Other Covered Transplants
- 273.000 Rate Appeal Process

**280.000 HOSPITAL/PHYSICIAN REFERRAL PROGRAM**

- 281.000 Introduction
- 282.000 Hospital/Physician Responsibility
- 283.000 County Human Services Office Responsibility
- 284.130 Ordering Forms
- 285.000 Hospital/Physician Referral for Newborns
- 285.100 Ordering Forms

**290.000 BILLING PROCEDURES**

- 291.000 Introduction to Billing
- 292.000 CMS-1500 (formerly HCFA-1500) Billing Procedures
- 292.100 CPT and HCPCS Procedure Codes
- 292.110 Non-covered CPT Procedure Codes
- 292.111 Non-Covered ICD-9-CM Diagnosis Codes
- 292.200 Place of Service and Type of Service Codes
- 292.300 Billing Instructions - Paper Only
- 292.310 Completion of CMS-1500 Claim Form
- 292.400 Special Billing Procedures
- 292.410 Abortion Procedure Codes
- 292.420 Allergy and Clinical Immunology
- 292.430 Ambulatory Infusion Device
- 292.440 Anesthesia Services
- 292.441 Billing for Sterilization on the Same Date of Service as Delivery
- 292.442 Epidural Therapy
- 292.443 Medicaid Coverage for Therapeutic Infusions (Excludes Chemotherapy)
- 292.444 Guidelines for Anesthesia Values
- 292.445 Anesthesiologist and CRNA Services
- 292.446 Time Units
- 292.447 Example of Proper Completion of Claim
- 292.450 Assistant Surgery

292.451	Co-Surgery
292.460	Bilateral Procedures
292.470	Cardiac Catheterization and Companion Radiologic Codes
292.480	Cataract Surgery
292.490	Clinical Brachytherapy
292.500	Clinic or Group Billing
292.510	Dialysis
292.520	Evaluations and Management
292.521	Consultations
292.522	Critical Care
292.523	Detention Time
292.524	Follow-Up Visits
292.525	Hospital Discharge Day Management
292.526	Initial Visits
292.527	Inpatient Hospital Visits
292.528	Nursing Home Visits
292.530	Extracorporeal Shock Wave Lithotripsy (E.S.W.L.)
292.540	Factor VIII, Factor IX and Cryoprecipitate
292.550	Family Planning Services Program Procedure Codes
292.551	Family Planning Laboratory Procedure Codes
292.560	Genetic Services
292.570	Hearing Aid Procedure Codes - Beneficiaries Under Age 21 in the Child Health Services (EPSDT) Program
292.580	Hysterectomy for Cancer or Severe Dysplasia
292.590	Injections
292.591	Injections and Oral Immunosuppressive Drugs
292.592	Other Covered Injections and Immunizations with Special Instructions
292.593	Epoetin Alpha and Darbepoetin Alpha Injections
292.594	Infliximab Injection
292.595	Adgalsidase Beta and Laronidase Injections
292.596	Zoledronic Acid Injection
292.597	Vaccines for Children Program
292.598	Influenza Virus Vaccine
292.599	New Pharmacy Therapeutics and Radiopharmaceutical Therapy
292.600	Laboratory and X-Ray Services Carried Out in the Physician's Office
292.601	Organ or Disease Oriented Panels
292.602	HCPCS Procedure Codes for Laboratory and X-Ray Services
292.610	Magnetic Resonance Imaging (MRI)
292.620	Medical Supplies - Recipients Under Age 21
292.630	Medicare
292.631	Services Prior to Medicare Entitlement
292.632	Services Not Medicare Approved
292.640	Multiple Surgery
292.650	NeuroCybernetic Prosthesis
292.660	Newborn Care
292.670	Obstetrical Care
292.671	Method 1 - "Global" or "All-Inclusive" Rate
292.672	Method 2 - "Itemized Billing"
292.673	Fetal Non-Stress Test and Ultrasound
292.674	External Fetal Monitoring
292.675	Obstetrical Care Without Delivery
292.676	Risk Management for Pregnancy
292.680	Outpatient Hospital Services
292.681	Emergency Services
292.682	Non-Emergency Services
292.683	Therapy and Treatment
292.684	Outpatient Hospital Surgical Procedures
292.690	Pelvic Examinations, Prostatic Massages, Removal of Sutures, Etc.

