



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

TO: Arkansas Medicaid Health Care Providers – Rehabilitative Services for
Persons with Mental Illness

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal #65

REMOVE

Section	Date
252.200	8-1-05

INSERT

Section	Date
252.200	4-3-06

Explanation of Updates

Section 252.200 is revised to change a place of service (POS) code effective April 3, 2006. Under the electronic claims column, the **place of service** code for a Nursing Home has been changed to code "32."

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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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Roy Jeffus, Director

252.200 Place of Service and Type of Service Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Outpatient Hospital	2	22
Office	3	11
Patient's Home	4	12
Nursing Facility	7	32
Skilled Nursing Facility	8	31
Other Locations	0	99
RSPMI Clinic (Telemedicine)	H	99
Emergency Services in ER	X	23
Type of Service		
R - RSPMI - (age 21 and older for services requiring PA)		
9 - RSPMI - (under age 21 and adults age 21 and older for services not requiring PA)		
V – Telemedicine		



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Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Chiropractic

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal #61

REMOVE

Section	Date
242.200	10-13-03
—	—
—	—

INSERT

Section	Date
242.200	4-3-06
242.210	4-3-06
242.220	4-3-06

Explanation of Updates

Section 242.200: This section has been subdivided into sections 242.210 (Place of Service Codes) and 242.220 (Type of Service Code for Paper Claims).

Section 242.210: The correct place of service code has been assigned to nursing facility.

Section 242.220: This subsection was previously part of former section 242.200.

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SECTION II - CHIROPRACTIC CONTENTS

200.000 CHIROPRACTIC GENERAL INFORMATION

- 201.000 Arkansas Medicaid Participation Requirements for Individual Chiropractic Providers
- 202.000 Group Providers of Chiropractic Services in Arkansas and Bordering States
- 202.100 Group Providers of Chiropractic Services in Non-Bordering States
- 202.110 Group Limited Services Providers in Non-Bordering States

210.000 PROGRAM COVERAGE

- 211.000 Introduction
- 212.000 Coverage of Chiropractic Services
- 213.000 Exclusions
- 214.000 Documentation
- 215.000 Retention of Records

220.000 PRIOR AUTHORIZATION

230.000 REIMBURSEMENT

- 231.000 Method of Reimbursement
- 232.000 Rate Appeal Process

240.000 BILLING PROCEDURES

- 241.000 Introduction to Billing
- 242.000 CMS-1500 (Formerly HCFA-1500) Billing Procedures
- 242.100 Procedure Codes
- 242.200 Chiropractic Place of Service and Type of Service Codes
- 242.210 Place of Service Codes
- 242.220 Type of Service (TOS) Code for Paper Claims
- 242.300 Billing Instructions - Paper Claims Only
- 242.310 Completion of CMS-1500 (formerly HCFA-1500) Claim Form
- 242.400 Special Billing Procedures

242.200 Chiropractic Place of Service and Type of Service Codes

4-3-06

242.210 Place of Service Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Doctor's Office	3	11
Patient's Home	4	12
Nursing Facility	7	32
Skilled Nursing Facility	8	31
Other Locations	0	99

242.220 Type of Service (TOS) Code for Paper Claims

4-3-06

The type of service code for chiropractic services is 9.



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Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Dental

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal #82

REMOVE

Section	Date
263.200	10-13-03
—	—
—	—

INSERT

Section	Date
263.200	4-3-06
263.210	4-3-06
263.220	4-3-06

Explanation of Updates

Section 263.200: This section has been subdivided into sections 263.210 (Place of Service Codes) and 263.220 (Type of Service Codes for Paper Claims).

Section 263.210: The correct place of service code has been assigned to nursing facility. Other place of service codes have been added or deleted as appropriate for the provider type.

Section 263.220: This subsection was previously part of former section 263.200.

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Roy Jeffus, Director

SECTION II - DENTAL

CONTENTS

200.000 DENTAL GENERAL INFORMATION

- 201.000 Arkansas Medicaid Participation Requirements for Dentists
- 201.100 Individual Providers of Dental Services in Arkansas and Bordering States
- 201.110 Individual Providers of Oral and Maxillofacial Surgeon Services in Arkansas and Bordering States
- 201.200 Individual Providers of Dental or Oral and Maxillofacial Surgeon Services in Non-Bordering States
- 201.210 Individual Limited Services Providers in Non-Bordering States
- 201.300 Group Providers of Dental or Oral and Maxillofacial Surgeon Services in Arkansas and Bordering States
- 201.400 Group Providers of Dental or Oral and Maxillofacial Surgeon Services in Non-Bordering States
- 201.410 Group Limited Services Providers in Non-Bordering States
- 201.500 Dentist Role in the Child Health Services (EPSDT) Program
- 201.600 Dentist Role in the Pharmacy Program
- 202.000 Documentation Requirements
- 202.100 General Records
- 202.200 Dental Records Dentists are Required to Keep
- 202.300 Record Keeping Requirements

