



**Division of Medical Services**  
**Program Development & Quality Assurance**

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437  
501-682-8368 · Fax: 501-682-2480



**OFFICIAL NOTICE**

**TO:** Health Care Provider – AHECS, Ambulatory Surgical Center, Arkansas Department of Health, ARKids First-B, Child Health Services (EPSDT), Critical Access Hospital, End Stage Renal Disease, Federally Qualified Health Center (FQHC), Hospital, Independent Lab, Independent Radiology, Nurse Practitioner, Physician, Radiation Therapy Center, Rural Health Clinic (RHC), and Vision

**DATE:** March 15, 2011

**SUBJECT:** 2011 Current Procedure Terminology (CPT®) Code Conversion

**I. General Information**

A review of the 2011 Current Procedural Terminology (CPT®) procedure codes has been completed, and the Arkansas Medicaid Program will begin accepting CPT 2011 procedure codes for dates of service on and after March 15, 2011.

Procedure codes that are identified as deletions in CPT 2011 (Appendix B) are **non-payable** for dates of service on and after March 15, 2011.

For the benefit of those programs impacted by the conversions, the Arkansas Medicaid website fee schedule will be updated soon after the implementation of the 2011 CPT and Healthcare Common Procedural Coding System Level II (HCPCS) conversions.

**II. Non-Covered 2011 CPT Procedure Codes**

A. Effective for dates of service on and after March 15, 2011, the following CPT procedure codes are non-covered.

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 64566 | 90644 | 90654 | 90664 | 90666 | 90667 | 90668 | 90867 |
| 90868 | 95800 | 95801 | 99224 | 99225 | 99226 |       |       |

B. All 2011 CPT procedure codes listed in **Category II** and **Category III** are not recognized by Arkansas Medicaid; therefore, they are non-covered.

- C. The following new 2011 CPT procedure codes are not payable to Outpatient Hospitals because these services are covered by another CPT procedure code, another HCPCS code or a revenue code.

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 11045 | 11046 | 11047 | 22552 | 37222 | 37223 | 37232 | 37233 |
| 37234 | 37235 | 38900 | 43283 | 43338 | 49327 | 49412 | 61781 |
| 61782 | 61783 | 90460 | 90461 | 90470 | 92227 | 92228 | 93462 |
| 93463 | 93563 | 93564 | 93565 | 93566 | 93567 | 93568 |       |

- D. The following new 2011 CPT procedure codes are not payable to Ambulatory Surgical Centers because these services are covered by another CPT procedure code, another HCPCS code or a revenue code.

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 11045 | 11046 | 11047 | 22552 | 37222 | 37223 | 37232 | 37233 |
| 37234 | 37235 | 38900 | 43283 | 43338 | 49327 | 49412 | 61781 |
| 61782 | 61783 | 90460 | 90461 | 90470 | 92227 | 92228 |       |

- E. The following new 2011 CPT procedure codes are not payable to Physicians because these services are covered by another CPT procedure code, another HCPCS code or a revenue code.

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 90460 | 90461 | 90470 | 92227 | 92228 |
|-------|-------|-------|-------|-------|

- F. The following new 2011 CPT procedure codes are not payable to Vision Service Providers because these services are covered by another CPT procedure code, another HCPCS code or a revenue code.

|       |       |
|-------|-------|
| 92227 | 92228 |
|-------|-------|

**III. Prior Authorization**

When obtaining a prior authorization from the Arkansas Foundation for Medical Care, please send your request to the following:

|   |   |
|---|---|
| In-state and out-of-state toll free for inpatient reviews, prior authorizations for surgical procedures and assistant surgeons only | 1-800-426-2234  |
| General telephone contact, local or long distance – Fort Smith  | (479) 649-8501<br>1-877-650-2362  |
| Fax for CHMS only   | (479) 649- 0776   |
| Fax   | (479) 649-0799  |
| Mailing address   | Arkansas Foundation for Medical Care, Inc<br>PO Box 180001<br>Fort Smith, AR 72918-0001 |
| Physical site location  | 1000 Fianna Way<br>Fort Smith, AR 72919-9008  |
| Office hours  | 8:00 a.m. until 4:30 p.m. (Central Time),<br>Monday through Friday, except holidays     |

The following 2011 CPT procedure codes require prior authorization from AFMC.

|       |       |       |
|-------|-------|-------|
| 64568 | 64569 | 64570 |
|-------|-------|-------|

**IV. 2011 CPT Lab Procedure Codes with International Classification of Diseases, 9<sup>th</sup> Revision, and Clinical Modification (ICD-9-CM) Diagnosis Restrictions**

The following 2011 CPT procedure codes will be payable with a primary (ICD-9-CM) diagnosis as is indicated below.

| Procedure Code | Required Primary (ICD-9-CM) Diagnosis |
|----------------|---------------------------------------|
| 87906          | 042                                   |

**V. Independent Radiology**

The following 2011 CPT procedure codes are payable to Independent Radiology Providers.

