

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 501-563-7634

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

Rule Title: Repeal Section V of the Arkansas Medicaid Provider Manuals

Intended Effective Date
(Check One)

☐ Emergency (ACA 25-15-204)

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

☒ Other 01-01-2021
(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

10-05-2020

11-03-2020

12-18-2020

01-01-2021

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

Renita Whitley

Renita.Whitley@dhs.arkansas.gov

12-18-2020

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

Phone Number

Janet.Mann@dhs.arkansas.gov

E-mail Address

Director

Title

12-18-2020

Date

SECTION V – FORMS**500.000****Claim Forms****Red-ink Claim Forms**

The following is a list of the red-ink claim forms required by Arkansas Medicaid. The forms below cannot be printed from this manual for use. Information about where to get the forms and links to samples of the forms is available below. To view a sample form, click the form name.

Claim Type	Where To Get Them
<u>Professional – CMS-1500</u>	Business Form Supplier
<u>Institutional – CMS-1450*</u>	Business Form Supplier

* For dates of service after 11/30/07 – ALL HOSPICE PROVIDERS USE ONLY FORM CMS-1450 (formerly UB-04) for billing.

Claim Forms

The following is a list of the non-red-ink claim forms required by Arkansas Medicaid. Information about where to get a supply of the forms and links to samples of the forms is available below. To view a sample form, click the form name.

Claim Type	Where To Get Them
<u>Alternatives Attendant Care Provider Claim Form – AAS-9559</u>	Client Employer
<u>Dental – ADA-J430</u>	Business Form Supplier

Arkansas Medicaid Forms

The forms below can be printed from this manual for use.

In order by form name:

Form Name	Form Link
Acknowledgement of Hysterectomy Information	<u>DMS-2606</u>
Address/Email Change Form	<u>DMS-673</u>
Adjustment Request Form – Medicaid XIX	<u>HP-AR-004</u>
Adjustment Request Form – Medicaid XIX – Pharmacy Program	<u>DMS-802</u>
Adverse Effects Form	<u>DMS-2704</u>
AFMC Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components	<u>DMS-679A</u>
Amplification/Assistive Technology Recommendation Form	<u>DMS-686</u>
Application for WebRA Hardship Waiver	<u>DMS-7736</u>

Form Name	Form Link
Approval/Denial Codes for Inpatient Psychiatric Services	<u>DMS-2687</u>
Arkansas Early Intervention Infant & Toddler Program Intake/Referral/Application for Services	<u>DDS/FS#0001.a</u>
Arkansas Medicaid Patient-Centered Medical Home Practice Participation Agreement	<u>DMS-844</u>
Arkansas Medicaid Patient-Centered Medical Home Program Pooling Request Form	<u>DMS-845</u>
Arkansas Medicaid Patient-Centered Medical Home Program Practice Withdrawal Form	<u>DMS-846</u>
ARKids First Behavioral Health Services Provider Qualification Form	<u>DMS-612</u>
Authorization for Electronic Funds Transfer (Automatic Deposit)	<u>autodeposit</u>
Authorization for Payment for Services Provided	<u>MAP-8</u>
Certification of Need—Medicaid Inpatient Psychiatric Services for Under Age 21	<u>DMS-2633</u>
Certification of Schools to Provide Comprehensive EPSDT Services	<u>CSPC-EPSDT</u>
Certification Statement for Abortion	<u>DMS-2698</u>
Change of Ownership Information	<u>DMS-0688</u>
Child Health Management Services Enrollment Orders	<u>DMS-201</u>
Child Health Management Services Discharge Notification Form	<u>DMS-202</u>
CHMS Benefit Extension for Diagnosis/Evaluation Procedures	<u>DMS-699A</u>
CHMS Request for Prior Authorization	<u>DMS-102</u>
Claim Correction Request	<u>DMS-2647</u>
CMS 1500/UB04 Medicare EOMB Information (Crossover Cover Sheet)	<u>DMS-600</u>
Consent for Release of Information	<u>DMS-619</u>
Contact Lens Prior Authorization Request Form	<u>DMS-0101</u>
Contract to Participate in the Arkansas Medical Assistance Program	<u>DMS-653</u>
EIDT/ADDT Transportation Log	<u>DMS-638</u>
EIDT/ADDT Transportation Survey	<u>DMS-632</u>
Dental Treatment Additional Information	<u>DMS-32-A</u>
Disclosure of Significant Business Transactions	<u>DMS-689</u>
Disproportionate Share Questionnaire	<u>DMS-628</u>
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Prescription/Referral For Medically Necessary Services/Items Not Specifically Included in the Medicaid State Plan	<u>DMS-693</u>
Early Childhood Special Education Referral Form	<u>ECSE-R</u>
EPSDT Provider Agreement	<u>DMS-831</u>

