TOC required

200.100 Introduction 1-1-15

Act 407 of 1997 established the ARKids First-B Program to extend health care coverage to Arkansas' uninsured children. The ARKids First-B Program integrates uninsured children into the health care system with benefits comparable to the state's Essential Benefit Plan-equivalent coverage.

ConnectCare is the Primary Care Physician Managed Care Program utilized by the Arkansas Medicaid Program for the ARKids First-B Program. ARKids First-B providers must be enrolled in the Arkansas Medicaid Program and are bound by all policies and regulations in their respective Arkansas Medicaid provider manual, in addition to the policies and regulations of the ARKids First-B Program.

200.110 ARKids First-A and ARKids First-B 1-1-15

Medicaid-eligible children in the SOBRA eligibility category for pregnant women, infants and children (category 61 PW-PL) and newborn children born to Medicaid-eligible mothers (categories 52 and 63), are known as ARKids First-A beneficiaries. Un-insured, non Medicaid-eligible children that meet additional established eligibility requirements will have health coverage under ARKids First-B, a CHIP separate child health program. All ARKids First beneficiaries will receive a program identification card without indication of level of coverage (either ARKids First-A or ARKids First-B).

A Provider Electronic Solutions (PES) eligibility verification transaction response will indicate that the individual is either an ARKids First-A beneficiary or an ARKids First-B beneficiary. The response will also indicate that cost sharing may be required for ARKids First-B beneficiaries.

When a child presents as an ARKids First-A eligible beneficiary, the provider must refer to the regular Medicaid provider policy manuals. When an ARKids First-B eligible beneficiary is identified, the provider must refer to the ARKids First-B Provider Manual for determination of levels of coverage, as well as the associated Medicaid provider policy manuals for the services provided.

221.100 ARKids First-B Medical Care Benefits 1-1-15

Listed below are the covered services for the ARKids First-B program. This chart also includes benefits, whether Prior Authorization or a Primary Care Physician (PCP) referral is required, and specifies the cost-sharing requirements.

Program Services	Benefit Coverage and Restrictions	Prior Authorization/ PCP Referral*	Co-payment/ Coinsurance/ Cost Sharing Requirement**
Ambulance (Emergency Only)	Medical Necessity	None	$10 per trip
Ambulatory Surgical Center	Medical Necessity	PCP Referral	$10 per visit

Program Services	Benefit Coverage and Restrictions	Prior Authorization/ PCP Referral*	Co-payment/ Coinsurance/ Cost Sharing Requirement**
Audiological Services (only Tympanometry, CPT procedure code 92567, when the diagnosis is within the ICD range (**View ICD codes**.))	Medical Necessity	None	None
Certified Nurse-Midwife	Medical Necessity	PCP Referral	$10 per visit
Chiropractor	Medical Necessity	PCP Referral	$10 per visit
Dental Care	Routine dental care and orthodontia services	None – PA for inter-periodic screens and orthodontia services	$10 per visit
Durable Medical Equipment	Medical Necessity $500 per state fiscal year (July 1 through June 30) minus the coinsurance/cost-share. Covered items are listed in Section 262.120	PCP Referral and Prescription	10% of Medicaid allowed amount per DME item cost-share
Emergency Dept. Services			
Emergency	Medical Necessity	None	$10 per visit
Non-Emergency	Medical Necessity	PCP Referral	$10 per visit
Assessment	Medical Necessity	None	$10 per visit
Family Planning	Medical Necessity	None	None
Federally Qualified Health Center (FQHC)	Medical Necessity	PCP Referral	$10 per visit
Home Health	Medical Necessity (10 visits per state fiscal year (July 1 through June 30)	PCP Referral	$10 per visit
Hospital, Inpatient (including services in an inpatient psychiatric hospital and a psychiatric residential treatment facility)	Medical Necessity	PA on stays over 4 days if age 1 or over	10% of first inpatient day
Hospital, Outpatient	Medical Necessity	PCP referral	$10 per visit
Immunizations	All per protocol	None	None
Laboratory & X-Ray	Medical Necessity	PCP Referral	$10 per visit