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 74176 | 74177 | 74178 | 76881 | 76882 |
|-------|-------|-------|-------|-------|

**VI. Oral Surgeons**

The following 2011 CPT procedure codes are payable to Oral Surgeons.

|       |       |       |
|-------|-------|-------|
| 31295 | 31296 | 31297 |
|-------|-------|-------|

**VII. Vision Program**

The following 2011 CPT procedure codes are payable to Vision Service Providers.

|       |       |       |
|-------|-------|-------|
| 92132 | 92133 | 92134 |
|-------|-------|-------|

**VIII. Ambulatory Surgical Centers**

The following 2011 CPT procedure codes are payable to Ambulatory Surgical Centers.

|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| 29914 | 29915 | 29916 | 31295 | 31296 | 31297 |
| 31634 | 43753 | 43754 | 43755 | 43756 | 43757 |
| 49418 | 53860 | 64568 | 64569 | 64570 | 64611 |
| 65778 | 65779 | 66174 | 66175 | 74176 | 74177 |
| 74178 | 76881 | 76882 | 80104 | 82930 | 83861 |
| 84112 | 85598 | 86481 | 86902 | 87501 | 87502 |
| 87503 | 88120 | 88121 | 88177 | 88363 | 88749 |
| 91013 | 91117 | 92132 | 92133 | 92134 |       |

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

Eugene I. Gessow, Director



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**OFFICIAL NOTICE**

**TO:** Health Care Provider – AHECS, Ambulatory Surgical Center, Arkansas Department of Health, ARKids First-B, Certified Nurse Midwife, Critical Access Hospital, End-Stage Renal Disease, Hospital, Independent Radiology, Nurse Practitioner, Physician, Prosthetics, Transportation

**DATE:** March 15, 2011

**SUBJECT:** 2011 Healthcare Common Procedural Coding System Level II (HCPCS) Code Conversion

**I. General Information**

A review of the 2011 HCPCS procedure codes has been completed and the Arkansas Medicaid Program will begin accepting updated Healthcare Common Procedural Coding System Level II (HCPCS) procedure codes on claims with dates of service on and after March 15, 2011. Drug procedure codes require National Drug Code (NDC) billing protocol. Drug procedure codes that represent radiopharmaceuticals, vaccines and allergen immunotherapy are exempt from the NDC billing protocol.

Procedure codes that are identified as deletions in 2011 HCPCS Level II will become non-payable for dates of service on and after March 15, 2011.

**Please note: The Arkansas Medicaid website fee schedule will be updated soon after the implementation of the 2011 CPT and HCPCS conversions.**

**II. 2011 HCPCS Payable Procedure Codes Tables Information**

A. Procedure codes are in separate tables. Tables are created for each affected provider type (i.e. prosthetics, home health etc.).

The tables of payable procedure codes for all affected programs are designed with ten columns of information. All columns may not be applicable for each covered program, but are devised for ease of reference.

## II. 2011 HCPCS Payable Procedure Codes Tables Information (continued)

**Please note: An asterisk indicates that the procedure code requires a paper claim.**

1. The first column of the list contains the HCPCS procedure codes. The procedure code may be on multiple lines on the table, depending on the applicable modifier(s) based on the service performed.
2. The second column indicates any modifiers that must be used in conjunction with the procedure code, when billed, either electronically or on paper.
3. The third column indicates that the coverage of the procedure code is restricted based on the beneficiary's age in number of years.
4. The fourth column shows procedure codes that require manual pricing and is titled Manually Priced Y/N. A letter "Y" in the column indicates that an item is manually priced and an "N" indicates that an item is not manually priced. Providers should consult their program manual to review the process involved in manual pricing.
5. Certain procedure codes are covered only when the primary diagnosis is covered within a specific ICD-9-CM diagnosis range. This information is used, for example, by physicians and hospitals. The fifth and sixth columns, for all affected programs, indicate the beginning and ending range of ICD-9-CM diagnoses for which a procedure code may be used, (i.e.: 053.0 through 054.9).
6. The seventh column contains information about the diagnosis list for which a procedure code may be used. (See Section III below for more information about diagnosis range and lists.)
7. The eighth column indicates whether a procedure is subject to medical review before payment. The column is titled "Review Y/N". The letter "Y" in the column indicates that a review is necessary and an "N" indicates that a review is not necessary. Providers should consult their program manual to obtain the information that is needed for a review.
8. The ninth column shows procedure codes that require prior authorization (PA) before the service may be provided. The column is titled "PA Y/N". The letter "Y" in the column indicates that a procedure code requires prior authorization and an "N" indicates that the code does not require prior authorization. Providers should consult their program manual to ascertain what information should be provided for the prior authorization process.
9. The tenth column indicates a procedure code requiring a prior approval letter from the Arkansas Medicaid Medical Director for Clinical Affairs for the Division of Medical Services. The letter "Y" in the column indicates that a procedure code requires a prior approval letter and an "N" indicates that a prior approval letter is not required.

**II. 2011 HCPCS Payable Procedure Codes Tables Information (continued)**

**B. Acquisition of Prior Approval Letter:**

A prior approval letter, when required, must be attached to a paper claim when it is filed. Providers must obtain prior approval in accordance with the following procedures, for special pharmacy, therapeutic agents and treatments:

1. Process for Acquisition: Before treatment begins, the Medical Director for Clinical Affairs in the Division of Medical Services (DMS) must approve any drug, therapeutic agent or treatment not listed as covered in a provider manual or in official DMS correspondence. This requirement also applies to any drug, therapeutic agent or treatment with a prior approval letter indicated for coverage in a provider manual or official DMS correspondence.
2. The Medical Director for Clinical Affairs' review is necessary to ensure approval for medical necessity. Additionally, all other requirements must be met for reimbursement.
  - a. The provider must submit a history and physical examination with the treatment plan before beginning any treatment.
  - b. The provider will be notified by mail of the DMS Medical Director for Clinical Affairs' decision. No prior authorization number is assigned if the request is approved, but a prior approval letter is issued and must be attached to each paper claim submission.