210.000 PROGRAM COVERAGE

- 211.000 Introduction
- 212.000 Summary of Coverage
- 212.100 Medical and Surgical Services Provided by a Dentist
- 212.200 Oral and Maxillofacial Services
- 213.000 Tooth Numbering
- 214.000 Consultations
- 215.000 Child Health Services (EPSDT) Dental Screening
- 216.000 Radiographs
- 216.100 Complete Series Radiographs
- 216.200 Bitewing Radiographs in the EPSDT Intraoral Examination
- 216.300 Intraoral Film
- 217.000 Preventive Services
- 217.100 Dental Prophylaxis and Fluoride Treatment
- 217.200 Dental Sealants
- 218.000 Space Maintainers
- 219.000 Restorations
- 219.100 Amalgam Restorations
- 219.200 Composite Resin Restorations
- 220.000 Crowns – Single Restorations Only
- 221.000 Endodontia
- 222.000 Periodontal Procedures
- 223.000 Removable Prosthetic Services (Full and Partial Dentures, Including Repairs)
- 224.000 Fixed Prosthodontic Services
- 225.000 Oral Surgery
- 225.100 Simple Extraction
- 225.200 Surgical Extractions
- 225.300 Traumatic Accident
- 225.400 By Report
- 226.000 Orthodontics
- 227.000 Professional Visits
- 228.000 Hospital Services
- 228.100 Inpatient Hospital Services
- 228.200 Outpatient Hospital Services

229.000 Adult Services

230.000 PRIOR AUTHORIZATION

231.000 Procedure for Obtaining Prior Authorization
232.000 Duration of Authorization
233.000 Standard Prior Authorization Procedures
233.100 Review of Treatment Plan
234.000 Emergency Procedures
235.000 Orthodontia Prior Authorization
236.000 Prescription Prior Authorization

240.000 REIMBURSEMENT

241.000 Method of Reimbursement
242.000 Rate Appeal Process

260.000 BILLING PROCEDURES

261.000 Introduction to Billing
262.000 ADA Billing Procedures
262.100 ADA Procedure Codes
262.200 ADA Place of Service Codes
262.300 Billing Instructions - ADA Claim Form - Paper Claims Only
262.400 Special Billing Procedures for ADA Claim Form
263.000 CMS-1500 Billing Procedures
263.100 CPT Procedure Codes
263.110 CPT Procedure Codes that Require Prior Authorization Before Performing the Procedure
263.120 CPT Non-Payable Procedure Codes
263.200 Place of Service and Type of Service Codes
263.210 Place of Service Codes
263.220 Type of Service (TOS) Codes for Paper Claims
263.300 Billing Instructions - CMS-1500 - Paper Claims Only
263.400 Special Billing Procedure for the CMS-1500 Claim Form
263.410 Multiple Quadrants Billing Instructions
263.420 Anesthesia Services
263.421 Anesthesia Procedure Codes
263.422 Example of Proper Completion of Claim
263.423 Guidelines for Anesthesia Values
263.424 Time Units

263.200 Place of Service and Type of Service Codes

4-3-06

263.210 Place of Service Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Inpatient Hospital	1	21
Outpatient Hospital	2	22
Emergency Room	X	23
Office/Clinic	3	11
Nursing Facility	7	32
Skilled Nursing Facility	8	31
Other Location	0	99
Ambulatory Surgical Center	B	24
Inpatient Psychiatric Facility	G	51

263.220 Type of Service (TOS) Codes for Paper Claims

4-3-06

Type of Service Code	Description
K	Dental
1	Medical
2	Surgical
6	EPSDT Screen
7	Anesthesia
8	Assistant at Surgery (requires prior authorization)
C, P or T	Lab, X-Ray, Machine Test



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Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – ElderChoices

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal #60

REMOVE

Section	Date
262.100	12-15-05
262.200	12-15-05
—	—
—	—

INSERT

Section	Date
262.100	4-3-06
262.200	4-3-06
262.210	4-3-06
262.220	4-3-06

Explanation of Updates

Section 262.100: Place of service (POS) code 33 has been replaced with POS code 32.

Section 262.200: This section has been subdivided into sections 262.210 (Place of Service Codes) and 262.220 (Type of Service Codes for Paper Claims).

Section 262.210: The correct place of service code has been assigned to nursing facility.

Section 262.220: This subsection was previously part of former section 262.200.