Form Name	Form Link
Evaluation for Wheelchair and Wheelchair Seating	<u>DMS-0843</u>
Explanation of Check Refund	<u>HP-CR-002</u>
Gait Analysis Full Body	<u>DMS-647</u>
Home Health Certification and Plan of Care	<u>CMS-485</u>
Hospital/Physician/Certified Nurse-Midwife Referral for Newborn Infant Medicaid Coverage	<u>DCO-645</u>
Inpatient Psychiatric Medicaid Agency Review Team Transmittal Sheet	<u>DMS-2685</u>
Individual Renewal Form for School-Based Audiologists	<u>DMS-7782</u>
Lower Limb Prosthetic Evaluation	<u>DMS-650</u>
Lower Limb Prosthetic Prescription	<u>DMS-651</u>
Media Selection/Email Address Change Form	<u>HP-MS-005</u>
Medicaid Claim Inquiry Form	<u>HP-CI-003</u>
Medicaid Form Request	<u>HP-MFR-001</u>
Medical Equipment Request for Prior Authorization & Prescription	<u>DMS-679</u>
Medical Transportation and Personal Assistant Verification	<u>DMS-616</u>
Mental Health Services Provider Qualification Form for LCSW, LMFT and LPC	<u>DMS-633</u>
Notice Of Noncompliance	<u>DMS-635</u>
NPI Reporting Form	<u>DMS-683</u>
Occupational, Physical and Speech Therapy for Medicaid-Eligible Beneficiaries Under Age 21 Prescription/Referral	<u>DMS-640</u>
Ownership and Conviction Disclosure	<u>DMS-675</u>
Personal Care Assessment and Service Plan	<u>DMS-618-English</u> <u>DMS-618-Spanish</u>
Practitioner Identification Number Request Form	<u>DMS-7708</u>
Prescription & Prior Authorization Request For Nutrition Therapy & Supplies	<u>DMS-2615</u>
Primary Care Physician Managed Care Program Referral Form	<u>DMS-2610</u>
Primary Care Physician Participation Agreement	<u>DMS-2608</u>
Primary Care Physician Selection and Change Form	<u>DMS-2609</u>
Procedure Code/NDC Detail Attachment Form	<u>DMS-664</u>
Provider Application	<u>DMS-652</u>
Provider Communication Form	<u>AAS-9502</u>
Provider Data Sharing Agreement—Medicare Parts C & D	<u>DMS-652-A</u>
Provider Enrollment Application and Contract Package	<u>Application Packet</u>
Quarterly Monitoring Form	<u>AAS-9506</u>

Form Name	Form Link
Referral for Audiology Services—School Based Setting	<u>DMS-7783</u>
Referral for Certification of Need Medicaid Inpatient Psychiatric Services for Under Age 21	<u>DMS-2634</u>
Referral for Medical Assistance	<u>DMS-630</u>
Request for Appeal	<u>DMS-840</u>
Request for Extension of Benefits	<u>DMS-699</u>
Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services	<u>DMS-671</u>
Request for Extension of Benefits for Medical Supplies for Medicaid Beneficiaries Under Age 21	<u>DMS-602</u>
Request for Molecular Pathology Laboratory Services	<u>DMS-841</u>
Request for Orthodontic Treatment	<u>DMS-32-0</u>
Request for Prior Approval for the Special Pharmacy Therapeutic Agents and Treatments	<u>DMS-6</u>
Request for Private Duty Nursing Services Prior Authorization and Prescription—Initial Request or Recertification	<u>DMS-2692</u>
Request for Targeted Case Management Prior Authorization for Beneficiaries Under Age 21	<u>DMS-601</u>
Research Request Form	<u>HP-0288</u>
Service Log—Personal Care Delivery and Aides Notes	<u>DMS-873</u>
Sterilization Consent Form	<u>DMS-615-English</u> <u>DMS-615-Spanish</u>
Sterilization Consent Form—Information for Men	<u>PUB-020</u>
Sterilization Consent Form—Information for Women	<u>PUB-019</u>
Targeted Case Management Contact Monitoring Form	<u>DMS-690</u>
Upper Limb Prosthetic Evaluation	<u>DMS-648</u>
Upper Limb Prosthetic Prescription	<u>DMS-649</u>
Vendor Performance Report	<u>Vendorperformreport</u>
Verification of Medical Services	<u>DMS-2618</u>

