



Arkansas Department of Human Services

Division of Medical Services

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Internet Website: www.medicaid.state.ar.us
Telephone (501) 682-8292 TDD (501) 682-6789 or 1-877-708-8191 FAX (501) 682-1197

TO: Health Care Provider - Hospital/ESRD

DATE: November 1, 2001

SUBJECT: Update Transmittal No. 58

REMOVE

INSERT

<u>Page</u>	<u>Date</u>	<u>Page</u>	<u>Date</u>
II-17 and II-18	1-1-96	II-17 and II-18	11-1-01
II-59	6-1-92	II-59	11-1-01
II-60	1-1-95	II-60	11-1-01

Explanation of Updates

Page II-17, subsection 212.41:

In Item 12, the figure, "30%", has been deleted, and a syntax change and a spelling correction were made.

Redundant and obsolete information has been deleted from Item 17.

Grammatical corrections were made to Item 17.

Page II-18, subsection 212.41: Obsolete information has been deleted. The previously unnumbered paragraphs at the bottom of this page have been assigned numbers.

Item 21 is a result of these numbering assignments. It does not represent new information.

Changes in Item 18 are spelling and grammatical corrections only.

A spelling correction has been made in Item 19.

Explanation of Updates (Continued)

Page II-18, subsection 212.41 (Continued):

Item 20 describes the inpatient benefit limit. Effective for dates of service on and after November 1, 2001, this benefit limit, which applies only to Medicaid recipients aged 21 and older, is being increased from 20 days per State fiscal year to 24 days per State fiscal year.

Pages II-59 and II-60, Section 218.8: The references to the “20 day” inpatient benefit limit have been changed to refer to “the annual” benefit limit. Obsolete material has been deleted.

A change bar in the left margin denotes a revision.

Attached are updated pages to file in your provider manual.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-1461 (voice) or (501) 682-6789 and 1-877-708-8191 (TDD).

If you have questions regarding this transmittal, please contact the Arkansas Medicaid Program at (501) 682-8502, In-State WATS 1-800-482-1141 or Out-of-State WATS 1-800-482-5850, ext. 28502, or the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Ray Hanley, Director
Division of Medical Services

Arkansas Medicaid Manual: HOSPITAL/ESRD	Page: II-17
	Effective Date: 10-1-85
Subject: PROGRAM COVERAGE	Revised Date: 11-1-01

212.41 Medicaid Utilization Management Program (Continued)

10. If the fifth day of an admission falls on a Saturday, Sunday or holiday, it is recommended that the hospital provider call for an extension prior to the fifth day if the physician has recommended a continued stay.
11. Excluded from this review program are inpatient stays for transplant procedures including heart, liver, bone marrow, lung, skin, pancreas and kidney.
12. The retrospective or post payment random sample review will be continued for all admissions, including inpatient stays of four days or less, to ensure that medical necessity for the services is substantiated.
13. Admissions of retroactive eligible recipients: If eligibility is identified while the patient is still an inpatient, the hospital may call for retrospective review of those days already used past the original four for a determination of post authorization and concurrent evaluation of future extended days.

If the retroeligible is not identified until after discharge, the hospital may call AFMC for post-extension approval, if the stay exceeds four (4) days. If the length of stay is more than 30 days, the provider may submit the entire medical record to AFMC for review of the stay rather than call.

14. Out-of-state claims are subject to the determination for medical necessity for out-of-state treatment. In addition, the claim and records will be reviewed retrospectively for lengths of stay beyond the four days allowed. "Out-of-state" refers to non-bordering states.
15. Claims submitted without calling for an extension request will result in automatic denials of any days billed beyond the fourth day. There will be no exceptions granted except for claims reflecting third party liability.
16. If a patient is transferred from one facility to another, the receiving facility must contact AFMC within 24 hours of admitting the patient to qualify the inpatient stay. If admission falls on a weekend or holiday, the provider may contact AFMC on the first working day following the weekend or holiday.
17. The certification process for extensions of inpatient days described in this section is a separate requirement from the prior authorization (PA) process. If a procedure requires prior authorization, the provider must request and receive prior authorization for the procedure code in order to be reimbursed.

An inpatient extension authorization (MUMP) and a prior authorization approval for a procedure are assigned to the same file in the system. Therefore, if a provider requests an extension authorization (MUMP) and requires a procedure prior authorization as well, one number will be assigned for both services.

