Arkansas Department of Health and Human Services

Division of Medical Services

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

DATE: **May 1, 2007**

SUBJECT: **Provider Manual Update Transmittal #84**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
221.000	10-13-03	221.000	5-1-07
—	—	221.100	5-1-07
222.000	10-13-03	221.110	5-1-07
—	—	221.120	5-1-07
—	—	221.130	5-1-07
223.000	10-13-03	222.000	5-1-07
231.000*	10-13-03	—	—
231.000	10-13-03	230.100	5-1-07
—	—	230.110	5-1-07
—	—	230.120	5-1-07
—	—	230.130	5-1-07
—	—	230.140	5-1-07
232.000	10-13-03	232.000	5-1-07
233.000	10-13-03	233.000	5-1-07
234.000	10-13-03	234.000	5-1-07
240.000	10-13-03	240.000	blank
241.000	10.13-03	241.000	5-1-07
242.000	10-13-03	242.000	5-1-07
242.100	10-13-03	242.100	5-1-07
242.110	10-13-03	242.110	5-1-07
242.120	10-13-03	242.120	5-1-07
242.130	10-13-03	242.130	5-1-07
242.140	10-13-03	242.140	5-1-07
242.145	6-1-06	242.150	5-1-07
242.146	6-1-06	242.160	5-1-07

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
242.150	10-13-03	242.170	5-1-07
242.310	10-13-03	242.310	5-1-07
242.400	10-13-03	—	—
242.410	10-13-03	—	—
242.420	10-13-03	—	—
242.430	10-13-03	—	—

***** There were two sections numbered 231.000. The one deleted was the first one. It was above section 230.000.

Explanation of Updates

Section 221.000: This section has been revised so that the information that applies to all ASC surgery prior authorizations (Pas) is in a single section.

Section 221.100: This new section sets forth the request procedures for all ASC surgeries that require PA.

Section 221.110: This section is self-explanatory.

Section 221.120: This section is self-explanatory.

Section 221.130: This section is self-explanatory.

Section 222.000: This section is a complete listing of all outpatient surgeries that require PA as of the revision date of the section.

Section 230.100: This section is renumbered. It groups related information that was formerly in several locations.

Section 230.110: This new section is self-explanatory. It is correct as of its revised date.

Section 230.120: This new section is self-explanatory. It is correct as of its revised date.

Section 230.130: This new section is self-explanatory. It is correct as of its revised date.

Section 230.140: This new section is self-explanatory. It is correct as of its revised date.

Section 232.000: This section is revised for clarification.

Section 233.000: This section has been revised for clarification and to delete obsolete and redundant information.

Section 234.000: This section is revised for clarification.

Section 240.000: Revised section header

Section 241.000: Revised for contemporization

Section 242.000: Revised section name

Section 242.100: This section is renamed. It includes all special billing instructions in its subsections.

Section 242.110: This section is renumbered and renamed. Inaccurate and obsolete information has been deleted. This section, in its previous form, appeared twice: once at the end of the PA section and again in the Reimbursement section. It now appears only once and in its proper place.

NOTE: Former sections 242.120 and 130 are deleted because they are unnecessary or obsolete.

Section 242.120: Self-explanatory

Section 242.130: Self-explanatory

Section 242.140: This is former section 242.145

Section 242.150: This is former section 242.146

Section 242.170: This is former section 242.150

Section 242.310: This section is included to clarify the instructions for three Form Locators

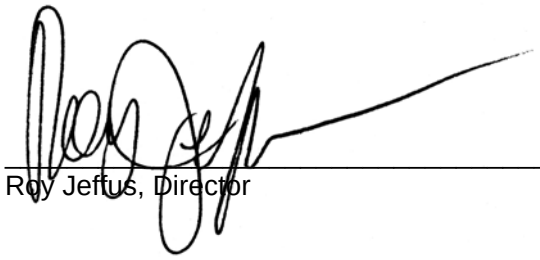
Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

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

SECTION II - AMBULATORY SURGICAL CENTER

CONTENTS

220.000 PRIOR AUTHORIZATION

221.000 Prior Authorization Information 5-1-07

A. Refer to section 222.000 for CPT/HCPCS procedure codes of outpatient surgeries for which Arkansas Medicaid requires prior authorization (PA).

1. Clinical criteria for PA are whether the procedure is medically necessary and/or appropriate to the particular condition or disorder.

2. Written requests and documentation are not required initially, but providers requesting reconsideration of denied requests may be required to submit written documentation of informed consent, records of diagnostic procedures and results, verification of failed or minimally successful therapies and treatments or other written information.

B. Arkansas Foundation for Medical Care, Inc. (AFMC), Arkansas Medicaid's Quality Improvement Organization (QIO), reviews—and approves or denies—providers' requests for outpatient surgery PA.

1. Request PA for outpatient surgeries by telephone. **View or print AFMC contact information.** AFMC records all calls.

2. The performing physician must initiate the PA request; however, the call to AFMC may be made by a member of the physician's medical staff who is familiar with medical records and conversant in medical terminology; for instance, an RN or a physician's assistant.

3. The performing physician and the ASC must have on file in their patient's medical records the documentation of medical necessity that supports the telephoned request for PA.

C. Prior authorization does not guarantee payment. PA is Medicaid coverage and reimbursement; frequently, additional regulations and conditions apply to a case but have no connection to the PA. Examples of such conditions follow.

1. The beneficiary must be eligible on the date of service.

2. The provider's Arkansas Medicaid enrollment must be effective for the date of service.

3. Most non-emergency outpatient surgeries require a referral from the beneficiary's primary care physician (PCP).

4. The PA number must be linked in Medicaid's claims processing system to the procedure billed (i.e. the procedure code billed must be the procedure code on the PA file).

5. The PA number must be linked to each provider that files a claim for the service; therefore, it occasionally may be necessary to contact AFMC to change or add provider identification numbers covered by a PA (for instance, the performing provider might change or a consulting or assisting physician may become involved).

6. Claims for some procedures must be submitted on paper and accompanied by operative reports, consent forms or other documentation and are not accepted electronically or without the required attachments.

221.100 Prior Authorization Request and Notification Procedures 5-1-07

The procedures in this section, 221.100, apply to all requests for PA of outpatient surgeries.