**Any change in approved treatment requires resubmission and a new approval letter.**

- c. Requests for a prior approval letter must be addressed to the attention of the Medical Director for Clinical Affairs. Contact the Medical Director for Clinical Affairs' office for any additional coverage information and instructions.

|  |  |
|--|--|
| Mailing address:<br>Attention Medical Director for Clinical Affairs<br>Division of Medical Services<br>OR<br>AR Department of Human Services<br>PO Box 1437, Slot S412<br>Little Rock, AR 72203-1437 | Fax: 501-682-8013<br>Phone: 501-682-9868 |
|--|--|

**II. 2011 HCPCS Payable Procedure Codes Tables Information (continued)**

**C. Process for Obtaining Prior Authorization:**

1. When obtaining a prior authorization from the Arkansas Medicaid Utilization Review Section, please send your request to the following:

|                     |   |
|---------------------|---|
| Telephone Toll free | 1-800-482-5850, extension 2-8340  |
| Telephone           | (501) 682-8340  |
| Fax                 | (501) 682-8013  |
| Mailing address     | Arkansas DHS Division of Medical Services<br>Utilization Review Section<br>P.O. Box 1437, Slot S413<br>Little Rock, AR 72203-1437 |

2. When obtaining a prior authorization from the Arkansas Foundation for Medical Care, please send your request to the following:

|   |   |
|---|---|
| In-state and out-of-state toll free for inpatient reviews, prior authorizations for surgical procedures and assistant surgeons only | 1-800-426-2234  |
| General telephone contact, local or long distance - Fort Smith  | (479) 649-8501<br>1-877-650-2362  |
| Fax for CHMS only   | (479) 649-0776  |
| Fax   | (479) 649-0799  |
| Mailing address   | Arkansas Foundation for Medical Care, Inc<br>PO Box 180001<br>Fort Smith, AR 72918-0001 |
| Physical site location  | 1000 Fianna Way<br>Fort Smith, AR 72919-9008  |
| Office hours  | 8:00 a.m. until 4:30 p.m. (Central Time),<br>Monday through Friday, except holidays     |

**III. International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM), Diagnosis Range and Diagnosis Lists**

Diagnosis is documented using the International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM). Certain procedure codes are covered only for a specific primary diagnosis or a particular diagnosis range. Diagnosis list 003 is specified below. For any other diagnosis restrictions, reference the table for each individual program.



**III. International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM),  
Diagnosis Range and Diagnosis Lists (continued)**

**Diagnosis List 003**

042  
140.0 through 209.30  
209.31 through 209.36  
209.70 through 209.75  
209.79  
230.0 through 238.9  
511.81  
V58.11 through V58.12  
V87.41

**IV. HCPCS Procedure Codes Payable to Ambulatory Surgical Centers (ASC)**

The following information is related to procedure codes payable to the ASC Program.

| 2011<br>Codes | Modifier | Age<br>Restriction | Manually<br>Priced<br>Y/N | Beginning<br>Diagnosis<br>Range | Ending<br>Diagnosis<br>Range | Diagnosis<br>List | Review<br>Y/N | PA<br>Y/N | Prior<br>approval<br>Letter<br>(Y/N) |
|---------------|----------|--------------------|---------------------------|---------------------------------|------------------------------|-------------------|---------------|-----------|--------------------------------------|
| C8931         |          | N                  | Y                         |                                 |                              |                   | N             | N         | N                                    |
| C8932         |          | N                  | Y                         |                                 |                              |                   | N             | N         | N                                    |
| C8934         |          | N                  | Y                         |                                 |                              |                   | N             | N         | N                                    |
| C8935         |          | N                  | Y                         |                                 |                              |                   | N             | N         | N                                    |
| C8936         |          | N                  | Y                         |                                 |                              |                   | N             | N         | N                                    |

**V. HCPCS Procedure Codes Payable to ARKids First-B**

A. The following information is related to procedure codes payable to the ARKids First-B Program.

| 2011<br>Codes | Modifier | Age<br>Restriction | Manually<br>Priced<br>Y/N | Beginning<br>Diagnosis<br>Range | Ending<br>Diagnosis<br>Range | Diagnosis<br>List | Review<br>Y/N | PA<br>Y/N | Prior<br>approval<br>Letter<br>(Y/N) |
|---------------|----------|--------------------|---------------------------|---------------------------------|------------------------------|-------------------|---------------|-----------|--------------------------------------|
| E2622         | NU       | 0-18               | N                         |                                 |                              |                   | N             | N         | N                                    |
| E2623         | NU       | 0-18               | N                         |                                 |                              |                   | N             | N         | N                                    |
| E2624         | NU       | 0-18               | N                         |                                 |                              |                   | N             | N         | N                                    |
| E2625         | NU       | 0-18               | N                         |                                 |                              |                   | N             | N         | N                                    |

## VI. HCPSC Procedure Codes Payable to Certified Nurse Midwife

The following information is related to procedure codes payable to the Certified Nurse Midwife Program. See Section III of this notice for ICD-9-CM diagnosis codes contained in diagnosis list 003.

| 2011 Codes | Modifier | Age Restriction | Manually Priced Y/N | Beginning Diagnosis Range | Ending Diagnosis Range | Diagnosis List | Review Y/N | PA Y/N | Prior approval Letter (Y/N) |
|------------|----------|-----------------|---------------------|---------------------------|------------------------|----------------|------------|--------|-----------------------------|
| J0558      |          | N               | N                   |                           |                        | List 003       | N          | N      | N                           |
| J0561      |          | N               | N                   |                           |                        | List 003       | N          | N      | N                           |

## VII. HCPSC Procedure Codes Payable to Hospitals

The following information is related to procedure codes payable to hospital providers. For section VII, reference the superscript alpha character following the procedure code in the table to determine what coverage protocol listed below applies to that procedure code in the list. Claims that require attachments (such as op-reports and prior approval letters) must be billed on a paper claim. See Section II of this notice for information on requesting a prior approval letter. See Section III of this notice for **ICD-9-CM** diagnosis codes contained in diagnosis list 003.