Arkansas Medicaid Manual: HOSPITAL/ESRD	Page: II-18
	Effective Date: 10-1-85
Subject: PROGRAM COVERAGE	Revised Date: 11-1-01

212.41 Medicaid Utilization Management Program (Continued)

18. If a provider fails to contact AFMC for an extension of inpatient days due to the patient's having private insurance or Medicare Part A and later receives a denial due to non-covered service, lost eligibility, benefits exhausted *etc.*, post certification of days past the original four days may be obtained by the following procedures:
 - * Send a copy of the denial notice received from the third party payer to AFMC, P.O. Box 2424, Fort Smith, AR 72902-2424, Attention: Pre-Certification Supervisor. Include a note requesting post certification and the full name of the requester and a phone number where the requester may be reached. Upon receipt of the denial copy and the provider request, an AFMC coordinator will call the provider and obtain certification information.

19. If a third party insurer pays for an approved number of days, Medicaid will not grant an extension for days beyond the number of days approved by the private insurer.

20. In addition to the Medicaid Utilization Management Program, there is an annual inpatient benefit limit for recipients aged 21 and older based on the State fiscal year (SFY), July 1 through June 30.
 - a. For dates of service before November 1, 2001, the inpatient benefit limit for recipients aged 21 and older is 20 days per SFY.
 - b. For dates of service on and after November 1, 2001, for recipients aged 21 and older, the inpatient hospital benefit limit is increased to 24 days. Implementation of this increase is as follows:
 - 1) Recipients aged 21 and older are eligible for 20 medically necessary inpatient hospital days for dates of service from July 1, 2001 through June 30, 2002.
 - 2) Recipients aged 21 and older are eligible for 4 additional medically necessary inpatient hospital days for dates of service from November 1, 2001 through June 30, 2002.
 - 3) For dates of service on and after July 1, 2002, the inpatient benefit limit for recipients aged 21 and older is 24 medically necessary days per SFY.
 - c. The Arkansas Medicaid Program does not authorize extensions of the inpatient hospital benefit.
 - d. The inpatient hospital benefit limit does not apply to recipients under age 21 in the Child Health Services (EPSDT) Program.

21. PRO certification of medical necessity is required of all covered days.

Arkansas Medicaid Manual: HOSPITAL/ESRD	Page: II-59
	Effective Date: 10-1-85
Subject: PROGRAM COVERAGE	Revised Date: 11-1-01

218.8 Transplants (Continued)

Coverage for heart, liver and non-experimental bone marrow transplants is in accordance with the following guidelines.

Heart Transplants

Heart transplants require prior authorization. Benefits are provided for the following services related to heart transplantation:

- * Procurement (harvesting) of the organ from a cadaver donor. Cost will be included in the hospital charges.
- * Hospitalization and physician services for transplanting the heart into the receiver.
- * Post-operative care until discharged from the hospital.

Liver Transplants

Liver transplants require prior authorization. Benefits are provided for the following services related to liver transplantation:

- * Hospitalization and physician services for the removal of the organ from a living donor.
- * Procurement (harvesting) of the organ from a cadaver donor. Cost will be included in the hospital charges.
- * Hospitalization and physician services for transplanting the liver into the receiver.
- * Post-operative care until discharged from the hospital.

Heart and liver transplants are exempt from the Medicaid Utilization Management Program (MUMP) and the annual benefit limit for inpatient hospital services. Services excluded from the MUMP and the inpatient benefit limit are those services provided from the date of the transplant procedure to the date of discharge.

Bone Marrow Transplants

Bone marrow transplants which the board certified specialist at the Peer Review Organization determines appropriate are covered with prior authorization. Benefits are provided for the following services related to bone marrow transplantation:

- * Hospitalization and physician services for the removal of the bone marrow.
- * Hospitalization and physician services for transplanting the bone marrow into the receiver.
- * Post-operative care for the donor and recipient until discharged from the hospital.

Arkansas Medicaid Manual: HOSPITAL/ESRD	Page: II-60
	Effective Date: 10-1-85
Subject: PROGRAM COVERAGE	Revised Date: 11-1-01

218.8 Transplants (Continued)

Non-experimental bone marrow transplants are exempt from the Medicaid Utilization Management Program (MUMP) and the annual benefit limit for inpatient hospital services. Services excluded from the MUMP and the inpatient benefit limit are those services provided from the date of admission for the transplant procedure to the date of discharge.

