Arkansas Department of Health and Human Services

Division of Medical Services

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TO: **Arkansas Medicaid Health Care Providers**

DATE: **October 1, 2006**

SUBJECT: **Section III Provider Manual Update Transmittal**

Provider Manual	Transmittal Number
Alternatives for Adults with Physical Disabilities Waiver	41
Ambulatory Surgical Center	73
ARKids First-B	40
Certified Nurse-Midwife	76
Child Health Management Services	73
Child Health Services/Early and Periodic Screening, Diagnosis and Treatment	81
Children's Services Targeted Case Management	25
Chiropractic	69
DDS Alternative Community Services Waiver	66
Dental	92
Developmental Day Treatment Clinic Services	75
Developmental Rehabilitation Services	25
Division of Youth Services and Division of Children and Family Services Targeted Case Management	17
Domiciliary Care	53
ElderChoices Home and Community-Based 2176 Waiver	67
Federally Qualified Health Center	62
Hearing Services	66
Home Health	83
Hospice	56
Hospital/End-Stage Renal Disease	101
Hyperalimentation	81
Inpatient Psychiatric Services for Under Age 21	73
Licensed Mental Health Practitioners	57
Living Choices Assisted Living	23
Medicare/Medicaid Crossover Only	50
Nurse Practitioner	72
Occupational, Physical, Speech Therapy Services	65
Personal Care	78
Pharmacy	91
Physician/Independent Lab/CRNA/Radiation Therapy Center	119

Provider Manual	Transmittal Number
Podiatrist	70
Portable X-Ray Services	60
Private Duty Nursing Services	72
Program of All-Inclusive Care for the Elderly	3
Prosthetics	84
Rehabilitative Hospital	68
Rehabilitative Services for Persons with Mental Illness	72
Rehabilitative Services for Persons with Physical Disabilities	45
Rehabilitative Services for Youth and Children	27
Rural Health Clinic Services	62
School-Based Mental Health Services	31
Targeted Case Management	64
Transportation	83
Ventilator Equipment	64
Visual Care	81

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
301.100	10-13-03	301.100	10-1-06
314.411	10-13-03	314.411	10-1-06
314.412	10-13-03	314.412	10-1-06

Explanation of Updates

In Section 301.100, language has been added to note that providers are charged transaction fees for electronic transactions.

In Section 314.411 and Section 314.412, language has been added to clarify that transaction fees are charged for each electronic claim and eligibility verification.

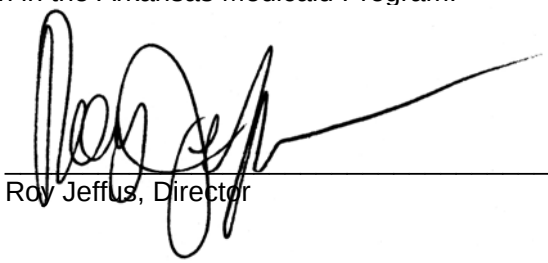
Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

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 (TDD only).

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.

Thank you for your participation in the Arkansas Medicaid Program.



Roy Jeffus, Director

301.100 Electronic Claims Submission 10-1-06

EDS furnishes software and X.12/NCPDP companion documents at no charge to the provider for all transactions utilized by Arkansas Medicaid.

When submitting claims electronically, Medicaid providers use the following claim types: ASC X.12N 4010A 837P (professional), 837I (institutional and long-term care), 837D (dental), NCPDP 5.1/1.1 (pharmacy). Your provider type is determined by the last two digits of your Arkansas Medicaid provider ID. For example, the provider type of a hospital with the Arkansas Medicaid provider ID 123456705 is 05.

The following provider types can bill on an 837P:

01	02	03	04	05	08	09	10	15	16
17	18	19	20	21	22	23	24	26	27
28	29	30	31	32	33	34	35	37	38
39	40	41	42	43	44	45	46	48	49
50	51	52	53	54	55	56	57	58	59
60	61	62	63	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	

The following provider types can bill on an 837I:

05	11	12	13	14	15	21	25	26	27
28	29	36	41	42	47	64	99		

The following provider types can bill on an 837D:

08	30	31	79	80

The following provider types can bill on an NCPDP:

07	16

EDS processes each week's accumulations of claims during a weekend cycle. The deadline for each weekend cycle is midnight Friday.