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SECTION II – ELDERCHOICES HOME & COMMUNITY-BASED (H&CB) 2176 WAIVER

CONTENTS

200.000	ELDERCHOICES H&CB WAIVER PROGRAM GENERAL INFORMATION
201.000	Arkansas Medicaid Certification Requirements for ElderChoices H&CB Waiver Program
201.100	Providers of ElderChoices H&CB Waiver Services in Bordering and Non-Bordering States
210.000	PROGRAM COVERAGE
211.000	Scope
212.000	Eligibility Assessment
212.100	Financial Eligibility Determination
212.200	Level of Care Determination
212.300	Plan of Care
212.310	Provisional Plan of Care
212.311	Denied Eligibility Application
212.312	Comprehensive Plan Of Care
212.313	ElderChoices Applicants Leaving an Institution
212.314	Optional Participation
212.320	Physician Authorization Of The ElderChoices Plan Of Care with Personal Care Services
212.321	Internal Procedures
212.322	Revisions when the Plan Of Care Contains Personal Care Services
212.323	Medicaid Audit Requirements
212.400	Temporary Absences From the Home
212.410	Institutionalization
212.420	Non-Institutionalization
212.500	Reporting Changes in Client's Status
213.000	Description of Services
213.100	Adult Foster Care
213.110	Adult Foster Care Certification Requirements
213.200	Homemaker/Chore Services
213.210	Homemaker Services
213.220	Chore Services
213.230	Homemaker And/Or Chore Certification Requirements
213.300	Home-Delivered Meals
213.310	Hot Home-Delivered Meals
213.311	Hot Home-Delivered Meal Certification Requirements
213.320	Frozen Home-Delivered Meals
213.321	Beneficiary Requirements for Frozen Home-Delivered Meals
213.322	Frozen Home-Delivered Meals Limitations
213.323	Frozen Home-Delivered Meal Provider Certification Requirements
213.330	Limitations on Home-Delivered Meals
213.340	Combination of Hot and Frozen Home-Delivered Meals
213.350	Home-Delivered Meal Documentation Requirements
213.400	Personal Emergency Response System
213.410	Personal Emergency Response System Certification Requirements
213.500	Adult Day Care
213.510	Adult Day Care Certification Requirements
213.600	Adult Day Health Care (ADHC)
213.610	Adult Day Health Care Provider Certification Requirements
213.700	Respite Care
213.710	In-Home Respite Care
213.711	Facility-Based Respite Care
213.712	In-Home Respite Care Certification Requirements

213.713	Facility-Based Respite Care Certification Requirements
214.000	Documentation
215.000	ElderChoices Forms
216.000	Retention of Records

240.000 PRIOR AUTHORIZATION

250.000 REIMBURSEMENT

251.000	Method of Reimbursement
252.000	Rate Appeal Process

260.000 BILLING PROCEDURES

261.000	Introduction to Billing
262.000	CMS-1500 (formerly HCFA-1500) Billing Procedures
262.100	HCPCS Procedure Codes
262.200	ElderChoices Place of Service and Type of Service Codes
262.210	Place of Service Codes
262.220	Type of Service Code for Paper Claims
262.300	Billing Instructions – Paper Only
262.310	Completion of CMS-1500 (formerly HCFA-1500) Claim Form
262.400	Special Billing Procedures

262.000 CMS-1500 (formerly HCFA-1500) Billing Procedures

10-13-03

262.100 HCPCS Procedure Codes

4-3-06

The following procedure codes must be billed for ElderChoices Services:

Procedure Code	Modifiers	Description	Unit of Service	*POS for Paper Claims	*POS for Electronic Claims
S5100	—	Adult Day Care, 6 to 8 hours per date of service	15 min	5	99
S5100	U1	Adult Day Care, 4 or 5 hours per date of service	15 min	5	99
S5100	TD	Adult Day Health Care, 6 to 8 hours per date of service	15 min	5	99
S5100	TD, U1	Adult Day Health Care, 4 or 5 hours per date of service	15 min	5	99
S5120	—	Chore Services	15 min	4	12
S5130	—	Homemaker Services	15 min	4	12
S5135	—	Respite Care – Short-Term Facility-Based	15 min	5, 1, 7	99, 21, 32
S5140	—	Adult Foster Care	1 day	0	99
S5150	—	Respite Care – In-Home	15 min	4	12
S5160	—	Personal Emergency Response System – Installation	One installation	4	12
S5161	UA	Personal Emergency Response System	1 day	4	12
S5170	—	Frozen Home-Delivered Meal	1 meal	4	12
S5170	U1	Emergency Home Delivered Meals	1 meal	4	12
S5170	U2	Home-Delivered Meals	1 meal	4	12
T1005	—	Respite Care – Long-Term Facility-Based	15 min	1 or 7	21, 32, 99

*Place of service code

262.200 ElderChoices Place of Service and Type of Service Codes

4-3-06

262.210 Place of Service Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Inpatient Hospital	1	21
Patient's Home	4	12
Day Care Facility	5	99
Nursing Facility	7	32
Other Locations	0	99

262.220 Type of Service Code for Paper Claims

4-3-06

The type of service code for ElderChoices services is 1.



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Internet Website: www.medicaid.state.ar.us

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

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal #108

REMOVE

Section	Date
292.200	10-13-03
—	—
—	—

INSERT

Section	Date
292.200	4-3-06
292.210	4-3-06
292.220	4-3-06

Explanation of Updates

Section 292.200: This section has been subdivided into sections 292.210 (Place of Service Codes) and 292.220 (Type of Service Codes for Paper Claims).