Program Services	Benefit Coverage and Restrictions	Prior Authorization/ PCP Referral*	Co-payment/ Coinsurance/ Cost Sharing Requirement**
Medical Supplies	Medical Necessity Benefit of $125/mo. Covered supplies listed in Section 262.110	PCP Prescriptions PA required on supply amounts exceeding $125/mo	None
Mental and Behavioral Health, Outpatient	Medical Necessity	PCP Referral PA on treatment services	$10 per visit
Nurse Practitioner	Medical Necessity	PCP Referral	$10 per visit
Physician	Medical Necessity	PCP referral to specialist and inpatient professional services	$10 per visit
Podiatry	Medical Necessity	PCP Referral	$10 per visit
Prenatal Care	Medical Necessity	None	None
Prescription Drugs	Medical Necessity	Prescription	Up to $5 per prescription (Must use generic, if available)***
Preventive Health Screenings	All per protocol	PCP Administration or PCP Referral	None
Rural Health Clinic	Medical Necessity	PCP Referral	$10 per visit
Speech Therapy	Medical Necessity 4 evaluation units (1 unit =30 min) per state fiscal year 4 therapy units (1 unit=15 min) daily	PCP Referral Authorization required on extended benefit of services	$10 per visit
Occupational Therapy	Medical Necessity 4 evaluation units (1 unit = 30 min) per state fiscal year 4 therapy units (1 unit = 15 min) daily	PCP Referral Authorization required on extended benefit of services	$10 per visit
Physical Therapy	Medical Necessity 4 evaluation units (1 unit = 30 min) per state fiscal year 4 therapy units (1 unit = 15 min) daily	PCP Referral Authorization required on extended benefit of services	$10 per visit

Program Services	Benefit Coverage and Restrictions	Prior Authorization/ PCP Referral*	Co-payment/ Coinsurance/ Cost Sharing Requirement**
Substance Abuse Treatment Services (SATS)	Medical Necessity	Psychiatrist or Physician Prescription (See Section 221.000 of SATS manual)	$10 per visit
		Prior Authorization required for all substance abuse treatment services, except codes H0001 & T1007 when billed with no modifier. Codes H0001 & T1007 require prior authorization when billed with a modifier (See Section 231.100 of SATS manual).	
		Prior Authorization required on extended benefit of services (See Section 230.000 of SATS manual)	
Vision Care			
Eye Exam	One (1) routine eye exam (refraction) every 12 months	None	$10 per visit
Eyeglasses	One (1) pair every 12 months	None	None

*Refer to your Arkansas Medicaid specialty provider manual for prior authorization and PCP referral procedures.

**ARKids First-B beneficiary cost-sharing is capped at 5% of the family's gross annual income.

***ARKids First-B beneficiaries will pay a maximum of $5.00 per prescription. The beneficiary will pay the provider the amount of co-payment that the provider charges non-Medicaid purchasers up to $5.00 per prescription.

221.200 Exclusions 1-1-15

Services Not Covered for ARKids First-B Beneficiaries:

Audiological Services; EXCEPTION, Tympanometry, CPT procedure code **92567**, when the diagnosis is within the ICD range (**View ICD codes**.).

Child Health Management Services (CHMS)

Child Health Services/Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Developmental Day Treatment Clinic Services (DDTCS)

Diapers, underpads and incontinence Supplies

Domiciliary Care

End Stage Renal Disease Services

Hearing aids

Hospice

Hyperalimentation

Non-Emergency transportation

Nursing facilities

Orthotic Appliances and Prosthetic Devices

Personal Care

Private Duty Nursing Services

Rehabilitation Therapy for Chemical Dependency

Rehabilitative Services for Children

Rehabilitative Services for Persons with Physical Disabilities (RSPD)

School-Based Mental Health Services

Targeted Case Management

Ventilator Services

222.300 Dental Services Benefit 1-1-15

Dental services benefits for ARKids First-B beneficiaries are one periodic dental exam, bite-wing x-rays, and prophylaxis/fluoride treatments every six (6) months plus one (1) day. Scalings are covered once per State Fiscal Year (SFY). Orthodontia services are also covered for ARKids First-B beneficiaries.

The procedure codes listed in Section 262.150 may be billed for the periodic dental exams, interperiodic dental exams and prophylaxis/fluoride, and orthodontia services for ARKids First–B beneficiaries.

Refer to Section II of the Medicaid Dental Provider Manual for a complete listing of covered dental and orthodontia services. Procedures for dental treatment services that are not listed as a payable service in the Medicaid Dental Provider Manual may be requested on individual treatment plans for prior authorization review. These individually requested procedures and dental and orthodontia treatment services are subject to determination of medical necessity, review and approval by the Division of Medical Services dental consultants.