In addition to the special circumstances listed below with each alpha character, any other processes or requirements indicated in the table are also applicable.

**C9272<sup>A</sup>** Covered for female, post menopausal beneficiaries with osteoporosis and inability to tolerate oral medications for osteoporosis, (ICD-9-CM 733.1). Inability to tolerate oral medications must be documented in medical history and physical exam with reason for intolerance clearly documented and name of oral medications that patient was unable to tolerate. Inability to tolerate oral medication must include signs and symptoms of esophageal disease. Patient must be at high risk for osteoporotic fracture or have multiple risk factors for fracture. Physicians should document that they have informed the patient of the risks of therapy in accordance with the Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategy Program. Use this procedure code for **Prolia**.

**Note:** Arkansas Medicaid requires that **Xgeva** be filed under J3590 on a paper claim with the drug name and dose. **Xgeva** is only approved for prevention of skeletal-related events in patients with bone metastases from breast and prostate cancer and solid tumors. **Xgeva** is not indicated for the prevention of skeletal-related events in patients with multiple myeloma. **Xgeva** requires documentation in the medical record of the rationale for why **Zometa** was not used. A complete history and physical exam documenting the type of cancer and what chemotherapy is prescribed is required to be in the medical record.

**VII. HCPCS Procedure Codes Payable to Hospitals (continued)**

- C9277<sup>B</sup>** Payable for beneficiaries aged 8 and older who have the ICD-9-CM detail diagnosis of 271.0. The history and physical by a geneticist showing a diagnosis of late onset, not infantile, Pompe's disease must be submitted with the request for the prior approval letter. The beneficiary, physician and infusion center should be enrolled in the Lumizyme Alglucosidase Alfa Control (ACE) Program. The history and physical should document compliance with this program including discussion of the risks of anaphylaxis, severe allergic reactions and immune-mediated reactions according to the Black Box warning from the Food and Drug Administration. This drug should only be administered in a facility equipped to deal with anaphylaxis, including Advanced Life Support capability. The approval letter must be attached to each claim. (See Section 272.103 of the hospital manual or Section II B. of this notice for instructions for obtaining a prior approval letter.) Use this procedure code for **Lumizyme**.
- C9278<sup>C</sup>** Payable for beneficiaries ages 18 and older when medically necessary. This drug is reviewed for medical necessity based on the ICD-9-CM diagnosis code billed.
- J0597<sup>D</sup>** Payable for beneficiaries ages 13 and older. This drug will be considered for claims with a primary ICD-9-CM diagnosis of 277.6 and will be reviewed for medical necessity based on the clinical documentation submitted.
- J1290<sup>E</sup>** Payable for beneficiaries ages 16 and older. This drug will be considered for claims with a primary ICD-9-CM diagnosis of 277.6 and will be reviewed for medical necessity based on the clinical documentation submitted.
- J1599<sup>F</sup>** Claims are reviewed for medical necessity, based on the ICD-9-CM diagnosis code billed.
- J3262<sup>G</sup>** This procedure code is only approved for rheumatoid arthritis, (ICD-9-CM 714.0) in adult patients ages 18 years and older. A prior approval letter is required. The patient must have tried and failed therapy with documented progression of symptoms on Humira and Enbrel prior to the request for this drug. The physician medical record must document a history and physical examination that clearly shows failure of Humira and Enbrel with submission for a prior approval letter. Doses exceeding 800 mg. per infusion will not be approved, as they are not recommended. The physician must follow all Food and Drug Administration (FDA) recommendations on monitoring of laboratory and serious infections. This procedure must be billed on a paper claim. (See Section 272.103 of the hospital manual or Section II B. of this notice for instructions for obtaining a prior approval letter). The prior approval letter must be submitted with each claim.

**VII. HCPSC Procedure Codes Payable to Hospitals (continued)**

- J3357<sup>H</sup>** This procedure code is covered for the diagnosis of moderate to severe plaque psoriasis (ICD-9-CM 696.1) in adult patients ages 18 years and older. A prior approval letter is required. There must be clear documentation that the patient has failed Humira and Enbrel, with documentation of progression of the disease or documented inability to tolerate Humira and Enbrel. A physician history and physical must be submitted with a request for prior approval letter. Documentation of patient counseling of the adverse effects of the drug should also be included. This drug should only be administered to patients who will be closely monitored and have regular follow-up visits by a physician. This procedure must be billed on a paper claim. (See Section 272.103 of the hospital manual or Section II B. of this notice for instructions for obtaining a prior approval letter). The prior approval letter must be submitted with each claim.
- J3385<sup>I</sup>** This procedure code is for pediatric and adult beneficiaries ages 4 years and older with Type I Gaucher Disease (ICD-9-CM 272.7) who are symptomatic and require enzyme replacement therapy. This drug requires prior approval by the Medical Director for Clinical Affairs. A history and physical exam by a geneticist is required yearly for approval. The history and physical exam should document the prognosis of the patient as well as current symptoms. (See Section 272.103 of the hospital manual or Section II B. of this notice for instructions for obtaining a prior approval letter). This procedure must be billed on a paper claim. The prior approval letter must be attached to each claim.
- J7312<sup>J</sup>** This procedure code is covered for adults 18 years and older for the diagnosis of macular edema following branch retinal vein occlusion (BRVO), (ICD-9-CM 362.30), or central retinal vein occlusion (CRVO), (ICD-9-CM 362.35) and non-infectious uveitis of the posterior segment, (ICD-9-CM 363.20) which has failed oral treatments and is untreatable by any other method. This procedure code requires a prior approval letter. There should be documentation of vein occlusion and studies documenting macular edema. Visual acuity should be noted after the vein occlusion or after failed treatments for uveitis. The patients should be monitored after the injection for elevation in intraocular pressure and endophthalmitis. Counseling of side effects should be documented in the medical record. The history and physical exam including all tests should be sent with the request for prior approval letter. (See Section 272.103 of the hospital manual or Section II B. of this notice for instructions for obtaining a prior approval letter). This procedure must be billed on a paper claim. The prior approval letter must be attached to each claim.