Section 292.210: The correct place of service code has been assigned to nursing facility. Place of service codes have been added or deleted as appropriate for the provider type.

Section 292.220: This subsection was previously part of former section 292.200.

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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
- 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 Bilaminate 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 Reconsideration of Extensions of Benefits Denial
- 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 Assistant Surgery
- 251.110 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 Bilaminar Graft or Skin Substitute

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 Bilaminar 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
- 292.200 Physician Place of Service and Type of Service Codes
- 292.210 Place of Service Codes
- 292.220 Type of Service Codes for Paper Claims
- 292.300 Billing Instructions - Paper Only
- 292.310 Completion of CMS-1500 (formerly HCFA-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 of Conscious Sedation
- 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
- 292.460 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	Billing Procedures for Rabies Immune Globulin and Rabies Vaccine
292.596	Immunizations for Beneficiaries Under Age 21
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.
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 Bilaminate Graft or Skin Substitute Procedures

292.200 Physician Place of Service and Type of Service Codes

4-3-06

292.210 Place of Service Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Inpatient Hospital	1	21
Outpatient Hospital	2	22
Doctor's Office	3	11
Patient's Home	4	12
Ambulatory Surgical Center	B	24
Day Care Facility or DDTCS Facility	5	99
Nursing Facility	7	32
Skilled Nursing Facility	8	31
Other Locations	0	99
Independent Laboratory	A	81
End Stage Renal Disease Treatment Facility	F	65
Emergency Room	X	23
Inpatient Psychiatric Facility	G	51

292.220 Type of Service Codes for Paper Claims

4-3-06

Type of Service (TOS)	TOS Code
Family Planning	A
Telemedicine (evaluation and management services provided by physician at remote site)	V
Telemedicine (professional component of radiology procedure performed by physician at remote site)	W
Telemedicine (technical component of X-ray or machine test transmitted from local to remote site)	Y
Telemedicine (evaluation/management services of attending physician at local site, in consultation with physician at remote site)	Z
Medicine	1
Surgery	2
Anesthesia	7
Assistant surgeon (requires prior authorization)	8

Lab, machine test and X-ray TOS codes:

Description	TOS Code
Professional component	P
Technical component	T
Complete procedure	C

See Section 292.730 for definitions of P, T and C.



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

TO: Arkansas Medicaid Health Care Providers – Federally Qualified Health Center

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal #55

REMOVE

Section	Date
262.200	10-13-03
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INSERT

Section	Date
262.200	4-3-06
262.210	4-3-06
262.220	4-3-06

Explanation of Updates

Section 262.200 has been subdivided into sections 262.210 and 262.220.

Section 262.210: Place of service codes for nursing facility and FQHC have been corrected. Place of service codes have been added or deleted as appropriate for the provider type.

Section 262.220: This subsection was previously part of section 262.100. Its content is unchanged.

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.

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

SECTION II—FEDERALLY QUALIFIED HEALTH CENTER CONTENTS

200.000 FQHC GENERAL INFORMATION

- 201.000 Arkansas Medicaid Participation Requirements for Federally Qualified Health Centers
- 201.100 Participation Requirements for FQHC "Satellite" Clinics
- 201.200 Enrollment Requirement for Coverage of FQHC Services not Covered by Medicare
- 201.300 Participation Requirements for FQHCs Providing "Other Ambulatory Services"
- 202.000 The FQHC's Role in the Child Health Services (EPSDT) Program
- 202.100 The FQHC's Role in the Vaccines for Children (VFC) Program
- 202.200 Reporting Requirements for Children Ages Birth to Three
- 203.000 Primary Care Physician (PCP) Twenty-four Hour Patient Access Requirement
- 204.000 Medical Records that FQHCs are Required to Keep

210.000 PROGRAM COVERAGE

- 211.000 Introduction
- 212.000 Scope
 - 212.100 A Patient of the FQHC
 - 212.200 FQHC Core Services
 - 212.210 Services "Incident To" a Physician's Professional Services
 - 212.220 Services Furnished in Collaboration with a Physician
 - 212.230 Services and Supplies "Incident To" a Nurse Practitioner's or Physician Assistant's Services
 - 212.240 Services and Supplies "Incident To" a Clinical Psychologist's Services
 - 212.250 Clinical Social Worker Services
 - 212.300 Off-Site FQHC Services
 - 212.310 Inpatient Hospital Visits
 - 212.400 Interactive Electronic ("Telemedicine") Encounters
- 213.000 FQHC Other Ambulatory Services
- 214.000 FQHC Encounters
 - 214.100 Definition of an FQHC "Core Service" Encounter
 - 214.101 Group Psychotherapy as an FQHC Core Service Encounter
 - 214.110 Services "Incident To" an FQHC Core Service Encounter
 - 214.111 Ancillary Services "Incident To" Core Service Encounters
 - 214.112 Specimen Handling and Collection
 - 214.113 Vaccines for Children (VFC) Program Immunizations "Incident To" Core Service Encounters
 - 214.200 Definition of an FQHC "Other Ambulatory Services" Encounter
- 215.000 FQHC Obstetric and Gynecologic Encounters
- 216.000 Family Planning Encounters and Ancillary Services
 - 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 Arkansas Medicaid Prescription Drug Information
- 217.000 Non-Covered Services
- 220.000 Benefit Limits
 - 220.100 Family Planning Benefit Limits
 - 220.110 Family Planning Visit Benefit Limit
 - 220.120 Implantable Contraceptive Capsules Benefit Limit
 - 220.130 Intrauterine Device (IUD)