A. The attending physician or the physician's office nurse (or a licensed physician assistant) must furnish the following information by telephone to AFMC.

1. The beneficiary's name and address
2. The beneficiary's Medicaid identification number
3. The physician's name and state license number
4. The physician's provider identification number
5. The facility's name
6. The date of the procedure

B. AFMC approves or denies the request by telephone and follows up with written confirmation of the determination.

1. In approved cases, AFMC assigns a prior authorization control number to the case.
2. When AFMC denies a PA request, the provider and the beneficiary have administrative and legal rights to reconsideration and appeal (explained in sections 160.000 through 169.000 of this manual).

C. AFMC forwards individual written confirmation to the surgeon and the ASC.

D. It is important to note that the surgeon is ultimately responsible for ensuring that the facility (as well as any other affected provider, such as the anesthetist) has a copy of the authorization to file and to use for billing purposes.

221.110 Post-Procedural Authorization for Beneficiaries Under Age 21 5-1-07

When a beneficiary is under 21, providers performing surgical procedures that require PA are allowed 60 days from the date of service to obtain a prior authorization number.

All requests for post-procedural authorizations for eligible beneficiaries are to be made to the Arkansas Foundation for Medical Care (AFMC) by telephone within 60 days of the date of service. These calls are recorded. **View or print AFMC contact information.**

221.120 Post-Procedural Authorization When the Beneficiary is Under 21 and the Medicaid Eligibility is Determined Retroactively 5-1-07

A. When an individual under age 21 becomes Medicaid eligible retroactively *and* the provider agrees to bill Medicaid, post-procedural PA request procedures are the same as described in sections 221.000 and 221.110, but with the additional requirement that the provider must make the telephoned request within the 60 days following the ***eligibility authorization date***.

1. The eligibility authorization date is the date on which an individual is officially determined or declared eligible for a program such as Medicaid, ARKids First A or ARKids First-B and the eligibility file is activated in Medicaid's computers.
2. When Medicaid cards were paper and were mailed monthly, the eligibility authorization date was known as the "***Medicaid card issuance date", or simply the "issuance date",*** and it was printed on each card.

B. When someone becomes eligible retroactively, filing deadlines and other limited periods are calculated from the eligibility authorization date instead of from the date(s) of service.

1. The eligibility authorization date is seldom the same date as the eligibility segment's effective date.
2. In retroactive cases, the difference in the authorization date and the eligibility start date frequently create a problem, because an eligibility segment's authorization date does not display on the electronic Eligibility Verification Transaction Report when you

swipe a beneficiary's Medicaid Identification Card or key his or her ID number or mnemonic information.

C. Providers can obtain retroactive Medicaid eligibility authorization dates by the following means.

1. Ask the beneficiary for the authorization date, or request from the beneficiary a copy of the authorization notification the beneficiary received from DHHS.

2. Call EDS Provider Assistance Center and request the date. Be certain to specify the date(s) of service. **View or print the EDS Provider Assistance Center contact information.**

221.130 Post-Procedural Authorization for Beneficiaries Aged 21 and Older 5-1-07

A. For beneficiaries aged 21 and older, only emergency procedures or cases involving retroactive eligibility qualify for consideration for post-authorization.

B. Requests for authorization of emergency procedures must be applied for on the first working day after the procedure has been performed.

C. In cases of retroactive eligibility, AFMC must be contacted for post-authorization within 60 days of the Medicaid eligibility authorization date.

D. See section 221.120 for detailed information regarding retroactive eligibility and eligibility authorization dates.

222.000 Outpatient Surgeries That Require Prior Authorization 5-1-07

An asterisk (*) following a procedure code indicates that the claim for the procedure is manually reviewed and manually priced. Submit claims for those procedures on paper, with an operative report attached.

Outpatient Surgeries That Require Prior Authorization							
11960	11970	11971	15400	15831	19301	19318	19324
19325	19328	19330*	19340	19342*	19350	19355*	19357
19361*	19364*	19366*	19367	19368	19369	19370	19371*
19380	20974*	20975*	21076*	21077	21079*	21080*	21081*
21082*	21083*	21084*	21085*	21086*	21087*	21088*	21089*
21120*	21121*	21122*	21123*	21125*	21127*	21137	21138*
21139*	21141*	21142*	21143*	21145*	21146*	21147*	21150*
21151*	21154*	21155*	21159*	21160*	21172*	21175*	21179*
21180*	21181*	21182*	21183*	21184*	21188*	21193*	21194*
21195*	21196	21198	21208	21209*	21244*	21245*	21246*
21247*	21248*	21249*	21255*	21256*	27412	27415	29866
29867	29868	30220*	30400	30410	30420	30430	30435
30450	30460	30462	33282	33284*	36470*	36471*	37785
37788*	38242	42820	42821	42825	42826	42842*	42844*
42845*	42860	42870	43257	43644	43645	43842*	43845
43846*	43847*	43848*	43850*	43855*	43860*	43865*	50320*

Outpatient Surgeries That Require Prior Authorization							
50340*	50360*	50365*	50370*	50380*	51925	54360	54400
54415	54416	54417	55400	57335	58150*	58152*	58180
58260	58262*	58263*	58267*	58270*	58275*	58280*	58290
58291	58292	58293	58294	58345	58550	58552	58553
58554	58672	58673	58750*	58752*	59135*	59840*	59841*
59850*	59851*	59852*	59855*	59856*	59857*	61850*	61860*
61870*	61875*	61880*	61885	61888	63650	63655*	63660
64555*	64809*	64818*	65710	65730	65750	65755	67900*
69300	69310	69320	69714	69715	69717	69718	69930
J7340*							

230.000 REIMBURSEMENT

230.100 Medicaid Reimbursement for Outpatient Surgical Procedures 5-1-07

Covered outpatient surgical procedures are assigned to one of four groups for reimbursement purposes.

A. Medicaid has established a maximum allowable fee for each surgical group.

1. Reimbursement is the lesser of the billed charge or the maximum allowable fee for the applicable surgical group.
2. The maximum allowable fees are global fees that include all of the covered ASC facility services listed in Section 213.000.
3. Lab, X-ray and machine tests furnished in an ASC are covered separately.