**VII. HCPCS Procedure Codes Payable to Hospitals (continued)**

| 2011 Codes          | Modifier | Age Restriction | Manually Priced Y/N | Beginning Diagnosis Range | Ending Diagnosis Range | Diagnosis List             | Review Y/N | PA Y/N | Prior approval Letter (Y/N) |
|---------------------|----------|-----------------|---------------------|---------------------------|------------------------|----------------------------|------------|--------|-----------------------------|
| C8931               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C8932               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C8934               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C8935               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C8936               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C9270               |          | 18 & up         | Y                   | 279.00                    | 279.09                 |                            | N          | N      | N                           |
| C9272 <sup>A</sup>  |          | 18 & up         | Y                   | 733.01                    | 733.01                 |                            | N          | N      | N                           |
| C9274               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C9277 <sup>B*</sup> |          | 8 & up          | Y                   | 271.0                     | 271.0                  |                            | Y          | N      | Y                           |
| C9278 <sup>C</sup>  |          | 18 & up         | Y                   |                           |                        |                            | Y          | N      | N                           |
| C9279               |          | N               | Y                   |                           |                        | List 003                   | N          | N      | N                           |
| J0171               |          | N               | N                   |                           |                        |                            | N          | N      | N                           |
| J0558               |          | N               | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J0561               |          | N               | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J0597 <sup>D*</sup> |          | 13 & up         | N                   | 277.6                     | 277.6                  |                            | Y          | N      | N                           |
| J0638               |          | 4 & up          | N                   | 277.31                    | 277.31                 |                            | N          | N      | N                           |
| J1290 <sup>E*</sup> |          | 16 & up         | N                   | 277.6                     | 277.6                  |                            | Y          | N      | N                           |
| J1559               |          | 4 & up          | N                   | 279.3                     | 279.3                  |                            | N          | N      | N                           |
| J1599 <sup>F</sup>  |          | 4 & up          | Y                   |                           |                        |                            | Y          | N      | N                           |
| J1786               |          | 2 & up          | N                   | 272.7                     | 272.7                  |                            | N          | N      | N                           |
| J2358               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J2426               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J3095               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J3262 <sup>G*</sup> |          | 18 & up         | N                   | 714.0                     | 714.0                  |                            | Y          | N      | Y                           |
| J3357 <sup>H*</sup> |          | 18 & up         | N                   | 696.1                     | 696.1                  |                            | Y          | N      | Y                           |
| J3385 <sup>I</sup>  |          | 4 & up          | N                   | 272.7                     | 272.7                  |                            | Y          | N      | Y                           |
| J7184               |          | 10 & up         | N                   | 276.4                     | 276.4                  |                            | N          | N      | N                           |
| J7196               |          | 18 & up         | Y                   | 286.5                     | 286.5                  |                            | N          | N      | N                           |
| J7312 <sup>J*</sup> |          | 18 & up         | N                   |                           |                        | 362.30<br>362.35<br>363.20 | Y          | N      | Y                           |
| J9307               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J9315               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J9351               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |

\*Denotes paper claim.

### **VIII. HCPC Procedure Codes Payable to Independent Radiology**

The following information is related to procedure codes payable to the Independent Radiology Program.

| 2011 Codes | Modifier | Age Restriction | Manually Priced Y/N | Beginning Diagnosis Range | Ending Diagnosis Range | Diagnosis List | Review Y/N | PA Y/N | Prior approval Letter (Y/N) |
|------------|----------|-----------------|---------------------|---------------------------|------------------------|----------------|------------|--------|-----------------------------|
| C8931      |          | N               | Y                   |                           |                        |                | N          | N      | N                           |
| C8932      |          | N               | Y                   |                           |                        |                | N          | N      | N                           |
| C8934      |          | N               | Y                   |                           |                        |                | N          | N      | N                           |
| C8935      |          | N               | Y                   |                           |                        |                | N          | N      | N                           |
| C8936      |          | N               | Y                   |                           |                        |                | N          | N      | N                           |

### **IX. HCPCS Procedure Codes Payable to Nurse Practitioners**

The following information is related to procedure codes payable to Nurse Practitioner providers. See Section III of this notice for **ICD-9-CM** diagnosis codes contained in diagnosis list 003.