- 220.140 Sterilization
- 220.150 Post-Sterilization Visit
- 220.200 Extension of Benefits
- 220.201 Benefit Extension Requests
- 220.202 Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services, form DMS-671
- 220.203 Documentation Requirements
- 220.204 Provider Notification of Benefit Extension Determinations
- 220.205 Reconsideration of Benefit Extension Denials
- 220.210 Appealing an Adverse Action
- 220.220 Recipient Appeal Process for Denial of Service Coverage or Benefit Extension
- 220.300 Benefit Limits for Other Ambulatory Services Encounters

240.000 PRIOR AUTHORIZATION**250.000 REIMBURSEMENT**

- 251.000 Reimbursement Methodology for Dates of Service before January 1, 2001
- 251.100 Cost Report Form CMS-222-92 (formerly HCFA-222-92)
- 251.200 Adjustments to the Cost Report
- 251.300 Calculation of Encounter Cost and Cost Settlement
- 251.400 Cost Settling for Other Ambulatory Services Encounters (for Dates of Service before January 1, 2001)
- 251.500 Cost Settling for Services Reported by CPT or HCPCS Procedure Code Other Than the FQHC Encounter Code (for Dates of Service before January 1, 2001)
- 251.510 Cost Settling for Vaccines for Children (VFC) Program Immunization Administration (for Dates of Service before January 1, 2001)
- 252.000 Reimbursement Methodologies for Dates of Service on and after January 1, 2001
- 252.100 Prospective Payment System (PPS) Methodology for Dates of Service on and after January 1, 2001
- 252.110 Calculation of PPS Per Encounter Rate
- 252.120 Rate Adjustments for Scope of Services Changes
- 252.130 Rate Settling For Other Ambulatory Services Encounters
- 252.140 Rate Settling for Services Reported by CPT or HCPCS Procedure Code Other Than the FQHC Encounter Code
- 252.141 Rate Settling for Vaccines for Children (VFC) Program Immunization Administration
- 252.200 Alternative Reimbursement Methodology for Dates of Service on and after January 1, 2001
- 252.210 Calculation of PPS Per Encounter Rate
- 252.211 Provider-Initiated PPS Rate Reductions
- 252.220 Rate Adjustments for Scope of Services Changes
- 252.230 Reimbursement for Other Ambulatory Services Encounters in FQHCs Electing the Alternative Reimbursement Methodology for Dates of Service on and after January 1, 2001
- 252.240 Settlement for Services Reported by CPT or HCPCS Procedure Code Other than the FQHC Encounter Code
- 252.241 Settling for Vaccines for Children (VFC) Program Immunization Administration
- 253.000 Filing Cost Report Form CMS-222-92 (formerly HCFA-222-92)
- 254.000 Access to Subcontractor's Records
- 255.000 Rate Appeal and/or Cost Settlement Appeal Process

260.000 BILLING PROCEDURES

- 261.000 Introduction to Billing
- 262.000 CMS-1500 (formerly HCFA-1500) Billing Procedures
- 262.100 CPT Procedure Codes
- 262.110 FQHC Encounter Service
- 262.120 Telemedicine
- 262.130 Obstetric and Gynecologic Encounters
- 262.140 Family Planning
- 262.141 Family Planning and Post-Sterilization Visits

262.142	Family Planning Procedures
262.143	Contraceptives
262.144	Contraceptive Injections—Depo-Provera
262.150	Family Planning Laboratory Procedures
262.151	Local Procedure Codes
262.152	National Procedure Codes
262.160	Non-Payable and Excluded Procedure Codes
262.200	FQHC Place of Service and Type of Service Codes
262.210	FQHC Place of Service Codes
262.220	FQHC Type of Service Codes for Paper Claims
262.300	Billing Instructions—Paper Only
262.310	Completion of CMS-1500 (formerly HCFA-1500) Claim Form
262.400	Special Billing Procedures
262.410	Ancillary Charges
262.420	Preventive Medicine
262.421	Child Health Services (EPSDT) Screens
262.422	ARKids First-B Preventive Health Screens
262.423	Vaccines for Children (VFC) Program
262.424	Other Ambulatory Services
262.430	Non-Payable Diagnosis Codes
262.440	Diagnosis Codes not Covered for Beneficiaries under 21

