

# ARKANSAS REGISTER

## Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

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For Office

Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Mac Golden E-mail Mac.Golden@dhs.arkansas.gov Phone 501-320-6383

Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201

Rule Title: Hospital 3-19 Spinal Muscular Atrophy Newborn Screening

Intended Effective Date  
(Check One)

☐ Emergency (ACA 25-15-204)

☐ 10 Days After Filing (ACA 25-15-204)

☒ Other 01-01-2020  
(Must be more than 10 days after filing date.)

Legal Notice Published .....

Final Date for Public Comment .....

Reviewed by Legislative Council .....

Adopted by State Agency .....

Date

10-06-2019

11-04-2019

12-20-2019

01-01-2020

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Renita Whitley Renita.Whitley@dhs.arkansas.gov

12-20-2019

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Signature

501-320-6270

Janet.Mann@dhs.arkansas.gov

Phone Number

E-mail Address

Director

Title

12-20-2019

Date

**TOC not required****272.450 Special Billing Requirements for Laboratory and X-Ray Services****1-1-20**

The following codes have special billing requirements for laboratory and X-Ray procedures.

A. CPT and HCPCS Lab Procedure Codes with Diagnosis Restrictions

The following CPT procedure codes will be payable with a primary diagnosis as is indicated below.

Procedure Code	Required Primary Diagnosis	Special Instructions
81479	None	Requires paper billing with attachments that describe and justify the service represented by this procedure.
81500 81503	<a href="#">(View ICD Codes.)</a>	18y and up. This code is restricted to female beneficiaries. Requires paper billing that describes and justifies the procedure.
81508 81509 81510 81511 81512	Diagnosis must indicate a <b>current</b> condition of pregnancy.	None
81599*	None	For consideration of claims with unlisted procedure codes, such as <b>81599</b> , see Section 252.111 for billing instructions on this unlisted procedure code.
82777	<a href="#">(View ICD Codes.)</a>	18y and up
83951	<a href="#">(View ICD Codes.)</a>	None
86386	<a href="#">(View ICD Codes.)</a>	None
86828 86829 86830 86831 86832 86833 86834 86835	<a href="#">(View ICD Codes.)</a>	None
87389	<a href="#">(View ICD Codes.)</a>	None
87901	None	A maximum of 12 units per 12-month period
87903	None	A maximum of 1 unit per year

Procedure Code	Required Primary Diagnosis	Special Instructions
87904	None	This procedure code is an add-on code.
87906	None	A maximum of 12 units per 12-month period
88720	<a href="#">(View ICD Codes.)</a>	None
88740	<a href="#">(View ICD Codes.)</a>	None
88741	<a href="#">(View ICD Codes.)</a>	None

## B. Genetic Testing

Procedure Code	Payment Method
S3831	Manually priced with no age or diagnosis restrictions
S3840	
S3844	
S3846	
S3849	
S3850	
S3853	
S3861	
S3800	Manually priced with no age or diagnosis restrictions; requires Prior Authorization. This procedure code requires prior authorization by AFMC based on the following criteria: (1) an ICD diagnosis code of: ( <a href="#">View ICD Codes</a> .) and symptoms of muscle weakness, (2) documentation of muscle testing must be provided and (3) a completed evaluation by a neurologist to rule out other causes of muscle weakness.  (See Section 241.000 regarding procedures for obtaining prior authorization by AFMC.)

## C.

Procedure Code	Description
S3620	Newborn Metabolic Screening Panel

Arkansas Code §20-15-302 states that all newborn infants shall be tested for certain metabolic diseases. Arkansas Medicaid shall reimburse the enrolled Arkansas Medicaid hospital provider that performs the tests required for the cost of the tests. Newborn Metabolic Screenings performed inpatient are included in the interim per diem reimbursement rate and facility cost settlement. For Newborn Metabolic Screenings performed in the outpatient setting (due to retesting or as an initial screening), Arkansas Medicaid will reimburse the hospital directly. For the screenings performed in the outpatient hospital setting, the provider will submit a claim using procedure code S3620. All positive test results shall be sent immediately to the Arkansas Department of Health.

The list of metabolic diseases for which providers can bill under S3620 can be found within the [Arkansas Department of Health \(ADH\) rules pertaining to testing of newborn infants](#).