B. When an ASC patient or a specimen or sample is sent to another facility (e.g. a neighboring clinic or hospital, or to a pathologist) for lab, X-ray or machine tests, Medicaid reimburses only the other facility or examining specialist for the extramural services.

C. Billed procedures that have not been assigned to a surgical group are manually reviewed and manually priced by medical professionals on staff at the Division of Medical Services (Medicaid).

1. In general, when a covered surgical procedure is not listed in one of the outpatient surgical groups, the claim for the procedure must be submitted on paper and accompanied by an operative report.
2. Additionally, particularly with new procedure codes, there is a 3-6 month time lag between their national publication and their being published in the Arkansas Medicaid provider manual.

D. When a patient undergoes multiple surgical procedures on the same date of service, Medicaid reimburses the ASC provider for the primary procedure (or the billed procedure with the highest maximum allowable fee) only.

230.110 Outpatient Surgical Group I 5-1-07

Outpatient Surgical Group I							
10021	10022	10040	10060	10061	10080	10081	10120

10121	10140	10160	10180	11000	11004	11005	11010
11011	11012	11040	11041	11042	11043	11044	11055
11056	11057	11100	11200	11201	11300	11301	11302
11303	11305	11306	11307	11308	11310	11311	11312
11313	11400	11401	11402	11403	11404	11406	11420
11421	11422	11423	11424	11426	11441	11442	11443
11444	11446	11451	11462	11470	11600	11601	11602
11603	11604	11606	11620	11621	11622	11623	11624
11626	11640	11641	11642	11643	11644	11646	11719
11720	11721	11730	11732	11740	11750	11752	11755
11760	11762	11765	11770	11971	11980	11981	11982
11983	12001	12002	12004	12005	12011	12013	12014
12015	12020	12032	12037	12041	12042	12044	12051
12053	12054	12055	13100	13101	13121	13131	13150
13151	13160	14021	14040	14061	15100	15400	15770
15850	15851	15931	15940	17000	17003	17004	17106
17107	17108	17110	17111	17250	17260	17261	17262
17263	17264	17266	17270	17271	17272	17273	17274
17276	17280	17281	17282	17283	17284	17286	17304
17305	19000	19020	19030	19125	19126	19260	19271
19290	19350	20000	20005	20101	20102	20103	20150
20200	20205	20206	20220	20501	20520	20526	20550
20551	20552	20553	20600	20605	20610	20612	20650
20665	20670	20680	20693	20694	20912	20957	21015
21110	21137	21208	21235	21310	21315	21320	21325
21335	21336	21337	21400	21423	21440	21450	21451
21454	21470	21501	21550	21555	21557	21620	21685
21720	21742	21920	21925	21930	22800	22852	22900
23020	23030	23044	23065	23066	23075	23076	23170
23172	23330	23331	23350	23450	23465	23540	23545
23600	23605	23650	23655	23700	23930	24006	24065
24077	24101	24105	24134	24136	24145	24200	24201
24300	24341	24350	24351	24500	24505	24530	24535
24560	24565	24577	24582	24605	24620	24640	24655
24675	24925	25000	25001	25028	25065	25066	25075
25076	25110	25111	25112	25115	25116	25118	25145
25259	25260	25263	25265	25270	25272	25274	25290

25300	25492	25500	25505	25515	25520	25525	25526
25530	25535	25560	25565	25600	25605	25611	25620
25624	25630	25635	25660	25675	25680	25690	26010
26011	26020	26025	26030	26037	26040	26055	26060
26115	26116	26117	26123	26125	26130	26135	26145
26160	26180	26185	26235	26320	26340	26356	26357
26370	26418	26432	26440	26450	26455	26460	26530
26540	26545	26546	26548	26550	26560	26561	26562
26565	26567	26568	26600	26605	26607	26608	26615
26641	26645	26665	26670	26675	26705	26720	26725
26727	26735	26740	26742	26746	26755	26756	26765
26775	26776	26820	26841	26842	26843	26852	26861
26910	26951	26989	27000	27005	27006	27041	27060
27062	27087	27090	27093	27095	27096	27230	27232
27235	27236	27252	27257	27265	27266	27275	27301
27306	27307	27310	27327	27332	27340	27347	27355
27370	27372	27385	27407	27450	27455	27488	27501
27502	27503	27508	27509	27510	27511	27519	27520
27532	27536	27552	27560	27562	27570	27600	27602
27605	27606	27610	27613	27618	27635	27650	27658
27659	27664	27665	27704	27745	27752	27756	27762
27766	27780	27781	27786	27808	27810	27818	27824
27842	27860	27886	28001	28002	28008	28010	28011
28022	28024	28030	28043	28060	28070	28080	28090
28092	28100	28104	28110	28111	28112	28113	28116
28120	28124	28150	28153	28160	28190	28192	28200
28220	28230	28232	28234	28240	28270	28272	28280
28285	28286	28288	28289	28290	28292	28293	28294
28296	28297	28298	28300	28302	28304	28306	28308
28309	28310	28312	28313	28344	28345	28400	28405
28435	28476	28490	28496	28545	28575	28605	28740
28750	28755	28810	28820	28890	29010	29035	29065
29086	29105	29125	29131	29305	29345	29358	29365
29405	29445	29450	29515	29580	29700	29710	29805
29834	29835	29837	29838	29843	29870	29871	29874
29882	29900	30000	30020	30115	30124	30130	30300
30310	30462	30620	30801	30802	30901	30903	30905