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292.700	Physical and Speech Therapy Services
292.710	Prior Authorization Control Number
292.720	Billing for Professional Component of Services Performed in a Hospital
292.730	Professional and Technical Components
292.740	Psychotherapy
292.741	Individual Medical Psychotherapy
292.742	Family/Group Psychotherapy
292.750	Radiation Therapy
292.760	Rural Health Clinic (RHC) Non-Core Procedure Codes
292.770	Sexual Abuse Examination for Beneficiaries Under Age 21
292.780	Substitute Physicians
292.790	Surgical Procedures with Certain Diagnosis Ranges
292.801	Cochlear Implant and External Sound Processor
292.810	Telemedicine (Interactive Electronic Medical Transactions)
292.811	Telemedicine Physician Services
292.812	Telemedicine Evaluation and Management Procedure Codes
292.813	Telemedicine Echography and Echocardiography Procedure Codes
292.820	Organ Transplant Billing
292.821	Billing for Corneal Transplants
292.822	Billing for Renal (Kidney) Transplants
292.823	Billing for Pancreas/Kidney Transplants - Under Age 21
292.824	Billing for Bone Marrow Transplants
292.825	Billing for Heart Transplants
292.826	Billing for Liver Transplants
292.827	Billing for Liver/Bowel Transplants
292.828	Billing for Lung Transplants
292.829	Billing for Skin Transplants
292.830	General Information for Transplants
292.831	Billing for Tissue Typing
292.832	Claim Filing for Living Organ Donors
292.840	Vascular Injection Procedures
292.850	Blood or Blood Components for Transfusions
292.860	Hyperbaric Oxygen Therapy Procedures
292.870	Bilaminar Graft or Skin Substitute Procedures
292.880	Enterra Therapy for Gastroparesis
292.890	Gastrointestinal Tract Imaging with Endoscopy Capsule
292.900	Tobacco Cessation Counseling Services

258.000

**Hyperbaric Oxygen Therapy**

6-1-06

Physicians may be reimbursed for attendance and supervision of hyperbaric oxygen therapy.

Hyperbaric oxygen therapy involves exposing the body to oxygen under pressure greater than one atmosphere. Such therapy is performed in specially constructed hyperbaric chambers holding one or more patients; although oxygen may be administered in addition to the hyperbaric treatment. Patients should be assessed for contraindications such as sinus disease or claustrophobia prior to therapy. In some diagnoses, hyperbarics is only an adjunct to standard surgical therapy. These indications are taken from "The Hyperbaric Oxygen Therapy Committee Report" (2003) of The Undersea and Hyperbaric Medical Society (Kensington, MD).

- A. All hyperbaric therapy will require prior approval, except in emergency cases such as for air embolism or carbon monoxide poisoning. Prior approval will be for a certain number of treatments. A copy of the approval letter must be filed with each claim and the number in the series of treatments documented.
- B. Further treatments will require reapplication for a prior approval. Documentation for prior approval should include, but not be limited to, a complete physician SOAP note, a physical exam and prior therapy treatment failures, including antibiotic therapies and surgical interventions.
  1. It must include a clear description of the wound with each claim. Documentation of no measurable signs of healing for at least 30 consecutive days of wound care therapy prior to the start of HBO therapy should be included (for those diagnoses requiring this treatment plan).
  2. If an extension of benefits is needed, the above documentation must be submitted and fully documented. Physician progress notes physical findings at each treatment and the effects of treatment wound description will be needed for an extension. Any questions may be addressed to the Medical Director at 501-682-9868.
  3. Requests for prior approval may be mailed or faxed.
 

Mailing address: ATTN: Medical Director Division of Medical Services Slot S412 Department of Health and Human Services PO Box 1437 Little Rock, AR 72203-1437	Fax to 501-682-8013 or 501-683-4124 ATTN: Medical Director
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- C. The following tables provide explanation of diagnosis requirements and treatment number of treatments and treatment schedules.