In order by form number:

<u>AAS-9502</u>	<u>DMS-2618</u>	<u>DMS-618</u>	<u>DMS-675</u>	<u>DMS-846</u>
<u>AAS-9506</u>	<u>DMS-2633</u>	<u>English</u>	<u>DMS-673</u>	<u>DMS-873</u>
<u>AAS-9559</u>	<u>DMS-2634</u>	<u>DMS-618</u>	<u>DMS-679</u>	<u>ECSE-R</u>
<u>Address</u>	<u>DMS-2647</u>	<u>Spanish</u>	<u>DMS-679A</u>	<u>HP-0288</u>
<u>Change</u>	<u>DMS-2685</u>	<u>DMS-619</u>	<u>DMS-683</u>	<u>HP-AR-004</u>
<u>Autodeposit</u>	<u>DMS-2687</u>	<u>DMS-628</u>	<u>DMS-686</u>	<u>HP-CI-003</u>
<u>CMS-485</u>	<u>DMS-2692</u>	<u>DMS-630</u>	<u>DMS-689</u>	<u>HP-CR-002</u>
<u>CSPC-EPSTDT</u>	<u>DMS-2698</u>	<u>DMS-632</u>	<u>DMS-690</u>	<u>HP-MFR-001</u>
<u>DCO-645</u>	<u>DMS-2704</u>	<u>DMS-633</u>	<u>DMS-693</u>	<u>HP-MS-005</u>
<u>DDS/FS#0001.a</u>	<u>DMS-32-A</u>	<u>DMS-635</u>	<u>DMS-699</u>	<u>MAP-8</u>
<u>DMS-0101</u>	<u>DMS-32-0</u>	<u>DMS-638</u>	<u>DMS-699A</u>	<u>Performance</u>
<u>DMS-0688</u>	<u>DMS-6</u>	<u>DMS-640</u>	<u>DMS-7708</u>	<u>Report</u>
<u>DMS-0843</u>	<u>DMS-600</u>	<u>DMS-647</u>	<u>DMS-7736</u>	<u>Provider</u>
<u>DMS-102</u>	<u>DMS-601</u>	<u>DMS-648</u>	<u>DMS-7782</u>	<u>Enrollment</u>
<u>DMS-201</u>	<u>DMS-602</u>	<u>DMS-649</u>	<u>DMS-7783</u>	<u>Application</u>
<u>DMS-202</u>	<u>DMS-612</u>	<u>DMS-650</u>	<u>DMS-802</u>	<u>and Contract</u>
<u>DMS-2606</u>	<u>DMS-615</u>	<u>DMS-651</u>	<u>DMS-831</u>	<u>Package</u>
<u>DMS-2608</u>	<u>English</u>	<u>DMS-652</u>	<u>DMS-840</u>	<u>PUB-019</u>
<u>DMS-2609</u>	<u>DMS-615</u>	<u>DMS-652-A</u>	<u>DMS-841</u>	<u>PUB-020</u>
<u>DMS-2610</u>	<u>Spanish</u>	<u>DMS-653</u>	<u>DMS-844</u>	
<u>DMS-2615</u>	<u>DMS-616</u>	<u>DMS-664</u>	<u>DMS-845</u>	
		<u>DMS-671</u>		

Arkansas Medicaid Contacts and Links

Click the link to view the information.