| 2011 Codes | Modifier | Age Restriction | Manually Priced Y/N | Beginning Diagnosis Range | Ending Diagnosis Range | Diagnosis List | Review Y/N | PA Y/N | Prior approval Letter (Y/N) |
|------------|----------|-----------------|---------------------|---------------------------|------------------------|----------------|------------|--------|-----------------------------|
| J0171      |          | N               | N                   |                           |                        |                | N          | N      | N                           |
| J0558      |          | N               | N                   |                           |                        | List 003       | N          | N      | N                           |
| J0561      |          | N               | N                   |                           |                        | List 003       | N          | N      | N                           |
| J1559      |          | 4 & up          | N                   | 279.3                     | 279.3                  |                | N          | N      | N                           |
| J1786      |          | 2 & up          | N                   | 272.7                     | 272.7                  |                | N          | N      | N                           |

### **X. HCPCS Procedure Codes Payable to Physicians and Area Health Care Education Centers (AHECs)**

The following information is related to procedure codes found in the Physicians and AHECs section table. For section X, reference the superscript alpha character following the procedure code in the table to determine what coverage protocol applies to that procedure code in the list. Claims that require attachments (such as operative reports and prior approval letters) must be billed on a paper claim. (See Section II of this notice for information on requesting a prior approval letter.) See Section III of this notice for using the International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM) diagnosis codes contained in diagnosis list 003. In addition to the special circumstances listed below with each alpha character, any other processes or requirements indicated in the table are also applicable.

**X. HCPCS Procedure Codes Payable to Physicians and Area Health Care Education Centers (AHECs) (continued)**

**C9272<sup>A</sup>** Covered for female, post menopausal beneficiaries with osteoporosis and inability to tolerate oral medications for osteoporosis, (ICD-9-CM 733.1). Inability to tolerate oral medications must be documented in medical history and physical exam with reason for intolerance clearly documented and name of oral medications that patient was unable to tolerate. Inability to tolerate oral medication must include signs and symptoms of esophageal disease. Patient must be at high risk for osteoporotic fracture or have multiple risk factors for fracture. Physicians should document that they have informed the patient of the risks of therapy in accordance with the Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategy Program. Use this procedure code for **Prolia**.

**Note:** Arkansas Medicaid requires that **Xgeva** be filed under J3590 on a paper claim with the drug name and dose. **Xgeva** is only approved for prevention of skeletal-related events in patients with bone metastases from breast and prostate cancer and solid tumors. **Xgeva** is not indicated for the prevention of skeletal-related events in patients with multiple myeloma. **Xgeva** requires documentation in the medical record of the rationale for why **Zometa** was not used. A complete history and physical exam documenting the type of cancer and what chemotherapy is prescribed is required to be in the medical record.

**C9277<sup>B</sup>** Payable for beneficiaries aged 8 and older who have a primary ICD-9-CM diagnosis of 271.0. The history and physical by a geneticist showing a diagnosis of late onset, not infantile, Pompe's disease must be submitted with the request for the prior approval letter. The beneficiary, physician and infusion center should be enrolled in the Lumizyme Alglucosidase Alfa Control (ACE) Program. The history and physical should document compliance with this program including discussion of the risks of anaphylaxis, severe allergic reactions and immune-mediated reactions according the Black Box warning from the Food and Drug Administration. This drug should only be administered in a facility equipped to deal with anaphylaxis, including Advanced Life Support capability. The approval letter must be attached to each claim. (See Section 244.100 of the physician manual or Section II B. of this notice for instructions for obtaining a prior approval letter.) Use this procedure code for **Lumizyme**.

**C9278<sup>C</sup>** Payable for beneficiaries ages 18 and older when medically necessary. This drug is reviewed for medical necessity based on the ICD-9-CM diagnosis code billed.

**X. HCPCS Procedure Codes Payable to Physicians and Area Health Care Education Centers (AHECs) (continued)**

- J0597<sup>D</sup>** Payable for beneficiaries ages 13 and older. This drug will be considered for claims with a primary ICD-9-CM diagnosis of 277.6 and will be reviewed for medical necessity based on the clinical documentation submitted.
- J1290<sup>E</sup>** Payable for beneficiaries ages 16 and older. This drug will be considered for claims with a primary ICD-9-CM diagnosis of 277.6 and will be reviewed for medical necessity based on the clinical documentation submitted.
- J1599<sup>F</sup>** Claims are reviewed for medical necessity based on the ICD-9-CM diagnosis code billed.
- J3262<sup>G</sup>** This procedure code is only approved for rheumatoid arthritis, (ICD-9-CM 714.0) in adult patients ages 18 years and older. A prior approval letter is required. The patient must have tried and failed therapy with documented progression of symptoms on Humira and Enbrel prior to the request for this drug. The physician medical record must document a history and physical examination that clearly shows failure of Humira and Enbrel with submission for a prior approval letter. Doses exceeding 800 mg. per infusion will not be approved, as they are not recommended. The physician must follow all Food and Drug Administration (FDA) recommendations on monitoring of laboratory and serious infections. This procedure must be billed on a paper claim. (See Section 244.100 of the physician manual or Section II B. of this notice for instructions for obtaining a prior approval letter). The prior approval letter must be submitted with each claim.
- J3357<sup>H</sup>** This procedure code is covered for the diagnosis of moderate to severe plaque psoriasis (ICD-9-CM 696.1) in adult patients ages 18 years and older. A prior approval letter is required. There must be clear documentation that the patient has failed Humira and Enbrel, with documentation of progression of the disease or documented inability to tolerate Humira and Enbrel. A physician history and physical must be submitted with a request for prior approval letter. Documentation of patient counseling of the adverse effects of the drug should also be included. This drug should only be administered to patients who will be closely monitored and have regular follow-up visits by a physician. This procedure must be billed on a paper claim. (See Section 244.100 of the physician manual or Section II B. of this notice for instructions for obtaining a prior approval letter). The prior approval letter must be submitted with each claim.



