



Division of Medical Services
Program Development & Quality Assurance

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NOTICE OF RULE MAKING

TO: Health Care Providers – Nurse Practitioner

DATE: July 1, 2014

SUBJECT: Implementation of Additional Nurse Practitioner CPT® Codes

I. General Information

Effective for claims with dates of service on or after July 1, 2014, the following procedure codes will be a covered service when provided by an Arkansas Medicaid enrolled Nurse Practitioner.

10080	11001	11042	11201	11300	11301	11302	11305
11306	11310	11311	11312	11600	11720	11721	11730
11732	11750	11755	11760	11765	11980	11981^	11982
11983	12014	12015	12021	17003	17004	17250	20005
20612	20974†	20979	21550	21920	21930	21931	23065
23500	23520	23540	23570	24065	24075	24200	24220
25065	25075	26010	26750	26770	27040	27086	27200
27323	27613	28570	28600	28630	28660	29126	29131
29200	29240	29260	29280	29445	29450	29581	30000
30100	30124	30901	30905	30906	36430‡	36440	36555
36556	36589	36590	36591	36592	36593	36625	36640
36660	38300	40490	40800	40808	40810	40812	40830
40899*	41000	41005	42809	46917	51700	51701	51702
51703	51705	54057	54060	54100	56405	56420	56442
56605	56606	57100	57180	57460	58100	58110	64550
69000	69100	69110	69200	69210	90284**	90586	90717***
90719	90725***	90727***	90832	90833	90834	90836	90837
90838	90847****	90849****	90853****	90882	96369	96370	96371
99172	99195						

^When billed for family planning, CPT procedure code **11981** will continue to require modifiers FP and SA, with a primary detail diagnosis of family planning.

†Procedure code **20974** requires prior authorization.

‡The Arkansas Medicaid Program will reimburse for blood or blood components used for transfusions in the nurse practitioner's office. CPT® procedure code **36430** should be used for the transfusion. This includes administration and all supplies used to perform the transfusion.

*For CPT procedure code **40899**: Consideration of any claims with unlisted procedure codes requires submission on a paper claim. The claim form must include a description of the service being represented by the unlisted code. Documentation that further describes the service provided must be attached and must support medical necessity. All other billing requirements must be met in order for payment to be approved.

CPT procedure code **90284 will be approved for payment based on an ICD diagnosis code on the claim form that supports medical necessity.

***Procedure codes **90717**, **90725** and **90727** require submission of the manufacturer's invoice with the claim.

****Procedure codes **90847** and **90849** are payable when the place of service is the beneficiary's home, the nurse practitioner's office, a hospital or a nursing home. Procedure code **90847** is payable only when the patient is present during the treatment. Procedure codes **90849** and **90853** are payable when the patient is not present; however, the patient may be present during the session when appropriate.

II. Radiology and Laboratory Procedure Codes

The **technical** component of radiology procedure codes listed on the **Nurse Practitioner fee schedule** is payable when performed in the office place of service (11) if the nurse practitioner provider owns the equipment. The technical component must be billed on the claim with modifier **TC** added to the procedure code on the claim detail.

The payment for laboratory codes listed on the **Nurse Practitioner fee schedule** is based on Clinical Laboratory Improvement Amendments (C.L.I.A.) certification. Note that only C.L.I.A -certified providers may bill for lab procedures performed in the provider's office, place of service 11. Nurse practitioner providers that bill C.L.I.A -required laboratory procedure codes must have the current C.L.I.A certification on file with the Provider Enrollment Unit.

Note that the Extension-of-Benefit process is unchanged for benefit limited procedures in the Nurse Practitioner Program.

If you have questions regarding this notice, 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 download from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Andrew Allison, PhD
Director