31231	31505	31510	31511	31512	31513	31515	31525
31526	31527	31528	31529	31530	31531	31535	31536
31540	31541	31560	31561	31570	31571	31575	31576
31577	31578	31579	31612	31615	31622	31625	31628
31629	31630	31631	31635	31640	31641	31645	31646
31656	31700	31708	31710	31715	31717	31720	31730
31820	31830	32000	32002	32019	32020	32201	32400
32405	32662	33020	33215	33224	33226	33233	34101
35450	35875	36005	36010	36140	36216	36218	36260
36261	36262	36425	36430	36460	36511	36512	36513
36514	36515	36516	36522	36555	36556	36557	36558
36595	36596	36597	36598	36640	36800	36815	36830
36831	36833	36870	37195	37200	37202	37203	37607
37609	37620	38220	38221	38300	38305	38308	38500
38505	38520	38525	38562	38724	38790	38792	39010
40800	40801	40804	40805	40806	40810	40819	40820
41000	41005	41008	41010	41100	41105	41110	41112
41113	41115	41116	41250	41252	41520	41800	41805
41830	42104	42106	42107	42182	42210	42226	42235
42305	42310	42320	42330	42408	42409	42600	42650
42665	42700	42720	42725	42804	42806	42808	42809
42960	42961	42972	43045	43200	43201	43202	43204
43205	43215	43216	43217	43219	43220	43226	43227
43228	43231	43232	43234	43235	43236	43237	43238
43240	43241	43242	43244	43245	43247	43248	43250
43251	43255	43256	43258	43259	43260	43261	43269
43326	43450	43453	43456	43458	43600	43752	43870
44360	44361	44363	44364	44365	44366	44369	44372
44373	44376	44377	44378	44380	44382	44385	44388
44389	44390	44391	44392	44394	44500	44850	45005
45108	45150	45170	45190	45300	45303	45305	45307
45308	45309	45315	45321	45330	45331	45332	45333
45335	45337	45338	45339	45340	45341	45342	45355
45378	45379	45380	45381	45382	45383	45384	45385
45386	45900	45905	45910	45915	45990	46020	46030
46040	46045	46050	46060	46070	46080	46083	46200
46210	46211	46220	46221	46230	46270	46320	46505

46600	46604	46606	46608	46610	46611	46615	46705
46706	46900	46910	46922	46924	47100	47500	47505
48102	49021	49041	49061	49080	49081	49180	49250
49420	49421	49422	49423	49424	49425	49426	49427
49428	49429	50200	50390	50391	50392	50393	50394
50395	50396	50398	50551	50553	50561	50570	50572
50575	50576	50580	50605	50684	50690	50951	50953
50955	50957	50961	50970	50972	50974	50976	50980
51005	51010	51030	51040	51050	51065	51600	51605
51610	51701	51702	51703	51705	51710	51715	51720
51726	51741	51795	51797	51798	52000	52001	52005
52007	52010	52204	52214	52260	52265	52270	52275
52281	52285	52290	52301	52325	52327	52351	52352
52354	52355	53020	53025	53040	53215	53444	53600
53601	53605	53620	53621	53640	53660	53661	53665
54001	54015	54050	54055	54056	54057	54060	54100
54105	54150	54152	54160	54161	54162	54163	54164
54205	54220	54230	54231	54235	54324	54328	54332
54336	54430	54450	54505	54512	54820	55000	55120
55605	55700	55705	55720	56405	56420	56441	56501
56515	56605	56606	56620	56625	56700	56720	56820
56821	57020	57022	57023	57100	57130	57155	57400
57410	57415	57420	57421	57425	57452	57454	57455
57456	57460	57500	57505	57510	57511	57700	57800
58346	58800	58820	58823	59000	59001	59012	59020
59025	59070	59074	59076	59300	59320	59412	59871
60001	60100	61020	61026	61050	61070	61334	61524
62180	62230	62252	62256	62270	62272	62273	62280
62281	62284	62290	62291	62355	62362	62365	62367
62368	63688	63744	64400	64405	64408	64410	64413
64415	64416	64417	64420	64421	64425	64430	64446
64447	64448	64449	64450	64470	64475	64479	64483
64505	64508	64517	64520	64585	64595	64626	64640
64650	64653	64681	64716	64774	64776	64778	64782
64783	64788	64835	64856	65175	65205	65210	65220
65222	65235	65265	65272	65400	65410	65420	65426
65450	65800	65805	65815	65855	65860	65865	65870

65875	65880	66020	66030	66500	66505	66710	66720
66761	66770	66821	67105	67121	67141	67145	67208
67210	67216	67218	67220	67221	67227	67228	67345
67350	67415	67500	67505	67515	67700	67710	67715
67800	67801	67805	67808	67810	67820	67840	67875
67880	67901	67908	67909	67911	67912	67930	67938
67966	68020	68100	68110	68115	68130	68371	68440
68530	68700	68761	68801	68810	68811	68815	68840
69000	69005	69020	69100	69105	69110	69145	69200
69205	69210	69220	69420	69421	69424	69433	69436
69610							

230.120 Outpatient Surgical Group II 5-1-07

Outpatient Surgical Group II

11450	11471	12006	12007	12017	12018	12031	12034
12036	12046	12047	12052	12056	12057	13132	15574
15734	15831	19328	19370	20100	20240	20525	20615
20660	20661	20662	20663	20692	20982	21026	21031
21077	21198	21199	21240	21282	21345	21355	21356
21360	21406	21445	21461	21480	21556	21615	21627
21700	21725	21740	21743	22840	22843	22849	22851
22855	23035	23120	23156	23174	23410	23455	23462
23470	23505	23615	23625	23665	23675	23929	23935
24000	24066	24075	24076	24138	24140	24147	24160
24164	24220	24305	24332	24400	24538	24566	24575
24576	25024	25025	25035	25040	25100	25119	25150
25151	25210	25246	25248	25275	25301	25332	25394
25415	25430	25447	25545	25651	25810	25820	25825
26034	26035	26045	26070	26075	26080	26210	26350
26410	26433	26437	26471	26474	26516	26517	26580
26587	26593	26596	26650	26676	26706	26850	26990
26991	26992	27048	27049	27065	27070	27075	27078
27086	27122	27146	27176	27194	27238	27240	27295
27303	27324	27328	27329	27331	27333	27334	27365
27380	27405	27409	27442	27443	27446	27466	27500
27517	27556	27580	27594	27603	27607	27614	27615
27619	27681	27685	27695	27698	27705	27715	27732
27734	27750	27784	27814	27822	27825	27829	27880