Providers submitting claims electronically must maintain a daily electronic claim transaction summary, signed by an authorized individual. Please refer to the Provider Contract (Form DMS-653), Item "K." **View or print form DMS-653.**

NOTE: The provider is charged a transaction fee for each electronic claim submitted and each instance of electronic eligibility verification.

314.411 The "Credit To" Segment 10-1-06

The first segment of the adjustment transaction is the "Credit To" segment. In this section, EDS identifies the adjustment transaction, the adjusted claim and the previously paid amount EDS will

withhold from today's check as a result of this adjustment. The adjustment transaction is identified by an internal control number (ICN) that follows the field heading "Claim Number." Adjustment ICNs are formatted in the same way as claim numbers; the first two digits of an adjustment ICN are "50." Immediately to the right of the adjustment ICN are the words "Credit To," followed by the claim number and paid date of the original claim that was paid in error.

Underneath the "Credit To" line are displayed the recipient's Medicaid ID number, the claim beginning and ending dates of service and the provider's medical record number (or the patient account number) from the original claim, followed by the original billed amount. Keep in mind that EDS adjusts the entire claim, even if only one detail paid in error, so the total billed amount shown here is the total billed amount of the entire claim being adjusted. At the right end of this line, in the "Paid Amount" column, is the amount originally paid on the claim, which is the amount EDS will withhold from today's remittance.

The actual withholding of the original paid amount does not occur in the *Adjusted Claims* section; it occurs in the *Financial Items* section of the RA. Adjustments are listed in *Financial Items*, with the appropriate amounts displayed under the field headings "Original Amount," "Beginning Balance," "Applied Amount" and "New Balance." (See the discussion of *Financial Items* in Section 314.600.) Finally, the total of all amounts withheld from the remittance (except transaction fees charged for each electronic claim and eligibility verification) is displayed under "Withheld Amount," in the *Claims Payment Summary* section of the RA.

314.412 The "Debit To" Segment 10-1-06

A. The second segment of the adjustment transaction is the "Debit To" segment. In this segment, EDS displays the adjudication of the reprocessed claim and, for informational purposes, the net adjustment amount. The net adjustment amount is the additional amount to be paid in this remittance because of the adjustment, or it is the amount by which the remittance will be less than the total of all paid claims minus transaction fees (charged for each electronic claim and eligibility verification) and other withheld amounts.

B. The "Net Adjustment" amount—the amount due to EDS when adjusting an overpayment, or the amount due to the provider when adjusting an underpayment—is on the second line of the "Debit To" segment.

   1. In the case of an adjustment of an underpayment, the "Net Adjustment" amount will be added to the total paid claims amount on today's remittance.

   2. If EDS is due the amount shown as the net adjustment, the letters "CR" will immediately follow the amount. "CR" means that the claim's original paid amount is greater than the new paid amount (as when the original payment is an overpayment), and the amount denoted by "CR" is the (negative) difference.

C. Adjudication:
Immediately following the "Net Adjustment" line is the complete adjudication of the reprocessed claim, cross-referenced to the original claim number. The last line displays the new paid amount. The difference between the paid amount in the "Credit To" segment and the paid amount in the "Debit To" segment is the amount shown in "Net Adjustment." (See part B, above.)

331.100 Medicare Part D drug benefits 10-1-06

Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses—with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 CFR §423.104 (f) (1) (ii) (A)—to full benefit dual-eligible beneficiaries under the Medicare Prescription Drug Benefit—Part D.

The following 1927-D excluded drugs, set forth on the Arkansas Medicaid Website (www.medicaid.state.ar.us), are covered.

- select agents when used for weight gain
- select agents when used for the symptomatic relief of cough and colds
- select prescription vitamins and mineral products, except prenatal vitamins and fluoride select nonprescription drugs
- select agents when used to promote smoking cessation
- barbiturates
- benzodiazepines