262.200 FQHC Place of Service and Type of Service Codes

4-3-06

262.210 FQHC Place of Service Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Inpatient Hospital	1	21
Outpatient Hospital	2	22
Emergency Room - Hospital	X	23
Patient's Home	4	12
Nursing Facility	7	32
Skilled Nursing Facility	8	31
Ambulance	9	41
Other Locations	0	99
Ambulatory Surgical Center	B	24
Federally Qualified Health Center (FQHC)	D	50
Inpatient Psychiatric Facility	G	51

262.220 FQHC Type of Service Codes for Paper Claims

4-3-06

Type of Service (TOS)	TOS Code
FQHC Encounter	9
Telemedicine	Y
Surgery	2
Family Planning	A



Arkansas Department of Health and Human Services

Division of Medical Services



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Little Rock, AR 72203-1437

Fax: 501-682-2480

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

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Nurse Practitioner

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal #62

REMOVE

Section	Date
252.200	10-13-03
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—	—

INSERT

Section	Date
252.200	4-3-06
252.210	4-3-06
252.220	4-3-06

Explanation of Updates

Section 252.200: This section has been subdivided into sections 252.210 (Place of Service Codes) and 252.220 (Type of Service Codes for Paper Claims).

Section 252.210: The correct place of service code has been assigned to nursing facility. Place of service codes have been added or deleted as appropriate for the provider type.

Section 252.220: This subsection was previously part of former section 252.200.

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

SECTION II – NURSE PRACTITIONER

CONTENTS

200.000	NURSE PRACTITIONER GENERAL INFORMATION
201.000	Arkansas Medicaid Participation Requirements for Nurse Practitioners
201.100	Group Providers of Nurse Practitioner Services
201.200	Nurse Practitioners in Arkansas and Bordering States
201.210	Nurse Practitioners in Non-Bordering States
201.300	Enrollment Criteria for Providers of Nurse Practitioner Services
201.310	Pediatric Nurse Practitioner
201.320	Family Nurse Practitioner
201.330	Obstetric-Gynecologic (Women's Health Care) Nurse Practitioner
201.340	Gerontological Nurse Practitioner
202.000	Medical Records Nurse Practitioners are Required to Keep
203.000	The Nurse Practitioner's Role in the Medicaid Program
203.100	The Nurse Practitioner's Role in the Pharmacy Program
203.200	The Nurse Practitioner's Role in the Child Health Services (EPSDT) Program
203.300	The Nurse Practitioner's Role in the ARKids First-B Program
203.400	Nurse Practitioner's Role in Early Intervention Reporting for Children from Birth to Three Years of Age
203.500	The Nurse Practitioner's Role in Family Planning Services
203.600	The Nurse Practitioner's Role in Hospital Services
203.700	The Nurse Practitioner's Role in Preventing Program Abuse
204.000	Role of Quality Improvement Organization (QIO)
210.000	PROGRAM COVERAGE
211.000	Introduction
212.000	Advanced Nurse Practitioner
213.000	Scope
214.000	Coverage
214.100	Exclusions
214.200	General Nurse Practitioner Services
214.210	General Nurse Practitioner Services Benefit Limits
214.300	Family Planning
214.310	General Family Planning Services Information
214.320	Family Planning Services Demonstration Waiver
214.321	Family Planning Services for Women in Aid Category 61, PW-PL
214.330	Nurse Practitioner Family Planning Services
214.331	Basic Family Planning Visit
214.332	Periodic Family Planning Visit
214.333	Contraception
214.400	Injections
214.500	Laboratory and X-ray Services Referral Requirements
214.510	Laboratory and X-ray Services Benefit Limits
214.600	Obstetrical Services
214.610	Covered Nurse Practitioner Obstetrical Services
214.620	Risk Management Services for High Risk Pregnancy
214.630	Fetal Non-Stress Test
214.700	Hospital Services
214.710	Inpatient Services
214.711	Medicaid Utilization Management Program (MUMP)
214.712	Evaluation and Management
214.713	Professional Components of Diagnostic and Therapeutic Procedures
214.714	Inpatient Hospital Benefit Limits
214.720	Outpatient Hospital Services
214.721	Emergency Services
214.722	Non-Emergency Services

- 214.800 Occupational, Physical and Speech Therapy
- 214.810 Occupational, Physical and Speech Therapy Guidelines for Retrospective Review
- 214.811 Occupational and Physical Therapy Guidelines
- 214.812 Speech-Language Therapy Retrospective Review Guidelines
- 214.900 Procedures for Obtaining Extension of Benefits
- 214.910 Extension of Benefits for Laboratory and X-Ray Services
- 214.920 Completion of Request Form DMS-671
- 214.930 Documentation Requirements
- 214.940 Reconsideration of Extensions of Benefits Denial
- 214.950 Beneficiary Due Process
- 214.951 Appealing an Adverse Decision
- 214.952 Requesting Initiation or Continuation of Services Pending the Outcome of an Appeal

220.000 PRIOR AUTHORIZATION

- 221.000 Procedure for Obtaining Prior Authorization
- 221.100 Post-Procedural Authorization
- 221.110 Post-Procedural Authorization Process for Recipients Under Age 21
- 221.200 Prescription Prior Authorization
- 221.300 Procedures that Require Prior Authorization
- 222.000 Appeal Process for Medicaid Recipients