27884	28003	28005	28045	28108	28119	28193	28250
28406	28436	28445	28456	28475	28546	28606	28805
28825	29046	29325	29804	29819	29820	29823	29824
29825	29826	29830	29836	29844	29860	29861	29873
29875	29876	29877	29879	29880	29881	29883	29884
29885	29886	29887	29888	29889	29891	29893	29894
29895	29901	30100	30110	30117	30118	30320	30420
30545	30560	31000	31020	31030	31070	31233	31235
31237	31238	31239	31240	31254	31256	31267	31276
31320	31502	31545	31580	31600	31613	31614	31623
31624	31643	31755	32820	33201	33208	33212	33216
33246	33249	33282	34401	35190	35301	35473	35475
35840	35903	36011	36145	36246	36420	36475	36478
36481	36500	36550	36560	36561	36563	36565	36568
36569	36575	36580	36581	36589	36590	36818	36819
36820	36832	36861	37500	37618	37765	37766	38510
38550	38720	39502	40500	40812	40814	40816	40818
40831	40840	40842	40843	41108	41114	41806	41820
41826	41870	41874	42000	42120	42140	42180	42205
42215	42335	42340	42415	42440	42510	42810	42815
42860	42870	42892	42894	42900	42955	42962	42970
43239	43246	43257	43262	43263	43264	43268	43605
43610	43611	43640	43641	43750	43760	43761	43830
43832	44015	44310	44370	44379	44383	44397	44602
44604	44615	44620	44640	44650	44660	44680	44700
44800	44820	44900	44901	45020	45100	45116	45130
45160	45317	45327	45334	45345	45387	45391	45392
45541	46250	46255	46257	46258	46260	46261	46262
46275	46280	46285	46288	46614	46700	46730	46751
46917	46934	46935	46936	46937	46938	46940	46947
47000	47001	47010	47011	47015	47382	47511	47525
47556	47600	48510	48511	49000	49002	49010	49020
49040	49060	49062	49085	49200	49201	49215	49255
49500	49600	49605	49606	49610	49611	50021	50240
50382	50384	50387	50389	50405	50780	51500	51520
51530	51725	51762	51800	51820	51840	51841	51845
51860	51880	51920	51940	51980	52317	52334	52402
53000	53010	53500	54322	54344	54348	54400	54415

54520	54522	54670	54700	54830	55060	55110	55250
55873	56440	56810	57061	57065	57107	57135	57210
57220	57240	57250	57260	57335	57461	57820	58340
58345	58353	58356	58740	58805	58822	58825	59120
59121	59830	59870	60210	61055	61333	61458	61618
61626	62140	62220	62225	62258	62263	62264	62282
62287	62310	62311	62318	62319	63005	63030	63047
63272	63650	63741	63746	64510	64530	64600	64605
64610	64612	64613	64614	64620	64622	64630	64680
64820	65130	65270	65435	66711	67015	67025	67030
67031	67038	67112	67570	67835	67882	67935	67950
68320	68325	68326	68330	68360	68362	68420	68720
69140	69300	69320	69511	69540	69700	69801	

230.130 Outpatient Surgical Group III 5-1-07

Outpatient Surgical Group III

11006	11440	11771	11772	11960	11970	12035	13120
13152	14000	14001	14020	14041	14060	14300	14350
15000	15050	15101	15120	15200	15201	15220	15240
15241	15260	15261	15576	15740	15760	15852	15920
15922	15933	15941	15944	15945	15946	15950	15951
15952	15953	15956	15958	19100	19101	19102	19103
19110	19112	19120	19160	19180	19200	19296	19318
19340	19357	20225	20245	20900	20910	20924	21010
21030	21040	21046	21048	21060	21196	21230	21280
21344	21390	21421	21432	21465	21485	21502	21510
21600	21610	23000	23180	23182	23184	23190	23195
23405	23406	23460	23485	23550	24110	24120	24130
24301	24310	24343	24344	24345	24346	24360	24430
24495	24587	24615	25085	25101	25105	25107	25120
25130	25135	25215	25230	25240	25280	25295	25315
25316	25337	25350	25355	25365	25400	25440	25446
25652	25671	25676	25685	25695	25931	26100	26105
26110	26170	26200	26205	26215	26230	26373	26390
26415	26442	26445	26476	26477	26478	26479	26518
26520	26525	26685	26686	26715	26785	27130	27140
27165	27178	27185	27256	27259	27418	27437	27447
27472	27475	27479	27485	27495	27506	27507	27530

27535	27540	27620	27630	27656	27675	27680	27686
27687	27700	27720	27724	27788	27826	27827	28050
28107	28114	28118	28122	28130	28140	28171	28173
28175	28208	28222	28225	28226	28238	28260	28261
28262	28264	28315	28340	28505	28525	28576	28666
28715	29840	29846	29848	29850	29851	29855	29856
29862	29863	29892	29897	29902	30125	31051	31200
31201	31205	31255	31287	31288	31290	31291	31292
31293	31294	31420	31546	31582	31636	31638	31785
31825	32200	32606	33120	33210	33218	33250	35458
35471	35761	36120	36217	36247	36566	36570	36571
36576	36578	36582	36583	36584	36585	36821	36825
36838	36860	37205	37207	38100	38204	38206	38207
38211	38212	38230	38242	38530	38542	38740	38745
38760	39503	40510	40520	40525	40527	40530	40650
40700	40844	41120	41251	41825	41827	42200	42220
42260	42500	43243	43620	43621	43622	43631	43632
43633	43634	43635	43820	43880	44050	44125	44314
44340	44603	44605	44625	44626	44661	44950	44960
45000	45110	45111	45112	45113	45114	45119	45120
45121	45123	45135	45320	45540	45550	46740	46946
47379	47605	49220	49329	49580	49900	50020	50080
50130	50234	50549	50783	50948	51045	51565	51865
51900	51925	51960	52224	52234	52235	52240	52250
52276	52277	52282	52283	52300	52305	52400	52500
53220	53230	53235	53240	53265	53275	54065	54110
54115	54120	54326	54416	54435	54530	54550	54560
54840	54860	54861	55040	55041	55150	55175	55180
55400	55500	55520	56740	57000	57010	57105	57287
57288	57520	57522	57530	57550	57720	58120	58140
58145	59160	59812	59820	59821	60200	60240	60270
60280	60281	60500	60521	61140	61305	61313	61314
61343	61750	61888	62000	62141	62143	62146	63056
63075	64702	64704	64708	64712	64713	64714	64718
64719	64721	64722	64726	64732	64734	64736	64738
64740	64742	64744	64772	64784	64786	64787	64790
64795	64821	64822	64823	64831	65135	65140	65150
65155	65275	65290	65850	66600	66605	66625	66630