222.600 Occupational, Physical and Speech Therapy Benefits 1-1-15

Occupational, physical and speech therapy services are available to beneficiaries in the ARKids First-B program and must be performed by a qualified, Medicaid participating Occupational, Physical or Speech Therapist. A referral for an occupational, physical or speech therapy evaluation and prescribed treatment must be made by the beneficiary's PCP or attending physician if exempt from the PCP program. All therapy services for ARKids First–B beneficiaries

require referrals and prescriptions be made utilizing the "Occupational, Physical and Speech Therapy for Medicaid Eligible Recipients Under Age 21" form DMS-640. **View or print form DMS-640**

Occupational, physical and speech therapy referrals and covered services are further defined in the Physicians and in the Occupational, Physical and Speech Therapy Provider Manuals. Physicians and therapists must refer to those manuals for additional rules and regulations that apply to occupational, physical or speech therapy services for ARKids First–B beneficiaries.

Arkansas Medicaid applies the following daily therapy benefits to occupational, physical and speech therapy services in this program:

A. Medicaid will reimburse up to four (4) occupational, physical and speech therapy evaluation units (1 unit = 30 minutes) per state fiscal year (July 1 through June 30) without authorization. Additional evaluation units will require an extended therapy request.

B. Medicaid will reimburse up to four (4) occupational, physical and speech therapy units (1 unit = 15 minutes) daily, without authorization. Additional therapy units will require an extended therapy request.

C. All requests for extended therapy services must comply with the guidelines located within the Occupational, Physical and Speech Therapy Provider Manual.

223.200 Occupational, Physical and Speech Therapy Extended Benefits 1-1-15

If the referring PCP or attending physician, in conjunction with the treating occupational, physical or speech therapy provider, determines the beneficiary requires additional daily speech therapy services other than those allowed through regular benefits indicated in Section 222.600, a request for extended therapy services may be made. The therapist must refer to the guidelines in the Occupational, Physical and Speech Therapy Provider Manual to properly apply for extended benefits.

224.000 Cost Sharing 1-1-15

Co-payment or coinsurance applies to all ARKids First-B services, with the exception of immunizations, preventive health screenings, family planning, prenatal care, eyeglasses, medical supplies, and audiological services (only Tympanometry, CPT procedure code 92567, when the diagnosis is within the ICD range (**View ICD codes**.)). Co-payments or coinsurances range from up to $5.00 per prescription to 10% of the first day's hospital Medicaid per diem.

ARKids First-B families have an annual cumulative cost sharing maximum of 5% of their annual gross family income. The annual period is July 1 through June 30 SFY (state fiscal year). The ARKids First-B beneficiary's annual cumulative cost sharing maximum will be recalculated and the cumulative cost sharing counter reset to zero on July 1 each year.

The cost sharing provision will require providers to check and be alert to certain details about the ARKids First-B beneficiary's cost sharing obligation for this process to work smoothly. The following is a list of guidelines for providers:

1. On the day service is delivered to the ARKids First-B beneficiary, the provider must access the eligibility verification system to determine if the ARKids First-B beneficiary has current ARKids First-B coverage and whether or not the ARKids First-B beneficiary has met the family's cumulative cost sharing maximum.
2. The provider must check the remittance advice received with the claim submitted on the ARKids First-B beneficiary, which will contain an explanation stating that the ARKids First-B beneficiary has met their cost sharing cap.
3. It is strongly urged that providers submit their claims as quickly as possible to HP Enterprise Services for payment so that the amount of the ARKids First-B

beneficiary's co-payment can be posted to their cost share file and the amount added to the accrual.

224.220 Inpatient Hospital Co-Insurance 1-1-15

The co-insurance charge per inpatient hospital admission (including services in an inpatient psychiatric hospital and a psychiatric residential treatment facility) for ARKids First-B beneficiaries is10% of the hospital's Medicaid per diem, applied on the first covered day. For example:

An ARKids First-B beneficiary is an inpatient for four (4) days in a hospital with an Arkansas Medicaid per diem of $500.00. When the hospital files a claim for four (4) days, ARKids First-B will pay $1950.00; the beneficiary will pay $50.00.

Four (4 days) times $500.00 (the hospital per diem) = $2000.00 (hospital allowed amount).

Ten percent (10% ARKids First-B co-insurance rate) of $500.00 = $50.00 co-insurance.

Two thousand dollars ($2000.00 hospital allowed amount) minus $50.00 (co-insurance) = $1950.00 (ARKids First-B payment).

The ARKids First-B beneficiary is responsible for paying a co-insurance amount equal to 10% of the per diem for one (1) day, which is $50.00 in the above example.

240.300 Prior Authorization (PA) for Outpatient and Inpatient Mental Health Services 1-1-15

Certain outpatient and inpatient mental health services require prior authorization. See the appropriate provider manual for a list of procedure codes that require PA. Requests for PA must be sent to the PA contractor. **View or print ValueOptions contact information.**

262.130 Preventive Health Screening Procedure Codes 1-1-15

There are two (2) types of full medical preventive health screening procedure codes to be used when billing for this service for ARKids First-B beneficiaries; Newborn and Child Preventive Health Screening:

1. ARKids First-B Preventive Health Screening: Newborn

   The initial ARKids First-B preventive health screen for newborns is similar to Routine Newborn Care in the Arkansas Medicaid Physician and Child Health Services (EPSDT) Programs.