230.000 REIMBURSEMENT

- 231.000 Method of Reimbursement
- 232.000 Rate Appeal Process

250.000 BILLING PROCEDURES

- 251.000 Introduction to Billing
- 252.000 CMS-1500 (formerly HCFA-1500) Billing Procedures
- 252.100 Nurse Practitioner Procedure Codes
- 252.110 Payable CPT Procedure Codes
- 252.120 Payable HCPCS Procedure Codes
- 252.130 Payable Local Codes
- 252.200 Place of Service and Type of Service Codes
- 252.210 Place of Service Codes
- 252.220 Type of Service (TOS) Codes for Paper Claims
- 252.300 Billing Instructions – Paper Claims Only
- 252.310 Completion of CMS-1500 Claim Form
- 252.400 Special Billing Procedures
- 252.410 Clinic or Group Billing
- 252.420 Evaluations and Management
- 252.421 Initial Visit
- 252.422 Detention Time (Standby Service)
- 252.423 Inpatient Hospital Visits
- 252.424 Hospital Discharge Day Management
- 252.425 Nursing Home Visits
- 252.426 Specimen Collections
- 252.428 Services Not Considered a Separate Service from an Office Visit
- 252.429 Health Examinations for ARKids First B Recipients and Medicaid Recipients Under Age 21
- 252.430 Family Planning Services Program Procedure Codes
- 252.431 Family Planning Services Program Laboratory Procedure Codes
- 252.440 Injections
- 252.441 Chemotherapy
- 252.442 Injections With Restrictions
- 252.443 Other Covered Injections
- 252.444 Billing Procedures for Rabies Immune Globulin and Rabies Vaccine
- 252.445 Epoetin Alpha Injections for Non-ESRD Use
- 252.446 Administration of Epoetin Alpha Injections for Chronic or Acute Renal Failure
- 252.447 Immunizations For Recipients Under Age 21

- 252.448 Vaccines for Children Program
- 252.449 Influenza Virus Vaccine
- 252.450 Obstetrical Care and Risk Management Services for Pregnancy
- 252.451 Fetal Non-Stress Test
- 252.452 Newborn Care
- 252.460 Outpatient Hospital Services
- 252.461 Emergency Services
- 252.462 Non-Emergency Services
- 252.463 Outpatient Hospital Surgical Procedures
- 252.464 Multiple Surgery
- 252.465 Observation Status
- 252.466 Billing Examples
- 252.470 Prior Authorization Control Number
- 252.480 Medicare
- 252.481 Services Prior to Medicare Entitlement
- 252.482 Services Not Medicare Approved

252.200 Place of Service and Type of Service Codes

4-3-06

252.210 Place of Service Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Inpatient Hospital	1	21
Outpatient Hospital	2	22
Office	3	11
Patient's Home	4	12
Day Care Facility	5	99
Nursing Facility	7	32
Skilled Nursing Facility	8	31
Ambulance	9	41
Other Locations	0	99

252.220 Type of Service (TOS) Codes for Paper Claims

4-3-06

Type of Service (TOS)	TOS Code
Family Planning	A
Nurse Practitioner	N
EPSDT	6



Arkansas Department of Health and Human Services

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Fax: 501-682-2480

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Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Podiatrist

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal #63

REMOVE

Section	Date
242.200	10-13-03
—	—
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INSERT

Section	Date
242.200	4-3-06
242.210	4-3-06
242.220	4-3-06

Explanation of Updates

Section 242.200: This section has been subdivided into sections 242.210 (Place of Service Codes) and 242.220 (Type of Service Codes for Paper Claims).

Section 242.210: The correct place of service code has been assigned to nursing facility. Place of service codes have been added or deleted as appropriate for the provider type.

Section 242.220: This subsection has been retitled and reformatted; its content was previously part of former section 242.200.

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TO: Arkansas Medicaid Health Care Providers – Podiatrist

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Section	Date
242.200	10-13-03
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Section	Date
242.200	4-3-06
242.210	4-3-06
242.220	4-3-06

Explanation of Updates

Section 242.200: This section has been subdivided into sections 242.210 (Place of Service Codes) and 242.220 (Type of Service Codes for Paper Claims).

Section 242.210: The correct place of service code has been assigned to nursing facility. Place of service codes have been added or deleted as appropriate for the provider type.

Section 242.220: This subsection has been retitled and reformatted; its content was previously part of former section 242.200.