Lung Transplants

Medically necessary lung transplants are available to eligible Medicaid recipients of all ages. Lung transplants require prior authorization. Benefits are provided for the following services related to lung transplantation:

- * Procurement (harvesting) of the organ from a cadaver donor. Cost will be included in the hospital charges.
- * Hospitalization and physician services for transplanting the lung into the receiver.
- * Post-operative care until discharged from the hospital.

The following list of medical diagnoses or diseases are those in which it is believed patients could benefit significantly from a lung transplant when it has been determined the disease has reached an end stage cycle or level:

- * Pulmonary Vascular Disease
 - * Primary Pulmonary Hypertension
 - * Eisenmenger's Syndrome (ASD, VSD, PVA, Truncus, Other Complex Anomalies)
 - * Pulmonary Hypertension secondary to Thromboembolic Disease
- * Obstructive Lung Disease
 - * Emphysema (idiopathic)
 - * Emphysema (alpha antitrypsin deficiency)
 - * Bronchopulmonary dysplasia
 - * Post Transplant Obliterative Bronchiolitis
 - * Bronchiolitis Obliterans Organizing Pneumonia (BOOP)



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TO: Health Care Provider - Physician/Independent Laboratory/CRNA/Radiation Therapy Center

DATE: November 1, 2001

SUBJECT: Update Transmittal No. 77

<u>REMOVE</u>		<u>INSERT</u>	
<u>Page</u>	<u>Date</u>	<u>Page</u>	<u>Date</u>
II-30	4-1-01	II-30	11-1-01

Explanation of Updates

Page II-30, Section 224.100: Subpart A has been amended to describe revisions in the inpatient hospital benefit limit for recipients aged 21 and over. Effective for dates of service on and after November 1, 2001, the inpatient hospital benefit limit for recipients aged 21 and older is being increased from 20 days per State fiscal year (SFY) to 24 days per SFY.

A change bar in the left margin denotes a revision.

Attached are updated pages to file in your provider manual.

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Thank you for your participation in the Arkansas Medicaid Program.

Ray Hanley, Director
Division of Medical Services

Arkansas Medicaid Manual: PHYSICIAN/INDEPENDENT LAB/CRNA/RADIATION THERAPY CENTER	Page: II-30
	Effective Date: 7-1-84
Subject: PROGRAM COVERAGE	Revised Date: 11-1-01

224.000 Inpatient Hospital Services

224.100 Inpatient Hospital Services Benefit Limit

- A. There is an annual benefit limit for general and rehabilitative hospital inpatient services based on the State fiscal year (SFY), July 1 through June 30, for Medicaid recipients aged 21 and older.
 - 1. For dates of service before November 1, 2001, the inpatient benefit limit is 20 days per SFY.
 - 2. For dates of service on and after November 1, 2001, the inpatient benefit limit is increased to 24 days. Implementation of this increase is as follows:
 - a. Recipients aged 21 and older are eligible for 20 medically necessary inpatient hospital days for dates of service from July 1, 2001 through June 30, 2002.
 - b. Recipients aged 21 and older are eligible for four additional medically necessary inpatient hospital days for dates of service on and after November 1, 2001 through June 30, 2002.
 - c. For dates of service on and after July 1, 2002, the inpatient hospital benefit limit for recipients aged 21 and older is 24 medically necessary days per SFY.

- B. There is no benefit limit for general and rehabilitative hospital inpatient services for clients under age 21 in the Child Health Services (EPSDT) Program.

224.200 Medicaid Utilization Management Program (MUMP)

The Medicaid Utilization Management Program (MUMP) determines covered lengths of stay in inpatient, general and rehabilitative hospitals, in state and out-of-state. The MUMP does not apply to lengths of stay in psychiatric facilities.

Length-of-stay determinations are made by the Professional Review Organization (PRO), Arkansas Foundation for Medical Care, Inc. (AFMC), under contract to the Arkansas Medicaid Program.

224.210 MUMP Applicability

- A. Medicaid covers up to 4 days of inpatient service with no certification requirement, except in the case of a transfer (see subpart B, below). If a patient is not discharged before or during the fifth day of hospitalization, additional days are covered only if certified by AFMC.

- B. When a patient is transferred from one hospital to another, the stay must be certified from the first day.

224.220 MUMP Exemptions

- A. Individuals in all Medicaid eligibility categories and all age groups, except clients under age 1, are subject to this policy. Medicaid recipients under age 1 at the time of admission are exempt from the MUMP policy for dates of service before their first birthday.