   For routine newborn care following a vaginal delivery or C-section, procedure code 99460, 99461 or 99463, with the required modifier UA and a primary detail diagnosis of V30.00 – V37.21 must be used one time to cover all newborn care visits by the attending provider. Payment of these codes is considered a global rate and subsequent visits may not be billed in addition to code 99460, 99461 or 99463. These codes include the physical exam of the baby and the conference(s) with the newborn's parent(s), and are considered to be the Initial Health Screening.

   For newborn illness care, e.g., neonatal jaundice, following a vaginal delivery or C-section, use procedure codes range 99221 through 99223. Do not bill codes 99460, 99461 or 99463 (routine newborn care) in addition to the newborn illness care codes.

2. ARKids First-B Preventive Health Screening: Children

   Preventive health screenings in the ARKids First-B Program are similar to EPSDT screens in the Arkansas Medicaid Child Health Services (EPSDT) Program in content and

application. Billing, however, differs from Child Health Services (EPSDT). All services, including the preventive health medical screenings, are billed in the CMS-1500 claim format for both electronic and paper claims.

All preventive health screenings after the newborn screen are to be billed using the preventive health screening procedure codes 99381-99385 or 99391-99395.

Providers may bill ARKids First-B for a sick child visit in addition to a preventive health screen procedure code (99381-99385 or 99391-99395) for the same date of service if the screening schedule indicates a periodic screen is due to be performed.

Procedure Code	Required Modifier	Description
99460[1]	UA	Initial hospital/birthing center care, normal newborn (global).
99461[1]	UA	Initial care normal newborn other than hospital/birthing center (global).
99463[1]	UA	Initial hospital/birthing center care, normal newborn admitted/discharged same date of service (global).
99221[1] 99223[1]		Initial Newborn Care For Illness Care (e.g. neonatal jaundice)
99381-99385		Comprehensive Preventive Medicine Health Evaluation/Screen (New Patient)
99391-99395		Comprehensive Preventive Medicine Health Evaluation/Screen (Established Patient)
36415[2]		Collection of venous blood by venipuncture
83655		Lead

[1] Exempt from PCP referral requirements
[2] Covered when specimen is referred to an independent lab
[3] Arkansas Medicaid description of the service

Immunizations and laboratory tests procedure codes are to be billed separately from comprehensive preventative health screens.

Billing for ARKids First–B services, including preventive health medical screenings and vaccine injection administrative fees, are to be billed in the CMS-1500 claim format ONLY; for both electronic and paper claims. ARKids First–B Claims for services must NOT be billed on the DMS-694 EPSDT claim form or use the EPSDT restricted modifier EP.

262.140 Speech-Language Pathology, Occupational and Physical Therapy Procedure Codes

262.141 Speech-Language Pathology Procedure Codes 1-1-15

Procedure Code	Required Modifier	Description
92506		Evaluation for Speech Therapy
92507	—	Individual Speech Session
92507	UB	Individual Speech Therapy by Speech Language Pathology Assistant

Procedure Code	Required Modifier	Description
92508	—	Group Speech Session
92508	UB	Group Speech Therapy by Speech Language Pathology Assistant

262.142 Occupational Therapy Procedure Codes 1-1-15

Procedure Code	Required Modifier	Description
97003	—	Evaluation for Occupational Therapy
97530	—	Individual Occupational Therapy
97530	UB	Individual Occupational Therapy by Occupational Therapy Assistant
97150	U2	Group Occupational Therapy
97150	UB, U1	Group Occupational Therapy by Occupational Therapy Assistant

262.143 Physical Therapy Procedure Codes 1-1-15

Procedure Code	Required Modifier	Description
97001	—	Evaluation for Physical Therapy
97110	—	Individual Physical Therapy
97110	UB	Individual Physical Therapy by Physical Therapy Assistant
97150	—	Group Physical Therapy
97150	UB	Group Physical Therapy by Physical Therapy Assistant

262.150 Billing Procedure Codes for Periodic Dental Screens and Services and Orthodontia Services 1-1-15

A. Initial/Periodic Preventive Dental Screens

Periodicity schedule once each six months plus one day – must be billed with procedure code **D0120**.

