



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

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**TO:** Arkansas Medicaid Health Care Providers – Hospital/Critical Access  
Hospital (CAH)/End Stage Renal Disease (ESRD)

**DATE:** September 15, 2011

**SUBJECT:** Provider Manual Update Transmittal HOSPITAL-2-11

**REMOVE**

<b>Section</b>	<b>Date</b>
272.450	5-17-10

**INSERT**

<b>Section</b>	<b>Date</b>
272.450	9-15-11

**Explanation of Updates**

Section 272.450 is updated to move procedure code **S3620** for Newborn Metabolic Screening Panels from the Genetic Testing category to a new category for newborn screening.

The paper version of this update transmittal includes revised pages that may be filed 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 have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas 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 (including update transmittals), 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.

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Eugene I. Gessow, Director

**TOC not required****272.450 Special Billing Requirements for Laboratory and X-Ray Services****9-15-11**

The following table lists other services covered by Medicaid that are not restricted to the malignant neoplasm or HIV diagnoses:

<b>Radiation Therapy</b>		
<b>National Code</b>	<b>Required Modifier</b>	<b>Local Code Description</b>
77417*	U2	Localization/verification - Film 1 port
77417*	U3	Localization/verification - Film 2 port
77417*	U1	Localization/verification - Film 3 port
77417*	U2	Localization/verification - Film 4 port

\* Arkansas Medicaid Description

**The following codes have special billing requirements for laboratory and X-ray procedures.**

A. CPT and HCPCS Lab Procedure Codes with Diagnosis Restrictions

The following CPT and procedure codes will be payable with a primary diagnosis as is indicated below.

<b>Procedure Code</b>	<b>Required Primary Diagnosis</b>
83951	571.5
88720	227.4, 774.2, 774.6, or 782.4
88740	986
88741	289.7 or 791.2

B. Genetic Testing

<b>Procedure Code</b>	<b>Payment Method</b>
S3831	Manually priced with no age or diagnosis restrictions
S3835	
S3837	
S3840	
S3843	
S3844	
S3846	
S3847	
S3848	
S3849	

S3850

S3851

S3853

S3860

S3861

S3862

S3800

Manually priced with no age or diagnosis restrictions; requires Prior Authorization. This procedure code requires prior authorization by AFMC based on the following criteria: (1) an ICD-9-CM diagnosis code of 335.20 and symptoms of muscle weakness, (2) documentation of muscle testing must be provided and (3) a completed evaluation by a neurologist to rule out other causes of muscle weakness.

(See Section 241.00 regarding procedures for obtaining prior authorization by AFMC.)

C.

**Procedure Code****Description**

S3620

Newborn Metabolic Screening Panel

Arkansas Code §20-15-302 states that all newborn infants shall be tested for phenylketonuria, hypothyroidism, galactosemia, cystic fibrosis and sickle cell anemia. Arkansas Medicaid shall reimburse the enrolled Arkansas Medicaid hospital provider that performs the tests required for the cost of the tests. Newborn Metabolic Screenings performed inpatient are included in the interim per diem reimbursement rate and facility cost settlement. For Newborn Metabolic Screenings performed in the outpatient setting (due to retesting or as an initial screening), Arkansas Medicaid will reimburse the hospital directly. For the screenings performed in the outpatient hospital setting, the provider will submit a claim using procedure code S3620. All positive test results shall be sent immediately to the Arkansas Department of Health.