- B. MUMP policy does not apply to inpatient stays for bone marrow, liver, heart, lung, skin and pancreas/kidney transplant procedures.



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TO: Health Care Provider - Rehabilitative Hospital

DATE: November 1, 2001

SUBJECT: Update Transmittal No. 34

REMOVE

INSERT

<u>Page</u>	<u>Date</u>	<u>Page</u>	<u>Date</u>
II-8	11-1-94	II-8	11-1-01
II-9	12-1-92	II-9	11-1-01

Explanation of Updates

Page II-8, Section 213:

In Item 11, the figure "30%" has been deleted and a spelling correction and a syntax revision have been made.

In Item 16, redundant and obsolete information has been deleted and a grammatical correction was made.

Page II-9, Section 213:

Two grammatical corrections were made to Item 17.

A spelling correction was made in Item 18.

The previously unnumbered paragraphs at the bottom of this page have been assigned numbers.

Item 20 is a result of these numbering assignments.

Item 19 describes the inpatient hospital benefit limit. Effective for dates of service on and after November 1, 2001, this benefit limit, which applies only to Medicaid recipients aged 21 and older, is being increased from 20 days per State fiscal year to 24 days per State fiscal year.

Obsolete information has been deleted.

A change bar in the left margin denotes a revision.

Attached are updated pages to file in your provider manual.

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Ray Hanley, Director
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Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Arkansas Medicaid Manual: REHABILITATIVE HOSPITAL	Page: II-8
	Effective Date: 7-1-91
Subject: PROGRAM COVERAGE	Revised Date: 11-1-01

213 Inpatient Rehabilitative Hospital Limitation (Continued)

11. The retrospective or post payment random sample review will be continued for all admissions, including inpatient stays of four days or less, to ensure that medical necessity for the services is substantiated.
12. Admissions of retroactive eligible recipients: If eligibility is identified while the patient is still an inpatient, the hospital may call for retrospective review of those days already used past the original four for a determination of post authorization and concurrent evaluation of future extended days.

If the retroeligible is not identified until after discharge and the hospital bills and receives a denial for any days past the original four allowed, then the hospital may call for post extension evaluation approval of the denied days, which, if granted, may be rebilled. If the length of stay is more than 30 days, the provider may submit the entire medical record to AFMC for review.
13. Out-of-state claims are subject to the determination for medical necessity for out-of-state treatment. In addition, the claim and records will be reviewed retrospectively for lengths of stay beyond the four days allowed. "Out-of-state" refers to non-bordering states.
14. Claims submitted without calling for an extension request will result in automatic denials of any days billed beyond the fourth day. There will be no exceptions granted except for claims reflecting third party liability.
15. If a patient is transferred from one facility to another, the receiving facility must contact AFMC within 24 hours of admitting the patient to qualify for the inpatient stay. If admission falls on a weekend or holiday, the provider may contact AFMC on the first working day following the weekend or holiday.
16. The certification process for extensions of inpatient days described in this section is a separate requirement from the prior authorization (PA) process. If a procedure requires prior authorization, the provider must continue to request and receive prior authorization for the procedure.

An inpatient extension authorization (MUMP) and a prior authorization approval for a procedure are assigned to the same file in the system. Therefore, if a provider requests an extension authorization (MUMP) and requires a procedure prior authorization as well, one number will be assigned for both services.

Arkansas Medicaid Manual: REHABILITATIVE HOSPITAL	Page: II-9
	Effective Date: 7-1-91
Subject: PROGRAM COVERAGE	Revised Date: 11-1-01