**X. HCPCS Procedure Codes Payable to Physicians and Area Health Care Education Centers (AHECs) (continued)**

**J3385<sup>I</sup>** This procedure code is for pediatric and adult beneficiaries ages 4 years and older with Type I Gaucher Disease (ICD-9-CM 272.7) who are symptomatic and require enzyme replacement therapy. This drug requires prior approval by the Medical Director for Clinical Affairs. A history and physical exam by a geneticist is required yearly for approval. The history and physical exam should document the prognosis of the patient as well as current symptoms. (See Section 244.100 of the physician manual or Section II B. of this notice for instructions for obtaining a prior approval letter). This procedure must be billed on a paper claim. The prior approval letter must be attached to each claim.

**J7312<sup>J</sup>** This procedure code is covered for adults ages 18 years and older for the diagnosis of macular edema following branch retinal vein occlusion (BRVO), (ICD-9-CM 362.30), or central retinal vein occlusion (CRVO), (ICD-9-CM 362.35) and non-infectious uveitis of the posterior segment, (ICD-9-CM 363.20) which has failed oral treatments and is untreatable by any other method. This procedure code requires a prior approval letter. There should be documentation of vein occlusion and studies documenting macular edema. Visual acuity should be noted after the vein occlusion or after failed treatments for uveitis. The patients should be monitored after the injection for elevation in intraocular pressure and endophthalmitis. Counseling of side effects should be documented in the medical record. The history and physical exam including all tests should be sent with the request for prior approval letter. (See Section 244.100 of the physician manual or Section II B. of this notice for instructions for obtaining a prior approval letter). This procedure must be billed on a paper claim. The prior approval letter must be attached to each claim.

**X. HCPCS Procedure Codes Payable to Physicians and Area Health Care Education Centers (AHECs) (continued)**

| 2011 Codes          | Modifier | Age Restriction | Manually Priced Y/N | Beginning Diagnosis Range | Ending Diagnosis Range | Diagnosis List             | Review Y/N | PA Y/N | Prior approval Letter (Y/N) |
|---------------------|----------|-----------------|---------------------|---------------------------|------------------------|----------------------------|------------|--------|-----------------------------|
| C8931               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C8932               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C8934               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C8935               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C8936               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C9270               |          | 18 & up         | Y                   | 279.00                    | 279.09                 |                            | N          | N      | N                           |
| C9272 <sup>A</sup>  |          | 18 & up         | Y                   | 733.01                    | 733.01                 |                            | N          | N      | N                           |
| C9274               |          | N               | Y                   |                           |                        |                            | N          | N      | N                           |
| C9277 <sup>B*</sup> |          | 8 & up          | Y                   | 271.0                     | 271.0                  |                            | Y          | N      | Y                           |
| C9278 <sup>C</sup>  |          | 18 & up         | Y                   |                           |                        |                            | Y          | N      | N                           |
| C9279               |          | N               | Y                   |                           |                        | List 003                   | N          | N      | N                           |
| J0171               |          | N               | N                   |                           |                        |                            | N          | N      | N                           |
| J0558               |          | N               | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J0561               |          | N               | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J0597 <sup>D*</sup> |          | 13 & up         | N                   | 277.6                     | 277.6                  |                            | Y          | N      | N                           |
| J0638               |          | 4 & up          | N                   | 277.31                    | 277.31                 |                            | N          | N      | N                           |
| J1290 <sup>E*</sup> |          | 16 & up         | N                   | 277.6                     | 277.6                  |                            | Y          | N      | N                           |
| J1559               |          | 4 & up          | N                   | 279.3                     | 279.3                  |                            | N          | N      | N                           |
| J1599 <sup>F</sup>  |          | 4 & up          | Y                   |                           |                        |                            | Y          | N      | N                           |
| J1786               |          | 2 & up          | N                   | 272.7                     | 272.7                  |                            | N          | N      | N                           |
| J2358               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J2426               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J3095               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J3262 <sup>G*</sup> |          | 18 & up         | N                   | 714.0                     | 714.0                  |                            | Y          | N      | Y                           |
| J3357 <sup>H*</sup> |          | 18 & up         | N                   | 696.1                     | 696.1                  |                            | Y          | N      | Y                           |
| J3385 <sup>I</sup>  |          | 4 & up          | N                   | 272.7                     | 272.7                  |                            | Y          | N      | Y                           |
| J7184               |          | 10 & up         | N                   | 276.4                     | 276.4                  |                            | N          | N      | N                           |
| J7196               |          | 18 & up         | Y                   | 286.5                     | 286.5                  |                            | N          | N      | N                           |
| J7312 <sup>J*</sup> |          | 18 & up         | N                   |                           |                        | 362.30<br>362.35<br>363.20 | Y          | N      | Y                           |
| J9307               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J9315               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |
| J9351               |          | 18 & up         | N                   |                           |                        | List 003                   | N          | N      | N                           |

\*Denotes paper claim

## **XI. HCPCS Procedure Codes Payable to Prosthetics**

- A. The following information is related to procedure codes payable to Prosthetics providers. Procedure codes in the table must be billed with appropriate modifiers. Modifier NU is Indicated for beneficiaries 21 years of age and over. Modifier EP is indicated for beneficiaries under age 21 years of age. The UE modifier signifies used equipment.