[American Hospital Association](#)

[Americans with Disabilities Act Coordinator](#)

[Arkansas Department of Education, Health and Nursing Services Specialist](#)

[Arkansas Department of Education, Special Education](#)

[Arkansas Department of Finance Administration, Sales and Tax Use Unit](#)

[Arkansas Department of Human Services, Appeals and Hearings Section](#)

[Arkansas Department of Human Services, Division of Behavioral Health Services](#)

[Arkansas Department of Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Unit](#)

Arkansas Department of Human Services, Division of Children and Family Services, Contracts Management Unit

Arkansas Department of Human Services, Children's Services

Arkansas Department of Human Services, Division of County Operations, Customer Assistance Section

Arkansas Department of Human Services, Division of Medical Services

Arkansas DHS, Division of Medical Services Director

Arkansas DHS, Division of Medical Services, Benefit Extension Requests, UR Section

Arkansas DHS, Division of Medical Services, Dental Care Unit

Arkansas DHS, Division of Medical Services, DXC Technology Provider Enrollment Unit

Arkansas DHS, Division of Medical Services, Financial Activities Unit

Arkansas DHS, Division of Medical Services, Hearing Aid Consultant

Arkansas DHS, Division of Medical Services, Medical Assistance Unit

Arkansas DHS, Division of Medical Services, Medical Director for Clinical Affairs

Arkansas DHS, Division of Medical Services, Pharmacy Unit

Arkansas DHS, Division of Medical Services, Program Communications Unit

Arkansas DHS, Division of Medical Services, Provider Reimbursement Unit

Arkansas DHS, Division of Medical Services, Third-Party Liability Unit

Arkansas DHS, Division of Medical Services, UR/Home Health Extensions

Arkansas DHS, Division of Medical Services, Utilization Review Section

Arkansas DHS, Division of Medical Services, Visual Care Coordinator

Arkansas Department of Health

Arkansas Department of Health, Health Facility Services

Arkansas Department of Human Services, Accounts Receivable

Arkansas Foundation for Medical Care

Arkansas Foundation for Medical Care, Retrospective Review for Therapy and Prior Authorization for Personal Care for Under Age 21

Arkansas Foundation for Medical Care, Provider Relations Representative

Arkansas Hospital Association

Arkansas Office of Medicaid Inspector General (OMIG)

ARKids First B

ARKids First B ID Card Example

Beacon Health Options (Formerly ValueOptions)

Central Child Health Services Office (EPSDT)

ConnectCare Helpline

County Codes

Dental Contractor

[Division of Provider Services and Quality Assurance](#)
[DXC Technology Claims Department](#)
[DXC Technology EDI Support Center \(formerly AEVCS Help Desk\)](#)
[DXC Technology Inquiry Unit](#)
[DXC Technology Manual Order](#)
[DXC Technology Provider Assistance Center \(PAC\)](#)
[DXC Technology Supplied Forms](#)
[Example of Beneficiary Notification of Denied ARKids First-B Claim](#)
[Example of Beneficiary Notification of Denied Medicaid Claim](#)
[First Connections Infant & Toddler Program, Developmental Disabilities Services](#)
[First Connections Infant & Toddler Program, Developmental Disabilities Services, Appeals](#)
[Flow Chart of Intake and Prior Authorization Process For Intervention/Treatment](#)
[Health Care Declarations](#)
[Immunizations Registry Help Desk](#)
[Magellan Pharmacy Call Center](#)
[Medicaid ID Card Example](#)
[Medicaid Managed Care Services \(MMCS\)](#)
[Medicaid Reimbursement Unit Communications Hotline](#)
[Medicaid Tooth Numbering System](#)
[National Supplier Clearinghouse](#)
[Partners Provider Certification](#)
[Primary Care Physician \(PCP\) Enrollment Voice Response System](#)
[Provider Qualifications, Division of Provider Services and Quality Assurance](#)
[Select Optical](#)
[Standard Register](#)
[Table of Desirable Weights](#)
[U.S. Government Printing Office](#)
[Vendor Performance Report](#)

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