66635	66762	67040	67101	67110	67320	67331	67332
67334	67335	67825	67830	67850	67902	67903	67904
67906	67914	67915	67916	67917	67921	67922	67923
67924	67961	67971	67973	67974	67975	68328	68500
68505	68510	68520	68705				

230.140 Outpatient Surgical Group IV 5-1-07

Outpatient Surgical Group IV

15040	15110	15115	15130	15135	15150	15155	15170
15175	15300	15320	15330	15335	15340	15360	15365
15420	15430	15572	15600	15610	15620	15630	15650
15738	15750	15840	15841	15842	15845	19140	19162
19182	19240	19298	19324	19325	19367	19368	19369
19380	20250	20251	20664	20690	20902	20920	20922
20926	20955	20962	20969	20970	20972	20973	21034
21044	21047	21049	21050	21100	21206	21210	21330
21338	21340	21343	21365	21366	21385	21386	21387
21407	21422	21452	21453	21462	21490	21495	22010
22015	22102	22210	22520	22521	22523	22524	22532
22533	22554	22558	22818	22819	22830	22850	23040
23100	23101	23107	23125	23130	23140	23150	23412
23415	23420	23466	23515	23616	23630	23660	23670
23680	24100	24102	24115	24116	24125	24126	24155
24320	24330	24331	24340	24342	24352	24354	24356
24420	24435	24470	24515	24516	24545	24546	24579
24586	24635	24665	24666	24685	25020	25023	25125
25126	25136	25310	25312	25320	25390	25391	25392
25393	25405	25450	25455	25574	25575	25628	25645
25670	25830	26121	26140	26250	26255	26261	26352
26358	26372	26392	26412	26416	26420	26426	26428
26434	26449	26480	26483	26485	26489	26490	26492
26494	26496	26497	26498	26499	26500	26502	26504
26508	26510	26531	26535	26536	26541	26542	26555
26844	26860	26862	26863	26952	27001	27003	27030
27033	27035	27040	27047	27052	27066	27071	27080
27110	27120	27158	27161	27170	27177	27187	27202
27253	27305	27315	27320	27330	27345	27350	27360

27390	27391	27392	27393	27394	27395	27396	27397
27400	27412	27415	27420	27422	27424	27425	27427
27428	27430	27435	27448	27457	27477	27496	27497
27513	27514	27524	27566	27612	27637	27638	27640
27641	27652	27654	27676	27690	27691	27692	27709
27758	27759	27792	27823	27828	27846	27848	27870
28035	28062	28072	28086	28088	28102	28103	28202
28210	28299	28305	28320	28322	28415	28420	28465
28485	28555	28585	28615	28636	28645	28675	28725
28735	28737	28760	29806	29807	29822	29827	29866
29867	29868	29898	29899	30140	30150	30160	30400
30410	30430	30435	30450	30460	30465	30520	30540
30580	30600	30630	30915	30920	31032	31588	32500
32503	32504	33206	33211	33213	33217	33240	33507
33548	33641	33820	33880	33881	33883	33886	33889
33891	33925	33926	34805	35206	35207	35456	35460
35472	35474	35476	35490	35510	35512	35522	35525
35647	35876	36014	36100	36200	36215	36245	36620
36810	37182	37183	37184	37187	37188	37201	37204
37215	37216	37700	37718	37722	37735	37760	37780
37785	38120	38555	38570	38571	38572	38700	39400
40654	40701	40720	40761	40845	42145	42225	42410
42420	42425	42426	42450	42505	42507	42508	42509
42820	42821	42825	42826	42830	42831	42835	42836
42950	43224	43249	43271	43280	43313	43314	43324
43520	43644	43645	43652	43653	43845	44005	44055
44120	44126	44127	44137	44180	44186	44187	44188
44204	44205	44206	44207	44208	44210	44211	44212
44227	44345	44346	44970	45136	45395	45397	45400
45402	45500	45505	45560	45562	45563	45800	45805
45820	45825	46710	46712	46715	46750	46753	46754
46760	46761	46762	47370	47371	47380	47381	47560
47561	47562	47563	47564	49320	49321	49322	49323
49419	49491	49492	49495	49496	49501	49505	49507
49520	49521	49525	49540	49550	49553	49555	49557
49560	49561	49565	49566	49568	49570	49572	49582
49585	49587	49590	49650	49651	49904	50040	50205

50220	50225	50250	50400	50541	50542	50543	50562
50592	50740	50945	50947	51990	51992	52310	52315
52318	52320	52330	52332	52341	52342	52343	52344
52345	52346	52450	52510	52601	52606	52612	52614
52620	52630	52640	52648	52700	53400	53405	53410
53420	53425	53430	53431	53440	53446	53447	53448
53449	53450	53460	53502	53510	53515	53520	53850
53853	54125	54300	54304	54305	54312	54360	54380
54417	54440	54600	54640	54650	54680	54690	54692
55530	55535	55540	55550	55650	55680	55859	55866
56317	56362	57200	57268	57295	57300	57305	57307
57308	57310	57311	57320	57330	57513	57531	57540
57545	57555	57556	58146	58180	58260	58290	58291
58292	58293	58294	58545	58546	58550	58552	58553
58554	58555	58558	58559	58560	58561	58562	58563
58660	58661	58662	58672	58673	58700	58720	58900
58920	58925	58940	58953	58954	58956	59150	59151
59409	59414	59514	59612	59620	60212	60220	60225
60650	61154	61322	61500	61516	61537	61540	61552
61556	61566	61567	61623	61630	61635	61640	61793
61863	61867	61885	62100	62161	62162	62163	62164
62165	62223	62292	62350	62351	62360	62361	63017
63035	63042	63045	63050	63051	63081	63090	63101
63102	63200	63265	63685	64561	64573	64581	64727
64802	64832	64834	64836	64837	64840	64857	64872
64874	64876	64885	64886	64890	64891	64892	64893
64895	64896	64897	64898	64901	64902	64905	64907
65091	65093	65101	65103	65105	65110	65260	65280
65285	65286	65710	65730	65750	65755	65772	65775
65810	65820	65900	65920	65930	66130	66150	66155
66160	66165	66170	66172	66180	66185	66220	66225
66250	66680	66682	66820	66825	66830	66840	66850
66852	66920	66930	66940	66982	66983	66984	66985
66986	67005	67010	67027	67028	67036	67039	67107
67108	67120	67250	67255	67311	67312	67314	67316
67318	67340	67343	67400	67405	67412	67413	67414
67445	67550	67560	68540	68550	69150	69222	69310