For procedure codes that require a prior authorization, the written PA request must be obtained through the Utilization Review Section of the Division of Medical Services (DMS) for wheelchairs and wheelchair related equipment and services. For other durable medical equipment (DME), a written request must be submitted to the Arkansas Foundation for Medical Care. Please refer to your Arkansas Medicaid Prosthetics Provider Manual for details in requesting a DME prior authorization.

| <b>2011 Codes</b> | <b>Modifier</b> | <b>Age Restriction</b> | <b>Manually Priced Y/N</b> | <b>Beginning Diagnosis Range</b> | <b>Ending Diagnosis Range</b> | <b>Diagnosis List</b> | <b>Review Y/N</b> | <b>PA Y/N</b> | <b>Prior approval Letter (Y/N)</b> |
|-------------------|-----------------|------------------------|----------------------------|----------------------------------|-------------------------------|-----------------------|-------------------|---------------|------------------------------------|
| A4566             | NU              | 21 & up                | Y                          |                                  |                               |                       | N                 | N             | N                                  |
| A4566             | EP              | 2-20                   | Y                          |                                  |                               |                       | N                 | N             | N                                  |
| A7020             | NU              | 21 & up                | Y                          |                                  |                               |                       | N                 | Y             | N                                  |
| A7020             | EP              | 0-20                   | Y                          |                                  |                               |                       | N                 | Y             | N                                  |
| E2622             | NU              | 21 & up                | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2622             | EP              | 0-20                   | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2622             | UE              | N                      | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2623             | NU              | 21 & up                | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2623             | EP              | 0-20                   | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2623             | UE              | N                      | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2624             | NU              | 21 & up                | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2624             | EP              | 0-20                   | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2624             | UE              | N                      | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2625             | NU              | 21 & up                | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2625             | EP              | 0-20                   | N                          |                                  |                               |                       | N                 | N             | N                                  |
| E2625             | UE              | N                      | N                          |                                  |                               |                       | N                 | N             | N                                  |
| L3674             | NU              | 21 & up                | N                          |                                  |                               |                       | N                 | N             | N                                  |
| L3674             | EP              | 0-20                   | N                          |                                  |                               |                       | N                 | N             | N                                  |
| L4631             | NU              | 21 & up                | N                          |                                  |                               |                       | N                 | N             | N                                  |
| L4631             | EP              | 0-20                   | N                          |                                  |                               |                       | N                 | N             | N                                  |
| L5961             | NU              | 21 & up                | Y                          |                                  |                               |                       | N                 | N             | N                                  |
| L5961             | EP              | 0-20                   | Y                          |                                  |                               |                       | N                 | N             | N                                  |
| L8693             | EP              | 0-20                   | Y                          |                                  |                               |                       | N                 | Y             | N                                  |

## **XII. HCPSC Procedure Codes Payable to Transportation**

The following information is related to procedure codes payable to Transportation providers.

| 2011 Codes | Modifier | Age Restriction | Manually Priced Y/N | Beginning Diagnosis Range | Ending Diagnosis Range | Diagnosis List | Review Y/N | PA Y/N | Prior approval Letter (Y/N) |
|------------|----------|-----------------|---------------------|---------------------------|------------------------|----------------|------------|--------|-----------------------------|
| J0171      |          | N               | N                   |                           |                        | N              | N          | N      | N                           |

## **XIII. Non-Covered 2011 HCPSC with Elements of CPT or Other Procedure Codes**

The following new 2011 HCPSC procedure codes are not payable because these services are covered by a CPT code, another HCPSC code or a revenue code.

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| C8933 | C9367 | G0434 | J7309 | Q0478 | Q0479 | Q2035 | Q2036 |
| Q2037 | Q2038 | Q2039 | Q4117 | Q4118 | Q4119 | Q4120 | Q4121 |
| Q5010 |       |       |       |       |       |       |       |

## **XIV. Non-Covered 2011 HCPSC Procedure Codes**

The following procedure codes are not covered by Arkansas Medicaid.

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| A9273 | C1749 | C9273 | C9275 | C9276 | C9800 | E0446 | E1831 |
| G0157 | G0158 | G0159 | G0160 | G0161 | G0162 | G0163 | G0164 |
| G0428 | G0429 | G0432 | G0433 | G0435 | G0436 | G0437 | G0438 |
| G0439 | G0440 | G0441 | G8629 | G8630 | G8631 | G8632 | G8633 |
| G8634 | G8635 | G8636 | G8637 | G8638 | G8639 | G8640 | G8641 |
| G8642 | G8643 | G8644 | G8645 | G8646 | G8647 | G8648 | G8649 |
| G8650 | G8651 | G8652 | G8653 | G8654 | G8655 | G8656 | G8657 |
| G8658 | G8659 | G8660 | G8661 | G8662 | G8663 | G8664 | G8665 |
| G8666 | G8667 | G8668 | G8669 | G8670 | G8671 | G8672 | G8673 |
| G8674 | G8675 | G8676 | G8677 | G8678 | G8679 | G8680 | G8681 |
| G8682 | G8683 | G8684 | G8685 | G8686 | G8687 | G8688 | G8689 |
| G8690 | G8691 | G8692 | G8693 | G9147 | J0775 | J1826 | J7335 |
| J7686 | J8562 | J9302 | S0148 | S0169 | T1505 |       |       |

**XV. Modification to the Healthcare Common Procedure Coding System (HCPCS)**

The Centers for Medicare and Medicaid (CMS) has released a modification to the HCPCS code set. The following procedure codes were reinstated with their original language. There is no longer a termination date of 12/31/2010 for these HCPCS procedure codes. These codes are still valid HCPCS codes.

|       |       |       |
|-------|-------|-------|
| L3660 | L3670 | L3675 |
|-------|-------|-------|

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

Eugene I. Gessow, Director