



**Division of Medical Services
 Program Planning & Development**
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TO: Arkansas Medicaid Health Care Providers
DATE: October 1, 2008
SUBJECT: Section V Provider Manual Update Transmittal

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REMOVE

Section	Date
Section V	09-1-08
Form DMS-640	R. 07-07
Form DMS-618	R. 04-07
Form DMS-652	R. 04-07
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—	—
Form DMS-671	R. 11-07

INSERT

Section	Date
Section V	10-1-08
Form DMS-640	R. 10-08
Form DMS-618	R. 10-08
Form DMS-652	R. 10-08
Form DMS-652-A	10-08
Form DMS-664	1/1/08
Form DMS-671	R. 10-08

Explanation of Updates

Section V has been updated to include the contact information for with QSource of Arkansas who has been awarded the Medicaid contract for Retrospective Therapy Review and Prior Authorization for Personal Care for beneficiaries under age 21. All forms, processes, policies and procedures will remain the same, with contact corrections, and directed to QSource.

Form DMS-640 is updated to indicate the program expenditure information for the latest completed state fiscal year (SFY 2007).

Form DMS-618 is updated to change the contractor and address for sending the form for reviewing requests for personal care services for beneficiaries under age 21.

Form DMS-652 is updated to correct errors in Section I – All Providers, Item (10), Provider Category (A-C) listing. DMS-652 is also updated to list additional required forms on the introduction page. These forms are currently required of new providers only. Established providers are not required to execute these forms at this time.

New form DMS-652-A is added as an enrollment addendum for Medicare reimbursement plan providers only.

New form DMS-664 is added as a supplement form for prescription drug paper billing to comply with federal mandate. To assure a product is payable for administration to a Medicaid beneficiary, compare the labeler code (the first 5 digits of the NDC) to the list of covered labelers which is maintained on the Arkansas Medicaid website.

Form DMS-671 is updated to add additional diagnosis codes to the malignant neoplasm primary diagnosis range that automatically extends benefits for beneficiaries with these conditions.

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 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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

Claim Forms

Red-ink Claim Forms

The following is a list of the red-ink claim forms required by Arkansas Medicaid. The forms below cannot be printed from this manual for use. Information about where to get the forms and links to samples of the forms are available below. To view a sample form, click the form name.

Claim Type	Where To Get Them
Professional – CMS-1500	Business Form Supplier
Institutional – CMS-1450*	Business Form Supplier
EPSDT – DMS-694**	EDS - 1-800-457-4454
Visual Care – DMS-26-V	EDS - 1-800-457-4454
Inpatient Crossover – EDS-MC-001	EDS - 1-800-457-4454
Long Term Care Crossover – EDS-MC-002	EDS - 1-800-457-4454
Outpatient Crossover – EDS-MC-003	EDS - 1-800-457-4454
Professional Crossover – EDS-MC-004	EDS - 1-800-457-4454

* For dates of service after 11/30/07 – ALL HOSPICE PROVIDERS USE ONLY FORM CMS-1450 (formerly (UB-04) for billing.

** A printable **PROVIDER INTEROFFICE DOCUMENTATION ONLY** version of this form is available below under Arkansas Medicaid Forms.

Claim Forms

The following is a list of the non-red-ink claim forms required by Arkansas Medicaid. Information about where to get a supply of the forms and links to samples of the forms are available below. To view a sample form, click the form name.

Claim Type	Where To Get Them
Alternatives Attendant Care Provider Claim Form - AAS-9559	Client Employer
Dental – ADA-J400	Business Form Supplier

Arkansas Medicaid Forms

The forms below can be printed from this manual for use.

In order by form name:

Form Name	Form Number
Acknowledgement of Hysterectomy Information	DMS-2606
Address Change Form	DMS-673
Adjustment Request Form - Medicaid XIX	EDS-AR-004
AFMC Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components	AFMC-103