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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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

SECTION II - PODIATRIST

CONTENTS

200.000 PODIATRIST GENERAL INFORMATION

- 201.000 Arkansas Medicaid Participation Requirements for Podiatrists
- 201.100 Participation Requirements for Individual Podiatrists
- 201.200 Group Providers of Podiatrists' Services
- 201.300 Podiatrists in Arkansas and Bordering States
- 201.400 Podiatrists in Non-Bordering States
- 202.000 Optional Enrollment in the Title XVIII (Medicare Program)
- 203.000 Documentation Requirements
- 203.100 General Records
- 203.200 Documentation in Recipient Files
- 203.300 Record Keeping Requirements
- 204.000 Role in the Child Health Services (EPSDT) Program
- 205.000 Clinical Laboratory Improvement Amendments (CLIA) Implementation

210.000 PROGRAM COVERAGE

- 211.000 Introduction
- 212.000 Scope
- 212.100 Assistant Surgeon
- 213.000 Bilaminate Graft or Skin Substitute
- 213.100 Bilaminate Graft or Skin Substitute Coverage Restriction
- 213.200 Bilaminate Graft or Skin Substitute Benefit Limits
- 214.000 Benefit Limits
- 214.100 New Patient Visit
- 214.200 Medical Visits and Surgical Services
- 214.300 Laboratory and X-Ray Services
- 215.000 Extension of Benefits
- 215.100 Procedure for Obtaining Extension of Benefits

220.000 PRIOR AUTHORIZATION

- 221.000 Prior Authorization through the Arkansas Foundation for Medical Care, Inc. (AFMC)
- 221.100 Procedure for Requesting Prior Authorization
- 221.200 Approvals and Denials of Prior Authorization Requests
- 221.300 Post-Authorization
- 222.000 Prior Authorization of Bilaminate Graft or Skin Substitute

230.000 REIMBURSEMENT

- 231.000 Rate Appeal Process

240.000 BILLING PROCEDURES

- 241.000 Introduction to Billing
- 242.000 CMS-1500 (formerly HCFA-1500) Billing Procedures
- 242.100 Procedure Codes
- 242.110 Procedure Codes Payable in a Nursing Care Facility
- 242.120 Procedure Codes Requiring Prior Authorization
- 242.130 Procedure Codes Payable for Laboratory and X-Ray Services
- 242.200 Podiatrist Place of Service and Type of Service Codes
- 242.210 Place of Service Codes
- 242.220 Type of Service Code for Paper Claims
- 242.300 Billing Instructions—Paper Only
- 242.310 Completion of CMS-1500 Claim Form
- 242.400 Special Billing Procedures
- 242.410 Completion of Form—Medicare/Medicaid Deductible and Coinsurance

242.420	Services Prior to Medicare Entitlement
242.430	Services Not Medicare Approved
242.440	Bilaminar Graft or Skin Substitute Procedures

242.200 Podiatrist Place of Service and Type of Service Codes

4-3-06

242.210 Place of Service Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Inpatient Hospital	1	21
Outpatient Hospital	2	22
Emergency Room	X	23
Doctor's Office	3	11
Patient's Home	4	12
Nursing Facility	7	32
Skilled Nursing Facility	8	31
Other Locations	0	99
Ambulatory Surgical Center	B	24
Inpatient Psychiatric Facility	G	51

242.220 Type of Service Code for Paper Claims

4-3-06

The type of service (TOS) code for podiatrist services is 4.



Arkansas Department of Health and Human Services

Division of Medical Services



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Little Rock, AR 72203-1437

Fax: 501-682-2480

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

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Portable X-ray

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal #52

REMOVE

Section	Date
242.200	10-13-03
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—	—

INSERT

Section	Date
242.200	4-3-06
242.210	4-3-06
242.220	4-3-06

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Roy Jeffus, Director

SECTION II - PORTABLE X-RAY SERVICES

CONTENTS

200.000 PORTABLE X-RAY SERVICES GENERAL INFORMATION

- 201.000 Arkansas Medicaid Participation Requirements for Providers of Portable X-Ray Services
- 201.100 Portable X-Ray Providers in Arkansas and Bordering States
- 201.200 Providers of Portable X-Ray Services in Non-Bordering States
- 202.000 Records Providers of Portable X-Ray Services Are Required to Keep

210.000 PROGRAM COVERAGE

- 211.000 Introduction
- 213.000 Scope
- 214.000 Benefit Limits
- 215.000 Exclusions

220.000 PRIOR AUTHORIZATION

230.000 REIMBURSEMENT

- 231.000 Method of Reimbursement
- 232.000 Rate Appeal Process

240.000 BILLING PROCEDURES

- 241.000 Introduction to Billing
- 242.000 CMS-1500 (formerly HCFA-1500) Billing Procedures
 - 242.100 CPT Procedure Codes
 - 242.110 Transportation of Portable X-Ray Services
 - 242.200 Place of Service and Type of Service Codes
 - 242.210 Place of Service Codes
 - 242.220 Type of Service Code for Paper Claims
 - 242.300 Billing Instructions – Paper Only
 - 242.400 Special Billing Procedures

242.200 Place of Service and Type of Service Codes

4-3-06

242.210 Place of Service Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Patient's Home	4	12
Nursing Facility	7	32
Skilled Nursing Facility	8	31

242.220 Type of Service Code for Paper Claims

4-3-06

The type of service code (TOS) for portable X-ray services is T.