



Division of Medical Services
Program Development & Quality Assurance

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OFFICIAL NOTICE

TO: Health Care Provider – Hospital/Critical Access Hospital (CAH)/End-Stage Renal Disease (ESRD) and Physician/Independent Lab/CRNA/Radiation Therapy Center

DATE: March 1, 2011

SUBJECT: Prior Authorization for Procedure Codes 87901, 87903, and 87904

Effective for claims with dates of service on or after March 1, 2011, the following procedure codes will no longer require a prior authorization when the primary (ICD-9-CM) diagnosis is 042, Human Immunodeficiency Virus (HIV) disease:

Procedure Code	Description	Limitations
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions	A maximum of 12 units per 12 month period
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV-1; first through ten drugs tested	A maximum of 1 unit per year
87904	Each additional drug tested (List separately in addition to code for primary procedure)	This procedure code is an add-on code.

If you have questions regarding this notice, please contact the HP Enterprise Services Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

Arkansas Medicaid provider manuals, 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.

Eugene I. Gessow, Director