ARKANSAS DEPARTMENT OF HUMAN SERVICES

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 – Pharmacy**

DATE: **January 1, 2012**

SUBJECT: **5010/D.0 Implementation**

I. General Information

On January 16, 2009, the U.S. Department of Health and Human Services (HHS) Administration published a Final Rule that replaces the Health Insurance Portability and Accountability Act (HIPAA) of 1996 Accredited Standards Committee (ASC) X12 Version 4010A1 with ASC X12 Version 5010, and the National Council for Prescription Drug Programs (NCPDP) Version 5.1 with NCPDP Version D.0.

Beginning on January 1, 2012, this federal mandate requires health plans, clearinghouses and providers to use new standards in electronically conducting pharmacy claims, claims reversal and eligibility. Arkansas Medicaid enrolled pharmacy providers submitting electronic transactions on or after January 1, 2012 must use the updated NCPDP D.0 version.

II. General Purpose

Effective January 1, 2012, Arkansas Medicaid will convert to NCPDP Version D.0 for electronic pharmacy claims, reversals and eligibility transactions.

If you use a vendor, you are responsible for notifying them that testing is scheduled to begin October 15, 2011 and end December 30, 2011. If you do not inform vendors of the conversion, they may not be aware of the availability of a testing period.

You can refer vendors to our Payer Sheet, which can be found by clicking the Companion Guides link on the Arkansas Medicaid Web site at https://www.medicaid.state.ar.us/InternetSolution/Provider/5010info.aspx. Detailed changes are published in the NCPDP Payer Sheet at this Web site. You can also refer to this site for possible future updates on the Arkansas Medicaid 5010/D.0 implementation.

III. New Required Field for Pharmacy Providers

Pharmacy Providers who submit NCPDP claims to the Arkansas Medicaid Program on or after January 1, 2012 will be required to send value 07, 08 or 13 in the Basis of Cost Determination field (423-DN). 340B providers have contractual agreements with federally qualified 340B entities, enabling special purchase of medication at federal bid pricing. These medications are reserved for only beneficiaries meeting the federal definition of 340B patients. Claims for prescriptions filled with medications purchased through the 340B program will carry the 08 value (340B Pricing) in the Basis of Cost Determination Field. Claims submitted with Usual and Customary Pricing will carry the 07 Value (Usual and

Customary Pricing) in this field. Claims for prescriptions filled with non-340B purchased medication AND given a special price will carry the 13 value (Special Pricing) in this field.

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: https://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 – All Providers**

DATE: **January 1, 2012**

SUBJECT: **Implementation of HIPAA version 5010 ASC X12 Transactions Standards, including International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM) Procedure Codes Required for Institutional Inpatient Surgical Claims**

I. General Information

On January 16, 2009, the U.S. Department of Health and Human Services (HHS) Administration published a Final Rule that replaces the Health Insurance Portability and Accountability Act (HIPAA) of 1996 Accredited Standards Committee (ASC) X12 Version 4010A1 with ASC X12 Version 5010 and National Council for Prescription Drug Programs (NCPDP) Version 5.1 with NCPDP Version D.0. Beginning on January 1, 2012, a federal mandate requires health plans, clearinghouses and providers to use new standards in electronically conducting certain health care administrative transactions at the heart of daily operations, including claims, remittance, eligibility and claims status requests and responses. All Arkansas Medicaid providers submitting electronic claims on or after January 1, 2012 must use the updated 5010 ASC X12 version.

II. Prior Authorizations

- Effective for claims submitted on or after January 1, 2012, prior authorization for surgical procedure codes are no longer required for inpatient and outpatient institutional providers with the exception of abortion procedures.
- Medicaid Utilization Management Program (MUMP) is unchanged regarding length of stays. Inpatient stays will continue to require prior authorization when billing more than 4 days with the exception of children under 1 year of age.
- Abortions continue to require prior authorization and paper billing using CPT-4 procedure codes. Criteria and billing protocol for all abortions is unchanged.

III. ICD-9-CM Procedure Codes (PCS) Required for Institutional Inpatient Surgical Claims

Effective for claims submitted electronically or on paper on or after January 1, 2012, ICD-9-CM procedure codes will be required to denote surgery performed during the inpatient stay. Coding for specific services unique to Arkansas Medicaid is indicated below.

