



Division of Medical Services
Program Development & Quality Assurance

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NOTICE OF RULE MAKING

TO: Health Care Providers – Ambulatory Surgical Center, Area Health Education Centers (AHECs), Arkansas Department of Health, ARKids First-B, Child Health Services (EPSDT), Critical Access Hospital, Dental, End-Stage Renal Disease (ESRD), Federally Qualified Health Center (FQHC), Hospital, Independent Laboratory, Independent Radiology, Nurse Practitioner, Oral Surgeon, Pharmacy, Physician, Rural Health Clinic (RHC) and Vision Services

DATE: December 18, 2015

SUBJECT: 2015 Current Procedure Terminology (CPT®) Code Conversion

I. General Information

A review of the 2015 Current Procedural Terminology (CPT®) procedure codes has been completed, and the Arkansas Medicaid Program will begin accepting CPT® 2015 procedure codes for dates of service on and after December 18, 2015.

Procedure codes that are identified as deletions in CPT® 2015 (Appendix B) are **non-payable** for dates of service on and after December 18, 2015.

For the benefit of those programs impacted by the conversions, the Arkansas Medicaid Web site fee schedules will be updated soon after the implementation of the 2015 CPT® and Healthcare Common Procedural Coding System Level II (HCPCS) conversions.

II. Process for Obtaining Prior Authorization

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 for CHMS only	(479) 649-0776
Fax for Molecular Pathology only	(479) 649-9413
Fax	(479) 649-0799
Web portal	http://review.afmc.org/MedicaidReview/iEXCHANGE%c2%ae.aspx
Mailing address	Arkansas Foundation for Medical Care, Inc. P.O. Box 180001 Fort Smith, AR 72918-0001
Physical site location	5111 Rogers Avenue, Suite 476 Fort Smith, AR 72903
Office hours	8:00 a.m. until 4:30 p.m. (Central Time), Monday through Friday, except holidays

The following 2015 CPT Lab Procedure Codes require prior authorization from AFMC:

81288	81313	81420	81431	81435
81436	81440	81445	81450	81455
81460	81465	81470	81471	81519

III. Non-Covered 2015 CPT® Procedure Codes

- A. Effective for dates of service on and after December 18, 2015, the following CPT® procedure codes are non-covered:

33419	34839	77387	81246	81425	81426	81427
81430	89337	96127	99188	99490	99497	99498

- B. All 2015 CPT® procedure codes listed in **Category II** and **Category III** are not recognized by Arkansas Medicaid; therefore, they are non-covered.
- C. The following new 2015 CPT® procedure codes are not payable to Outpatient Hospitals because these services are covered by another CPT® procedure code, another HCPCS code or a revenue code:

33987

IV. Hospital Providers

- A. The following CPT® procedure code requires paper billing and documentation attached that describes the procedure and supports medical necessity:

45399

V. Independent Radiology

The following 2015 CPT® procedure codes are payable to Independent Radiology providers:

76641	76642	77061	77062
77063	77085	77086	77306
77307	77316	77317	77318
77385	77386		

VI. Nurse Practitioner

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.

*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.

See Section X. for 2015 vaccine information.

VII. Oral Surgeons

The following 2015 procedure code is payable to Oral Surgeon providers:

20606

VIII. Physicians

The following CPT® procedure code requires paper billing and documentation attached that describes the procedure and supports medical necessity:

45399

IX. Vision

The following 2015 CPT® procedure code is payable to the Vision Program:

92145

X. Vaccine Information

- A. CPT® procedure code 90630, “influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use.”

Procedure Code	Required Modifiers	Age Restriction in Years	Special Instructions
90630	No	18y-49y	Covered for Arkansas Department of Health, Hospital, Nurse Practitioner, Pharmacy, and Physician providers. Coverage is limited to healthy individuals who are not pregnant.

If you have questions regarding this notice, please contact the Hewlett Packard Enterprise 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.

Dawn Stehle
Director