213 Inpatient Rehabilitative Hospital Limitation (Continued)

17. If a provider fails to contact AFMC for an extension of inpatient days due to the patient's having private insurance or Medicare Part A and later receives a denial due to: non-covered service, lost eligibility, benefits exhausted *etc.*, post certification of days past the original four days may be obtained by the following procedures:
 - Send a copy of the denial notice received from the third party payer to AFMC, P.O. Box 2424, Fort Smith, AR 72902-2424, Attention: Pre-Certification Supervisor. Include a note requesting post certification and the full name of the requester and a phone number where the requester may be reached. Upon receipt of the denial copy and the provider request, an AFMC coordinator will call the provider to obtain certification information.
18. If a third party insurer pays for an approved number of days, Medicaid will not grant an extension for days beyond the number of days approved by the private insurer.
19. In addition to the Medicaid Utilization Management Program, there is an annual inpatient benefit limit for recipients aged 21 and older based on the State fiscal year (SFY), July 1 through June 30.
 - a. For dates of service before November 1, 2001, the inpatient benefit limit for recipients aged 21 and older is 20 days per SFY.
 - b. For dates of service on and after November 1, 2001, for recipients aged 21 and older, the inpatient hospital benefit limit is increased to 24 days. Implementation of this increase is as follows:
 - 1) Recipients aged 21 and older are eligible for 20 medically necessary inpatient hospital days for dates of service from July 1, 2001 through June 30, 2002.
 - 2) Recipients aged 21 and older are eligible for 4 additional medically necessary inpatient hospital days for dates of service from November 1, 2001 through June 30, 2002.
 - 3) For dates of service on and after July 1, 2002, the inpatient benefit limit for recipients aged 21 and older is 24 medically necessary days per SFY.
 - c. The Arkansas Medicaid Program does not authorize extensions of the inpatient hospital benefit.
 - d. The inpatient hospital benefit limit does not apply to recipients under age 21 in the Child Health Services (EPSDT) Program.
20. PRO certification of medical necessity is required of all covered days.



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TO: Health Care Provider – Certified Nurse Midwife

DATE: November 1, 2001

SUBJECT: Update Transmittal No. 44

<u>REMOVE</u>		<u>INSERT</u>	
<u>Page</u>	<u>Dates</u>	<u>Page</u>	<u>Dates</u>
II-19	7-1-00	II-19	11-1-01
II-20	7-1-00	II-20	11-1-01

Explanation of Updates

Page II-19, subsection 213.210: In Item L the figure, “30%”, has been deleted. A spelling correction and two syntax revisions were also made.

Page II-20, subsection 213.210: Two grammatical corrections three spelling corrections were made to Item R.

Page II-20, subsection 213.220: Subpart A has been amended to describe revisions to the inpatient hospital benefit limit for Medicaid recipients aged 21 and older. Effective for dates of service on and after November 1, 2001, the inpatient hospital benefit limit will be increased from 20 days per State fiscal year to 24 days per State fiscal year. Redundancies have been dropped from Subpart B.

A change bar in the left margin denotes a revision.

Attached are updated pages to file in your provider manual.

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Ray Hanley, Director
Division of Medical Services

Arkansas Medicaid Manual: CERTIFIED NURSE-MIDWIFE	Page: II-19
	Effective Date: 7-1-00
Subject: PROGRAM COVERAGE	Revised Date: 11-1-01

213.210 Medicaid Utilization Management Program (MUMP) (Continued)

- J. If the fifth day of an admission falls on a Saturday, Sunday or Holiday, it is recommended that the hospital provider call for an extension prior to the fifth day if the certified nurse-midwife has recommended a continued stay.
- K. Inpatient stays for bone marrow, liver, heart, lung, skin and pancreas/kidney transplant procedures are excluded from this review program.
- L. The retrospective or post payment random sample review will be continued for all admissions, including inpatient stays of four days or less, to ensure that medical necessity for the services is substantiated.
- M. Admissions of retroactive eligible recipients: If eligibility is identified while the patient is still an inpatient, the hospital may call for retrospective review of those days already used past the original four for a determination of post authorization and concurrent evaluation of future extended days.

If the retroeligible is not identified until after discharge and the hospital bills and receives a denial for any days past the original four allowed, then the hospital may call for post extension evaluation approval of the denied days, which, if granted, may be rebilled. If the length of stay is more than 30 days, the provider may submit the entire medical record to AFMC to review.
- N. Out-of-state claims are subject to the determination for medical necessity for out-of-state treatment. In addition, the claim and records will be reviewed retrospectively for lengths of stay beyond the four days allowed. "Out-of-state" refers to non-bordering states.
- O. **Claims submitted without calling for an extension request will result in automatic denials of any days billed beyond the fourth day. There will be no exceptions granted except for claims reflecting third party liability.**
- P. If a patient is transferred from one facility to another, the receiving facility must contact AFMC within 24 hours of admitting the patient to qualify the inpatient stay. If an admission falls on a weekend or holiday, the provider may contact AFMC on the first working day following the weekend or holiday.
- Q. The certification process for extensions of inpatient days described in this section is a separate requirement from the prior authorization process. If a procedure requires prior authorization, the provider must request and receive prior authorization for the procedure code in order to be reimbursed.