69501	69502	69505	69604	69620	69631	69632	69633
69635	69636	69637	69641	69642	69643	69644	69645
69646	69650	69660	69661	69662	69666	69670	69676
69677	69714	69715	69717	69718	69720	69725	69740
69745	69805	69806	69930				

232.000 Specimen Collection and Handling 5-1-07

A. Reimbursement for specimen collection by venipuncture is included in the payment for the test(s) conducted on the specimen.

B. In an ASC, venipuncture for collection of specimen is covered and payable to the ASC only when the specimen is sent to another facility for testing.

C. Specimen handling is not covered.

233.000 Burn Dressing Changes 5-1-07

A. Burn dressing changes are not included in outpatient surgical groups.

1. Reimbursement is by fee schedule at the lesser of the billed charge or the Medicaid maximum allowable fee.

2. The maximum allowable fee for a burn dressing change includes reimbursement for the following services.

   a. Medication, pre-medication, I.V. fluids, dressing solutions and topical applications

   b. Dressings and necessary supplies

   c. Room charges

B. The patient's case record must contain a copy of the attending physician's order that prescribes the frequency of dressing changes and the mode(s) of therapy to be administered.

C. Medicaid covers and pays for only one dressing change per day per patient.

234.000 Extracorporeal Shock Wave Lithotripsy (E.S.W.L.) 5-1-07

A. Extracorporeal shock wave lithotripsy is not included in a surgical group.

B. Medicaid reimburses an ASC for a second treatment of a kidney only within 60 days of the first treatment of the kidney.

C. Fee schedule reimbursement for ESWL is a global fee that includes reimbursement for all related charges, including any charges for the use of the machine.

240.000 BILLING PROCEDURES

241.000 Introduction to Billing 5-1-07

Ambulatory Surgical Center providers use the Uniform Billing form CMS-1450 to bill the Arkansas Medicaid Program on paper. Each claim may contain charges for only one beneficiary.

Section III of this manual contains information about Provider Electronic Solutions (PES) and other available options for electronic claims submission.

242.000 CMS-1450 Billing Procedures 5-1-07

242.100 Special Billing 5-1-07

242.110 ASC Dental Billing 5-1-07

Dental procedures performed in an ASC are billed with revenue codes, instead of with HCPCS and CPT procedure codes.

Revenue Code	Description
361	Group I, Outpatient Dental Surgery
360	Group II, Outpatient Dental Surgery
369	Group III, Outpatient Dental Surgery
509	Group IV, Outpatient Dental Surgery

242.120 Burn Dressing 5-1-07

Claims submitted for burn dressing changes must specify the date of occurrence of the injury. Enter the occurrence code 05 and the date of the injury in the Occurrence Code and Occurrence Date fields.

242.130 Bone Stimulation 5-1-07

When billing for bone stimulation procedures 20974 and 20975, submit a paper claim and attach the invoice for the device.

242.140 Hyperbaric Oxygen Therapy Procedures 5-1-07

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 the hyperbaric oxygen therapy.

C. Ambulatory surgical centers must file paper claims for hyperbaric oxygen therapy because the claims are reviewed for medical necessity.

D. Indicate in the procedure description area which treatment session is being billed (for example, "Treatment session # 4"). 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.

242.150 Verteporfin (Visudyne) 5-1-07

A. Medicaid reimburses outpatient hospitals for Verteporfin (Visudyne), HCPCS procedure code **J3396,** when it is furnished to Medicaid beneficiaries of any age with an appropriate diagnosis.

1. Reimbursement for Verteporfin is not included in the reimbursement for the related surgical procedure,

2. Providers may bill Medicaid separate charges for Verteporfin and the related surgical procedure.

B. Claims for Verteporfin administration must include one of the following ICD-9-CM diagnosis codes.

115.02 115.12 115.92 360.21 362.50 362.52

C. Use anatomical modifiers to identify the eye(s) being treated.

D. **J3396** may be billed electronically or on a paper claim.

E. See section 216.800 for coverage information

242.170 Non-Payable Procedure Codes 5-1-07

The following are CPT and HCPCS procedure codes that are non-payable to an ASC.

A In some instances, the service that a non-payable code represents is payable when billed with a different procedure code.

B. Some of these procedure codes represent procedures that are covered only when performed for specific purposes, such as for family planning. Instructions for billing Medicaid in such a circumstance can be found in the “Special Billing Instructions” section.

11975	11976	11977	13102	13122	13133	13153	15001
15401	15756	15757	15758	15781	15782	15788	15789
15792	15793	15819	15825	15829	15838	15839	15876
15877	15878	15879	16036	19316	19396	20956	22318
22319	22522	22534	24149	26551	26553	26554	26556
27036	27193	28531	30930	31632	31633	32491	32850
32851	32852	32853	32854	32997	33140	33141	33410
33508	33960	33961	34800	34802	34804	34808	34812
34813	34820	34825	34826	34830	34831	34832	35500
35600	35682	35683	35685	35686	35697	35879	35881
36000	36416	36468	36469	36540	36600	36823	37206
37250	37251	38240	38241	39560	39561	43496	43843
44128	44132	44133	44135	44136	44203	44701	44979
45126	47134	47136	47570	48550	49906	50300	50544
50545	50546	50547	50548	54401	54406	54408	54410
54411	55450	56805	57106	57109	57111	57112	58300
58301	58600	58605	58611	58615	58670	58671	58970
58974	58976	59050	59051	59072	59200	59400	59410