Diagnosis	Description	Number of Treatments
6396, 67300, 9580, 9991	Air or Gas Embolism	10
9930	Decompression Sickness	10
986	Carbon Monoxide Poisoning	5
0400, 0383	Clostridial Myositis and Myonecrosis (Gas Gangrene)	10

Diagnosis	Description	Number of Treatments
8690-8691, 8871, 8873, 8875, 8877, 8971, 8973, 8975, 8977, 9251-9299, 99690-99699	Crush injuries, compartment syndrome, other acute traumatic peripheral ischemias	See Table
25070-25073, 44023, 44024, 44381-4439, 4540, 4542, 70700-7079, 9895, 99859	Enhancement of healing in selected problem wounds; diabetic foot ulcers, pressure ulcers, venous stasis ulcers; only in severe and limb or life-threatening wounds that have not responded to other treatments, particularly if ischemia that cannot be corrected by vascular procedures is present	30
3240	Intracranial abscess, multiple abscesses, immune compromise, unresponsive	20
72886, 7854	Necrotizing Soft Tissue Infections, immune compromise	30
73000-73020	Refractory osteomyelitis after aggressive surgical debridement	40
52689, 73010-73019, 7854, 9092, 990	Delayed Radiation Injury	60
99652, 99660-99670, V423	Compromised skin grafts and flaps	20
9400-9495	Thermal burns > 20% TSBA +/- involvement of hands, face, feet or perineum that are deep, partial or full thickness injury	40

#### Hyperbaric Treatment Schedules ("Doses") of HBO<sub>2</sub>

ICD9 Code	Injury Type	Number & Schedule of HBO <sub>2</sub> Treatments	Number of HBO <sub>2</sub> Treatments Before Peer Review (Days)	Comments
9251-929.9	Crush Injuries according to Gustilo classification	TID <sup>a</sup> 2 days BID <sup>b</sup> 2 days Daily for 2 days	6	
9585	Compartment syndrome, impending stage fasciotomy not required	TID <sup>a</sup> for 1 day	1	If post-fasciotomy, see problem wound recommendations
9400-9495, 99652, 99666-99670, V423	Threatened flaps & grafts	Same as for crush injuries	6	

Hyperbaric Treatment Schedules (“Doses”) of HBO <sub>2</sub>				
ICD9 Code	Injury Type	Number & Schedule of HBO <sub>2</sub> Treatments	Number of HBO <sub>2</sub> Treatments Before Peer Review (Days)	Comments
92951-929.9	Problem wounds after primary management	BID <sup>b</sup> for 7d; daily 7 days	14	Post-fasciotomy wounds, complications and residual wounds after primary management of crush injuries
73000-73020	Refractory osteomyelitis	Daily for 21 days	21 +	May require continuation of HBO <sub>2</sub> through 60 treatments, but reassessment and second stage peer review recommended after 40 treatments

<sup>a</sup>Three times a day

<sup>b</sup>Twice a day

Refer to section 292.860 of this manual for billing instructions.

**292.860 Hyperbaric Oxygen Therapy Procedures****6-1-06**

Physicians may be reimbursed for attendance and supervision of hyperbaric oxygen therapy. Physicians billing for the physician component of "Physician attendance and supervision of hyperbaric oxygen therapy" **may bill for only one unit of service per day.** The physician's charge for each service date must include all his or her hyperbaric oxygen therapy charges, regardless of how many treatment sessions per day are administered.

- A. Physicians may bill for surgery and professional components of anatomical lab procedures, X-rays and machine tests in addition to **99183**.
- B. Physicians must file paper claims for **99183** because the claims are reviewed for medical necessity.
  - 1. Indicate which treatment session is being billed (for example, "Treatment session # 4") and attach pertinent progress and treatment notes.
  - 2. Use type of service code "**1**" (paper claims only).

**Refer to section 258.000 of this manual for coverage policy, diagnosis requirements and treatment schedules.**