B. Interperiodic Preventive Dental Screens

ARKids First-B beneficiaries may receive interperiodic preventive dental screening, if required by medical necessity. There are no limits on these services; however, prior authorization must be obtained in order to receive reimbursement. Refer to Section 240.200 of this manual for dental prior authorization information.

Procedure code **D0140** must be billed for an interperiodic preventive dental screen. **This service requires prior authorization (see Section 240.200)**.

The procedure codes listed in the table below must be billed for prophylaxis/fluoride.

Procedure Code	Description
D1110	Prophylaxis – adult (ages 10-18)
D1120	Prophylaxis – child (ages 0-9)
D1201	Topical application of fluoride (including prophylaxis) - child (ages 0-9)
D1205	Topical application of fluoride (including prophylaxis) - adult (ages 10-18)

Refer to Section 222.300 for further details regarding dental services for ARKids First–B beneficiaries.

C. Orthodontia Services

Comprehensive Orthodontic Treatment – Permanent Dentition	
Procedure Code	**Description**
D8070	Class I Malocclusion
D8080	Class II Malocclusion
D8090	Class III Malocclusion

Other Orthodontic Devices	
Procedure Code	**Description**
D8999	Unspecified orthodontic procedure, by report

Refer to Section II of the Medicaid Dental Provider Manual for service definitions, information regarding reimbursement, prior authorization, extension of benefits, and other information pertaining to orthodontic treatment.

262.430 Vaccines for ARKids First-B Beneficiaries 1-1-15

ARKids First-B beneficiaries are not eligible for the Vaccines for Children (VFC) Program; however, vaccines are available for use with ARKids First-B beneficiaries who are under the age of 19. Providers may obtain vaccines from the Department of Health to administer to ARKids First-B beneficiaries. **View or print the Department of Health contact information.**

Only a vaccine injection administration fee is reimbursed. When filing claims for administering vaccines for ARKids First-B beneficiaries, providers must use the CPT procedure code for the vaccine administered and the required modifier **TJ only** for either electronic or paper claims. Providers must bill claims for ARKids First-B beneficiaries using the CMS-1500 claim format.

Providers must NOT bill for ARKids First-B beneficiaries on the DMS-694 EPSDT claim form nor use the EPSDT restricted modifier EP.

The following list contains the vaccines available to ARKids-First-B beneficiaries through the Arkansas Department of Health.

Procedure Code	M1	Age Range	Vaccine Description

Procedure Code	M1	Age Range	Vaccine Description
90633	TJ	12 months-18 years	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	TJ	12 months-18 years	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	TJ	18 years only	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90645	TJ	0-18 years	Hemophilus influenza b (Hib) HbOC conjugate (4 dose schedule) for intramuscular use
90646	TJ	0-18 years	Hemophilus influenza b (Hib) PRP-D conjugate for booster use only, intramuscular use
90647	TJ	0-18 years	Hemophilus influenza b (Hib) PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648	TJ	0-18 years	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90655	TJ	6 months-35 months	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use
90656	TJ	3 years-18 years	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use
90657	TJ	6 months-35 moths	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use
90658	TJ	3 years-18 years	Influenza virus vaccine, split virus, for use in individuals 3 years and above, for intramuscular use
90660	TJ	2 years-18 years (not pregnant)	Influenza virus vaccine, live, for intranasal use
90669	TJ	0-4 years	Pneumococcal conjugate vaccine polyvalent, for children under 5 years, for intramuscular use
90672	TJ	2 years-18 years	Influenza virus vaccine, quadrivalent, live, for intranasal use
90680	TJ	6 weeks to 32 weeks	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90700	TJ	0-6 years	Diphtheria, tetanus toxoids and acellular pertussis vaccine (DTaP), for use in individuals younger than 7 years, for intramuscular use
90707	TJ	0-18 years	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	TJ	0-18 years	Measles, mumps, rubella, and Varicella vaccine (MMRV), live, for subcutaneous use
90713	TJ	0-18 years	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use

Procedure Code	M1	Age Range	Vaccine Description
90714	TJ	7-18 years	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use
90715	TJ	7-18 years	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use
90716	TJ	0-18 years	Varicella virus vaccine, live, for subcutaneous use
90721	TJ	0-18 years	Diphtheria, tetanus toxoids and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723	TJ	0-18 years	Diphtheria, tetanus toxoids and acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine , inactivated (DTaP-HepB-IPV)(for intramuscular use
90734	TJ	0-18 years	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90743	TJ	0-18 years	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	TJ	0-18 years	Hepatitis B vaccine, pediatric/adolescent (3 dose schedule), for intramuscular use
90747	TJ	0-18 years	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748	TJ	0-18 years	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use