59425	59426	59510	59515	59525	59866	61105	61517
61586	61697	61698	61865	61886	62148	62160	63043
63044	63048	63103	64472	64476	64480	64484	64623
64627	65125	65771	65780	65781	65782	66990	67225
69667	69965	69990	72275	74350	74355	74360	74742
90378	90379	90384	90471	90472	90473	90474	90476
90477	90586	90648	90657	90680	90693	90875	90900
90901	92961	95250	J0275				

242.310 Completion of the CMS-1450 Claim Form 5-1-07

Field Name and Number		Instructions for Completion
1.	Provider Name, Address and Telephone Number	Enter the provider's name, city, state, zip code and telephone number.
2.	Unassigned Data Field.	
3.	Patient Control Number	This is an optional entry that the provider may use for accounting purposes. Up to 16 numeric or alphabetic characters will be accepted. The number will appear on the remittance advice (RA).
4.	Type of Bill	Enter the three digit numeric code found in the Uniform Billing training manual to indicate the type of bill.
5.	Federal Tax Number	This locator is not required for Medicaid.
6.	Statement Covers Period	Enter the date of the outpatient surgery in both fields.
7.	Covered Days	This locator is not required for Medicaid.
8.	Non-Covered Days	This locator is not required for Medicaid.
9.	Coinsurance Days	This locator is not required for Medicaid.
10.	Lifetime Reserve Days	This locator is not required for Medicaid.
11.	Unassigned Data Field.	
12.	Patient's Name	Enter the patient's last name, first name and middle initial.
13.	Patient's Address	Optional entry. Enter the patient's full mailing address.
14.	Patient's Birth Date	Enter the patient's date of birth in MM/DD/YY format.
15.	Patient's Sex	Enter "M" for male or "F" for female.
16.	Patient's Marital Status	This locator is not required for Medicaid.
17.	Admission Date	This locator is not required for Medicaid.
18.	Admission Hour	This locator is not required for Medicaid.

Field Name and Number		Instructions for Completion
19.	Type of Admission	This locator is not required for Medicaid.
20.	Source of Admission	This locator is not required for Medicaid.
21.	Discharge Hour	This locator is not required for Medicaid.
22.	Patient's Status	This locator is not required for Medicaid.
23.	Medical Record Number	Required. Up to 15 alpha-numeric characters may be entered.
24.-30.	Condition Codes	Enter appropriate condition codes.
31.	Unassigned Data Field.	
32.-35.	Occurrence Codes and Dates	Required, if applicable.
36.	Occurrence Span Codes and Dates	This locator is not required for Medicaid.
37.-38.	Unassigned Data Fields.	
39.-41.	Value Codes and Amounts	This locator is not required for Medicaid.
42.	Revenue Code	This locator is not required for Medicaid.
43.	Revenue Description	Enter a narrative description of the service provided.
44.	HCPCS/Rates	Enter the HCPCS or CPT procedure code.
45.	Service Date	This locator is not required for Medicaid.
46.	Units of Service	Enter the quantitative measure of services rendered as described by the procedure code.
47.	Total Charges	Enter the total charges for each procedure code/revenue code listed. The sum of the charges will be the last entry in this locator.
48.	Non-Covered Charges	This locator is not required for Medicaid.
49.	Unassigned Data Field.	
50.	Payer Identification	Enter the names of payers from which the provider might expect some payment for the bill, including Medicaid. List the payers in order of responsibility, i.e., primary, secondary, etc.
51.	Medicaid Provider Number	Enter the ASC's 9-digit Medicaid provider number.
52.	Release of Information Certificate Indicator	This locator is not required for Medicaid.
53.	Assignment of Benefits Certification Indicator	This locator is not required for Medicaid.
54.	Prior Payments	Required when applicable. Enter the sum of the amount paid by insurance and/or other third parties and any private insurance copay amount paid by or due from the beneficiary. Prior payment sources must be listed in Form Locator 50 in order of their responsibility.

Field Name and Number		Instructions for Completion
55.	Estimated Amount Due	This locator is not required for Medicaid.
56.-57.	Unassigned Data Fields.	
58. A,B,C	Insured's Name	Complete this locator according to the instructions in the Uniform Billing training manual.
59. A, B, C	Patient's Relationship to Insured	Enter the appropriate code as referenced in the Uniform Billing training manual indicating the relationship of the patient to the identified insured.
60. A, B, C	Identification Number	Enter the insured's unique identification number assigned by the payer organization on the line corresponding to the payer listed in Form Locator 50. Enter the patient's Medicaid identification number.
61. A, B, C	Insured Group Name	Enter the insured's group plan name if the patient is insured by another payer.
62. A, B, C	Insurance Group Number	Enter the insured's group plan number if the patient is insured by another payer.
63. A, B, C	Treatment Authorization Code	If applicable, enter the prior authorization number.
64. A, B, C	Employment Status Code	This locator is not required for Medicaid.
65. A, B, C	Employer Name	If applicable, based on Form Locators 61 through 64, enter the name of the employer that provides health care coverage for the patient
66. A, B, C	Employer Location	If applicable, enter the specific location of the employer of the patient.
67.	Principal Diagnosis Code	Enter the ICD-9-CM code for the principal diagnosis
68.-75	Other Diagnosis Codes	Required, if applicable. Enter additional appropriate ICD-9-CM diagnosis codes.
76.	Admitting Diagnosis Code	This locator is not required for Medicaid.
77.	E Code	This locator is not required for Medicaid.
78.	Unassigned Data Field.	
79.	Procedure Coding Method Used	This locator is not required for Medicaid.
80.-81.	Principal and Other Procedure Codes and Dates	This locator is not required for Medicaid.
82.	Attending Physician ID	Enter the name and State License Number of the surgeon.
83.	Other Physician ID	The second field is required for ASC claims only when applicable.
	First Field	Not required on outpatient claims

Field Name and Number		Instructions for Completion
	Second Field	Enter the referring physician's name and provider number
84.	Remarks	Not required for ASC claims.
85.	Provider Representative Signature	The provider or designated authorized individual must sign and date the claim certifying that the services were personally rendered by the provider or under the provider's direction. "Provider's signature" is defined as the provider's actual signature, a rubber stamp of the provider's signature, an automated signature, a typewritten signature or the signature of an individual authorized by the provider rendering the service.
86.	Date Bill Submitted	Enter the date the bill was signed or sent to the Arkansas Medicaid Program for payment.