

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 E. Golden E-mail Mac.E.Golden@dhs.arkansas.gov Phone 501.320.6383

Statutory Authority for Promulgating Rules Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129

Rule Title: Act 637- Hospital, Physician and Nurse Practitioner Provider Manuals to add PANS/PANDAS Treatment

Intended Effective Date
(Check One)

☐ Emergency (ACA 25-15-204)

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

☒ Other 06/01/2022
(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

03/11/2022

04/09/2022

05/20/2022

06/01/2022

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

Renita Jones

Renita.Jones@dhs.arkansas.gov

05/20/2022

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

501-244-3944

Phone Number

Elizabeth.Pitman@dhs.arkansas.gov

E-mail Address

Director

Title

05/20/2022

Date

TOC required**272.502 Drug Treatment for Pediatric PANS and PANDAS****6-1-22**

- A. Effective for dates of service on and after 6/1/2022 drug treatment will be available to all qualifying Arkansas Medicaid beneficiaries when specified conditions are met for one (1) or both of the following conditions:
 - 1. Pediatric acute-onset neuropsychiatric syndrome (PANS),
 - 2. Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS).
- B. The drug treatments include off-label drug treatments, including without limitation intravenous immunoglobulin (IVIG).
- C. Medicaid will cover drug treatment for PANS or PANDAS under the following conditions:
 - 1. The drug treatment must be authorized under a Treatment Plan; and
 - 2. The Treatment Plan must be established by the [approved PANS/PANDAS provider](#).
- D. A Prior Authorization (PA) must be obtained for each treatment. Providers must submit the current Treatment Plan to the Quality Improvement Organization (QIO) along with the request for Prior Authorization. (Add link to AFMC.)
- E. The authorized procedure codes and required modifiers are found in the following link:
[View or print the procedure codes for Hospital/Critical Access Hospitals/ESRD services, including PANS and PANDAS procedure codes.](#)

TOC required**252.483 Drug Treatment for Pediatric PANS and PANDAS****6-1-22**

- A. Effective for dates of service on and after 6/1/2022 drug treatment will be available to all qualifying Arkansas Medicaid beneficiaries when specified conditions are met for one (1) or both of the following conditions:
 - 1. Pediatric acute-onset neuropsychiatric syndrome (PANS),
 - 2. Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS).
- B. The drug treatments include off-label treatments, including without limitation intravenous immunoglobulin (IVIG).
- C. Medicaid will cover drug treatment for PANS or PANDAS under the following conditions:
 - 1. The drug treatment must be authorized under a Treatment; and
 - 2. The Treatment Plan must be established by the [approved PANS/PANDAS provider](#).
- D. A Prior Authorization (PA) must be obtained for each treatment. Providers must submit the current Treatment Plan to the Quality Improvement Organization (QIO) along with the request for Prior Authorization. (Add link to AFMC.)
- E. The authorized procedure codes and required modifiers are found in the following link:
[View or print the procedure codes for Nurse Practitioner services, including PANS and PANDAS procedure codes.](#)

TOC required**292.930 Drug Treatment for Pediatric PANS and PANDAS****6-1-22**

- A. Effective for dates of service on and after 6/1/2022 drug treatment will be available to all qualifying Arkansas Medicaid beneficiaries when specified conditions are met for one (1) or both of the following conditions:
 - 1. Pediatric acute-onset neuropsychiatric syndrome (PANS),
 - 2. Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS).
- B. The drug treatments include off-label drug treatments, including without limitation intravenous immunoglobulin (IVIG).
- C. Medicaid will cover drug treatment for PANS or PANDAS under the following conditions:
 - 1. The drug treatment must be authorized under a Treatment Plan; and
 - 2. The Treatment Plan must be established by the [approved PANS/PANDAS provider](#).
- D. A Prior Authorization (PA) must be obtained for each treatment. Providers must submit the current Treatment Plan to the Quality Improvement Organization (QIO) along with the request for Prior Authorization. (Add link to AFMC.)
- E. The authorized procedure codes and required modifiers are found in the following link:

[View or print the procedure codes for Physician/Independent Lab/CRNA/Radiation Therapy Center services, including PANS and PANDAS procedure codes.](#)