Form Name	Form Number
AFMC Request For Bilaminate Skin Substitutes	AFMC-RBSS
Amplification/Assistive Technology Recommendation Form	DMS-686
Approval/Denial Codes for Inpatient Psychiatric Services	DMS-2687
Arkansas Early Intervention Infant & Toddler Program Intake/Referral/Application for Services	DDS/FS#0001.a
ARKids First Mental Health Services Provider Qualification Form	DMS-612
Assisted Living Waiver Plan of Care	AAS-9565
Authorization for Automatic Deposit	autodeposit
Authorization for Payment for Services Provided	MAP-8
Certification of Need - Medicaid Inpatient Psychiatric Services for Under Age 21	DMS-2633
Certification of Schools to Provide Comprehensive EPSDT Services	CSPC-EPSDT
Certification Statement for Abortion	DMS-2698
Change of Ownership Information	DMS-0688
CHMS Benefit Extension for Diagnosis/Evaluation Procedures	AFMC-102
CHMS Request for Prior Authorization	AFMC-101
Claim Correction Request	DMS-2647
Consent for Release of Information	DMS-619
Contact Lens Prior Authorization Request Form	DMS-0101
Contract to Participate in the Arkansas Medical Assistance Program	DMS-653
DDTCS Transportation Log	DMS-638
DDTCS Transportation Survey	DMS-632
Dental Treatment Additional Information	DMS-32-A
Disclosure of Significant Business Transactions	DMS-689
Disproportionate Share Questionnaire	DMS-628
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Prescription/Referral For Medically Necessary Services/Items Not Specifically Included in the Medicaid State Plan	DMS-693
Early Childhood Special Education Referral Form	ECSE-R
EPSDT Claim Form — You may print this version for use in charts and electronic billing documentation; however, if you submit a paper claim for billing, you must use the red-ink version (see Red-ink Claim Forms above.)	EPSDT-DMS-694
EPSDT Provider Agreement	DMS-831
Evaluation Form Lower-Limb	DMS-646
Explanation of Check Refund	EDS-CR-002
Gait Analysis Full Body	DMS-647

Form Name	Form Number
Home Health Certification and Plan of Care	CMS-485
Hospital/Physician/Certified Nurse Midwife Referral for Newborn Infant Medicaid Coverage	DCO-645
Inpatient Psychiatric Medicaid Agency Review Team Transmittal Sheet	DMS-2685
Lower-Limb Prosthetic Prescription	DMS-651
Media Selection/E-Mail Address Change Form	None
Medicaid Claim Inquiry Form	EDS-CI-003
Medicaid Form Request	EDS-MFR-001
Medical Assistance Dental Disposition	DMS-2635
Medical Equipment Request for Prior Authorization & Prescription	DMS-679
Medical Transportation and Personal Assistant Verification	DMS-616
Mental Health Services Provider Qualification Form for LCSW, LMFT and LPC	DMS-633
Notice Of Noncompliance	DMS-635
NPI Reporting Form	DMS-683
Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21 Prescription/Referral	DMS-640
Ownership and Conviction Disclosure	DMS-675
Personal Care Assessment and Service Plan	DMS-618
Practitioner Identification Number Request Form	DMS-7708
Prescription & Prior Authorization Request For Nutrition Therapy & Supplies	DMS-2615
Primary Care Physician Managed Care Program Referral Form	DMS-2610
Primary Care Physician Participation Agreement	DMS-2608
Primary Care Physician Selection and Change Form	DMS-2609
Prior Authorization (PA) Request for Extension of Benefits-Prescription Drugs	DMS-0685-14
Procedure Code/NDC Detail Attachment Form	DMS-664
Prosthetic-Orthotic Lower-Limb Amputee Evaluation	DMS-650
Prosthetic-Orthotic Upper-Limb Amputee Evaluation	DMS-648
Provider Application	DMS-652
Provider Communication Form	AAS-9502
Provider Data Sharing Agreement- Medicare Parts C & D	DMS-652-A
Provider Enrollment Application and Contract Package	AppMaterial
Referral for Certification of Need Medicaid Inpatient Psychiatric Services for Under Age 21	DMS-2634

Form Name	Form Number
Referral for Medical Assistance	DMS-630
Request for Extension of Benefits	DMS-699
Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services	DMS-671
Request for Extension of Benefits for Medical Supplies for Medicaid Beneficiaries Under Age 21	DMS-602
Request For Orthodontic Treatment	DMS-32-0
Request for Private Duty Nursing Services Prior Authorization and Prescription - Initial Request or Recertification	DMS-2692
Request for Targeted Case Management Prior Authorization for Beneficiaries Under Age 21	DMS-601
Sterilization Consent Form	DMS-615 English DMS-615 Spanish
Sterilization Consent Form - Information for Men	PUB-020
Sterilization Consent Form - Information for Women	PUB-019
Upper-Limb Prosthetic Prescription	DMS-649
Vendor Performance Report	None
Verification of Medical Services	DMS-2618

In order by form number:

AAS-9502	DMS-2606	DMS-602	DMS-650	DMS-699
AAS-9565	DMS-2608	DMS-612	DMS-651	DMS-7708
Address Change	DMS-2609	DMS-615	DMS-652	DMS-831
AFMC-101	DMS-2610	DMS-616	DMS-652-A	ECSE-R
AFMC-102	DMS-2615	DMS-618	DMS-653	EDS-AR-004
AFMC-103	DMS-2618	DMS-619	DMS-664	EDS-CI-003
AFMC-RBSS	DMS-2633	DMS-628	DMS-671	EDS-CR-002
Authorization for Automatic Deposit	DMS-2634	DMS-630	DMS-675	EDS-MFR-001
CMS-485	DMS-2635	DMS-632	DMS-673	MAP-8
CSPC-EPSDT	DMS-2647	DMS-633	DMS-679	Performance Report
DCO-645	DMS-2685	DMS-635	DMS-683	Provider Enrollment Application and Contract Package
DDS/FS#0001.a	DMS-2687	DMS-638	DMS-686	
DMS-0101	DMS-2692	DMS-640	DMS-689	
DMS-0685-14	DMS-2698	DMS-646	DMS-693	
DMS-0688	DMS-32-A	DMS-647	DMS-694 chart version	PUB-019
	DMS-32-O	DMS-648	DMS-694 sample	PUB-020
	DMS-601	DMS-649		

Arkansas Medicaid Contacts and Links

Click the link to view the information.

[American Hospital Association](#)

[Americans with Disabilities Act Coordinator](#)

[APS Healthcare Midwest \(APS\)](#)

[Arkansas Department of Education, Health and Nursing Services Specialist](#)

[Arkansas Department of Education, Special Education](#)

[Arkansas Department of Human Services - Aging and Adult Services](#)

[Arkansas Department of Human Services – Appeals and Hearings Section](#)

[Arkansas Department of Human Services, Child Care and Early Childhood Education, Child Care Licensing Unit](#)

[Arkansas Department of Human Services, Children and Family Services, Contracts Management Unit](#)

[Arkansas Department of Human Services, Children's Services](#)

[Arkansas Department of Human Services, County Operations - Customer Assistance Section](#)

[Arkansas Department of Human Services, Medical Services](#)

[Arkansas Department of Human Services, Medical Services, Dental Care Unit](#)

[Arkansas Department of Human Services, Medical Services Director](#)

[Arkansas Department of Human Services, Medical Services, Financial Activities Unit](#)

[Arkansas Department of Human Services, Medical Services, Hearing Aid Consultant](#)

[Arkansas Department of Human Services, Medical Services, Medical Assistance Unit](#)

[Arkansas Department of Human Services, Medical Services, Pharmacy Unit-Utilization Review Section](#)

[Arkansas Department of Human Services, Medical Services, Program Communications Unit](#)

[Arkansas Department of Human Services, Medical Services, Third-Party Liability Unit](#)

[Arkansas Department of Human Services, Medical Services, UR Benefit Extension Requests Section](#)

[Arkansas Department of Human Services, Medical Services, UR/Home Health Extensions](#)

[Arkansas Department of Human Services, Medical Services, Utilization Review Section](#)

[Arkansas Department of Human Services, Medical Services, Visual Care Coordinator](#)

[Arkansas Department of Human Services, Medical Services, Provider Reimbursement Unit](#)

[Arkansas Department of Health](#)

[Arkansas Department of Health, Health Facility Services](#)

[Arkansas Department of Human Services, Accounts Receivable](#)
[Arkansas Foundation For Medical Care](#)
[Arkansas Hospital Association Contact Information](#)
[Arkansas Medicaid Provider Enrollment Unit](#)
[ARKids First-B ID Card Example](#)
[ARKids First-B Telephone Number](#)
[Child Health Services \(EPSDT\)](#)
[ConnectCare Helpline](#)
[County Codes](#)
[CPT Ordering Information](#)
[EDS Claims Department](#)
[EDS EDI Support Center \(formerly AEVCS Help Desk\)](#)
[EDS Inquiry Unit](#)
[EDS Manual Order Address](#)
[EDS Pharmacy Help Desk](#)
[EDS Provider Assistance Center \(PAC\)](#)
[EDS Supplied Forms](#)
[Example of Beneficiary Notification of Denied ARKids First-B Claim](#)
[Example of Beneficiary Notification of Denied Medicaid Claim](#)
[First Connections Infant & Toddler Program Developmental Disabilities Services](#)
[First Health](#)
[Flow Chart of Intake and Prior Authorization Process For Intervention/Treatment](#)
[Health Care Declarations](#)
[ICD-9-CM Ordering Information](#)
[Immunizations Registry Help Desk – Arkansas Department of Health](#)
[Medicaid ID Card Example](#)
[Medicaid Reimbursement Unit Communications Hotline](#)
[Medicaid Tooth Numbering System](#)
[National Supplier Clearinghouse](#)
[Primary Care Physician \(PCP\) Enrollment Voice Response System](#)
[Provider Qualifications Division of Mental Health Services](#)
[QSource of Arkansas](#)
[Select Optical](#)
[Standard Register](#)
[Table of Desirable Weights](#)
[U.S. Government Printing Office](#)

Vendor Performance Report