Solid Organ and Bone Marrow Transplants

Solid organ and bone marrow transplant claims (excluding kidney and cornea) will continue to require paper billing. All claims associated with the transplant procedures must be submitted to the Division of Medical Services, Utilization Review (UR) Section; all related processes are unchanged. See below ICD-9-CM procedure codes covered for solid organ and bone marrow transplants:

ICD-9-CM PCS

33.50	33.51	33.52	33.6	37.51	41.01	41.02	41.03	41.04
41.05	41.07	41.08	41.09	46.97	50.4	50.51	50.59	52.84

Family Planning Services (Excluding Sterilizations)

When performed in the institutional inpatient setting for the purpose of Family Planning, the following ICD-9-CM surgical procedure codes are billable on paper or electronically with a Family Planning Diagnosis in fields one thru nine on the claim form. Outpatient Family Planning coverage and billing have not changed.

ICD-9-CM PCS

66.8	68.19	69.7	86.05	87.82	87.83	87.84	97.71	99.23

Family Planning/Sterilizations

When performed in the institutional inpatient setting for the purpose of Family Planning, the following ICD-9-CM surgical procedure codes are billable on paper claims with a Family Planning Diagnosis in fields one thru nine on the claim form. All sterilizations require the attachment of DMS-615 to the claim. Billing and coverage policy for sterilization have not changed. Outpatient Family Planning coverage and billing have not changed.

ICD-9-CM PCS

63.71	63.73	66.21	66.22	66.29	66.31	66.32
66.39	66.4	66.51	66.52	66.63	66.69	66.92

ICD-9-CM Institutional Inpatient Procedure Codes Requiring Paper Billing

The following institutional inpatient ICD-9-CM procedure codes require paper billing. The claim attachments, such as consent for sterilization form DMS-615, hysterectomy acknowledgement statement form DMS-2606, operative reports, pathology reports, etc., are continued requirements to approve payment.

ICD-9-CM PCS

40.3	40.54	46.13	54.11	54.51	54.59	56.61	56.71	57.71	65.29
65.31	65.39	65.41	65.49	65.51	65.52	65.53	65.54	65.61	65.62
65.63	65.64	65.81	65.89	65.99	66.29	66.93	66.94	68.0	68.31
68.39	68.41	68.49	68.51	68.59	68.61	68.69	68.71	68.79	68.8
68.9	74.3								

The following institutional, inpatient ICD-9-CM procedure codes require paper billing and clinical documentation supporting the service billed.

ICD-9-CM PCS

61.19	61.99	63.09	63.99	64.94	64.99	65.73	65.76	66.71	66.72
66.73	66.74	66.79	66.97	66.99	68.19	69.6	71.9	73.8	73.99
75.99									

Non-payable ICD-9-CM procedure codes

The following institutional, inpatient ICD-9-CM procedure codes are non-payable.

ICD-9-CM PCS

44.95	44.96	52.6	52.85	52.86	64.5	64.94
64.97	69.92	71.4	86.02	86.64	99.69	99.99

The following institutional, inpatient ICD-9-CM procedure codes are not payable because these services are covered by another ICD-9-CM procedure code, another CPT procedure code, another HCPCS procedure code or a Revenue code.

ICD-9-CM PCS

52.80	52.81	52.82	52.83	63.70	69.01	69.51
69.93	69.99	74.91	75.0	89.04	89.05	96.49

IV. Physicians

Effective for claims submitted on or after January 1, 2012, the following CPT procedure codes require paper billing. The claim attachments, such as consent for sterilization form DMS-615, hysterectomy acknowledgement statement form DMS-2606, operative reports, pathology reports, etc., are requirements to approve payment.

45126	51925	58943	58952	59130	59136	59140	59866	64580

Effective for claims submitted on or after January 1, 2012, the following CPT codes may be billed electronically.

11981	11982	11983	19296	19298	33975	33976	39377	33978
33979	33980	43752	63650					

Effective for dates of service on or after January 1, 2012, the following CPT code will require prior authorization by AFMC.

58760

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 1-877-650-2362
Fax	(479) 649-0799
Mailing address	Arkansas Foundation for Medical Care, Inc PO Box 180001 Fort Smith, AR 72918-0001
Physical site location	1000 Fianna Way Fort Smith, AR 72919-9008
Office hours	8:00 a.m. until 4:30 p.m. (Central Time), Monday through Friday, except holidays

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Eugene I. Gessow, Director