TO: **Arkansas Medicaid Health Care Providers – Prosthetics**

DATE: **March 1, 2014**

SUBJECT: **Provider Manual Update Transmittal PROSTHET-5-13**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
212.209	4-1-09	212.209	3-1-14
212.210	8-1-05	212.210	3-1-14
242.153	7-1-07	242.153	3-1-14

Explanation of Updates

Section 212.209 is updated to indicate that Arkansas Medicaid reimburses for the MIC-KEY Skin Level Gastrostomy Tube (MIC-KEY button) and supplies for beneficiaries of all ages.

Section 212.210 is updated from Reserved to describe the reimbursement policy for a MIC-KEY Percutaneous Cecostomy Tube.

Section 242.153 is updated to indicate that Arkansas Medicaid reimburses for the MIC-KEY Skin Level Gastrostomy Tube (MIC-KEY button) and MIC-KEY Percutaneous Cecostomy Tube and supplies for beneficiaries of all ages.

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 the Program Development and Quality Assurance Unit at 501-320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making 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.

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Andrew Allison, PhD
Director

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners (Continued)

1. Licensed Marriage and Family Therapist (LMFT)

a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.

b. Services must be provided by a licensed marriage and family therapist (LMFT) who must possess a Master's degree in mental health counseling from an accredited college or university. The LMFT must be licensed as a Licensed Marriage and Family Therapist and in good standing with the Arkansas Board of Examiners in Counseling.

a. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LMFT services are:

1. Diagnosis
2. Interpretation of Diagnosis
3. Crisis Management Visit
4. Individual Outpatient - Therapy Session*****
5. Marital/Family Therapy*****
6. Individual Outpatient - Collateral Services*****
7. Group Outpatient - Group Therapy*****

* Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners (Continued)

2. Licensed Marriage and Family Therapist (LMFT)

a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.

b. Services must be provided by a licensed marriage and family therapist (LMFT) who must possess a Master's degree in mental health counseling from an accredited college or university. The LMFT must be licensed as a Licensed Marriage and Family Therapist and in good standing with the Arkansas Board of Examiners in Counseling.

b. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LMFT services are:

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* Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Revised: March 1, 2014

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(24) Other Licensed Practitioners

3. Licensed Certified Social Worker (LCSW)

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee schedule.

2. Licensed Professional Counselor (LPC)

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee schedule.

3. Licensed Marriage and Family Therapist (LMFT)

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee schedule.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

March 1, 2014

7. Home Health Services (Continued)

c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home (continued)

(12) MIC-KEY Skin Level Gastrostomy Tube and Percutaneous Cecostomy Tube and Supplies

Effective for dates of service on or after September 1, 2000, reimbursement is based on the lesser of the provider's actual charge for the MIC-KEY kits and accessories or the Title XIX (Medicaid) maximum. The agency's rates were set as of September 1, 2000, and are effective for services on or after that date. All rates are published on the agency's website (www.medicaid.state.ar.us). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of DME services. There is only one manufacturer of the MIC-KEY kits and accessories. The Title XIX (Medicaid) maximum for the kit and accessories is based on the manufacturer's list prices to the DME providers as of July 1, 2000 plus 10%. The State Agency will review the manufacturer's list prices annually and may adjust the Medicaid maximums if necessary. Arkansas Medicaid will reimburse providers for the kit and accessories as purchase only items.

Effective for dates of service on or after March 1, 2014, coverage of the MIC-KEY for Percutaneous Cecostomy Tube will be reimbursed based on the above-mentioned methodology.

d. Physical Therapy

Refer to Item 4.b.(19).

TOC required

212.209 (DME) MIC-KEY Skin Level Gastrostomy Tube (MIC-KEY Button) and Supplies for Beneficiaries of All Ages 3-1-14

The Arkansas Medicaid Program reimburses for the MIC-KEY Skin Level Gastrostomy Tube (MIC-KEY button) and supplies for Medicaid-eligible beneficiaries of all ages. Prior authorization (PA) from AFMC is required.

When requesting prior authorization, form DMS-679A titled *Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components*, must be completed and sent, along with sufficient medical documentation, to AFMC.

The MIC-KEY Kit is benefit-limited to 2 per state fiscal year (SFY). The accessories, extension sets and adapters are covered under the $250 medical supply benefit limit.

Benefit extensions will be considered on a case-by-case basis if proven to be medically necessary. Prior authorization must be obtained from AFMC for any extensions using form DMS-679A. **View or print AFMC contact information.** **View or print form DMS-679A and instructions for completion.**

212.210 DME MIC-KEY Percutaneous Cecostomy Tube (MIC-KEY button) for Beneficiaries of All Ages 3-1-14

The Arkansas Medicaid Program reimburses for the MIC-KEY Percutaneous Cecostomy Tube (MIC-KEY button) for Medicaid-eligible beneficiaries of all ages. Arkansas Medicaid will reimburse the MIC-KEY Skin Level Gastrostomy Tube for all ages, when used for the management of severe fecal incontinence (see diagnosis codes below) requiring percutaneous cecostomy tube placement for bowel evacuation. Prior authorization (PA) from AFMC is required.

When requesting prior authorization, form DMS-679A titled *Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs and Wheelchair Components*, must be completed and sent, along with sufficient medical documentation, to AFMC. **View or print AFMC contact information.** **View or print form DMS-679A and instructions for completion.**

The MIC-KEY button is benefit-limited to 2 per state fiscal year (SFY).

The MIC-KEY button for a Percutaneous Cecostomy Tube requires use of the following diagnosis codes:

Diagnosis Code	Description
564.00-564.09	Constipation
787.60	Fecal Incontinence
787.61	Incomplete Defecation
787.62	Fecal Soiling

The MIC-KEY button for a Percutaneous Cecostomy Tube requires use of the following CPT codes:

44300	49442	49450

242.153 MIC-KEY Skin Level Gastrostomy Tube (MIC-KEY Button) and MIC-KEY Percutaneous Cecostomy Tube and Supplies for Beneficiaries of All Ages

3-1-14

NOTE: When billing for the MIC-KEY Percutaneous Cecostomy Tube and/or supplies, an additional third modifier UA will be required.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

Procedure Code	M1	M2	PA	Description	Payment Method
B9998			Y	MIC-KEY Kit	Purchase
B9998	NU	U1	Y	SECUR-LOK Extension Set with 2 Port 'Y' and Clamp 12" Length	Purchase
B9998	NU	U2	Y	SECUR-LOK Extension Set with 2 Port 'Y' and Clamp 24" Length	Purchase
B9998	NU	U3	Y	Bolus Extension Set with Single Port Clamp 12" Length	Purchase
B9998	NU	U4	Y	Bolus Extension Set with Single Port Clamp 24" Length	Purchase
B9998	NU	U5	Y	Bolus SECUR-LOK Extension Set Single Port w/Clamp 12" Length	Purchase
B9998	NU	U6	Y	Bolus SECUR-LOK Extension Set Single Port w/Clamp 24" Length	Purchase
B9998	NU	U7	Y	Microvasive Adapter	Purchase
B9998	NU	U8	Y	Microvasive Decompression Tube	Purchase