Arkansas Medicaid Manual: CERTIFIED NURSE-MIDWIFE	Page: II-20
	Effective Date: 7-1-00
Subject: PROGRAM COVERAGE	Revised Date: 11-1-01

213.210 Medicaid Utilization Management Program (MUMP) (Continued)

- R. If a provider fails to contact AFMC for an extension of inpatient days due to the patient's having private insurance or Medicare Part A and later receives a denial due to non-covered service, lost eligibility, benefits exhausted *etc.*, post certification of days past the original four days may be obtained by the following procedures:

Send a copy of the denial notice received from the third party payer to AFMC, P.O. Box 180001, Fort Smith, AR 72918-0001, Attention: Pre-Certification Supervisor. Include a note requesting post certification and the full name of the requester and a phone number where the requester may be reached. Upon receipt of the denial copy and the provider request, an AFMC coordinator will call the provider and obtain certification information.

- S. If a third party insurer pays for an approved number of days, Medicaid will not grant an extension for days beyond the number of days approved by the private insurer.

213.220 Benefit Limit-Inpatient Hospital Services

- A. There is an annual benefit limit for general and rehabilitative hospital inpatient services based on the State fiscal year (SFY), July 1 through June 30, for Medicaid recipients aged 21 and older.
1. For dates of service before November 1, 2001, the inpatient benefit limit is 20 days per SFY.
 2. For dates of service on and after November 1, 2001, the inpatient hospital benefit limit is increased to 24 days. Implementation of this increase is as follows:
 - a. Recipients aged 21 and older are eligible for 20 medically necessary inpatient hospital days for dates of service from July 1, 2001 through June 30, 2002.
 - b. Recipients aged 21 and older are eligible for four additional medically necessary inpatient hospital days for dates of service on and after November 1, 2001 through June 30, 2002.
 - c. For dates of service on and after July 1, 2002, the inpatient hospital benefit limit for recipients aged 21 and older is 24 medically necessary days per SFY.
- B. There is no inpatient hospital benefit limit for recipients under age 21 in the Child Health Services (EPSDT) Program.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:
CATEGORICALLY NEEDY

November 1, 2001

1. Inpatient Hospital Services

All inpatient admissions to an acute care/general hospital or rehabilitative hospital will be allowed up to four (4) days of service per admission when determined inpatient care is medically necessary. On the fifth day of hospitalization, if the physician determines the patient should not be discharged on the fifth day of hospitalization, the hospital may contact the Professional Review Organization (Arkansas Foundation for Medical Care, Inc.) and request an extension of inpatient days. The Professional Review Organization (PRO) will then determine medically necessary days. Calls for extension of days may be made at any point from the fourth day of stay through discharge. However the provider must accept the financial liability should the stay not meet the necessary medical criteria for inpatient services. Medically necessary inpatient days are available to individuals under age 1 without regard to the four day limit and extension procedures required under the plan. Additionally, **effective for dates of service on or after November 1, 2001**, a benefit limit of **24** days per State Fiscal Year (July 1 through June 30) is imposed for recipients age 21 and older. No extensions will be authorized. The benefit limit does not apply to recipients under age 21 in the Child Health Services (EPSDT) Program.

Inpatient hospital services required for corneal transplants and renal transplants are subject to the MUMP procedure and the **24** day benefit limit. Refer to Attachment 3.1-E, Page 1.

Inpatient hospital services required for heart transplants, liver

transplants and non-experimental bone marrow transplants are excluded from the MUMP procedure and the **24** day benefit limit. Refer to Attachment 3.1-E, Pages 2 and 3.

Inpatient hospital services required for pancreas/kidney transplants, single lung transplants and skin transplants for burns are covered for eligible Medicaid recipients in the Child Health Services (EPSDT) Program. Refer to Attachment 3.1-E, Pages 4, 5 and 6.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: November 1, 2001

MEDICALLY NEEDED

1. Inpatient Hospital Services

All inpatient admissions to an acute care/general hospital or rehabilitative hospital will be allowed up to four (4) days of service per admission when determined inpatient care is medically necessary. On the fifth day of hospitalization, if the physician determines the patient should not be discharged on the fifth day of hospitalization, the hospital may contact the Professional Review Organization (Arkansas Foundation for Medical Care, Inc.) and request an extension of inpatient days. The Professional Review Organization (PRO) will then determine medically necessary days. Calls for extension of days may be made at any point from the fourth day of stay through discharge. However the provider must accept the financial liability should the stay not meet the necessary medical criteria for inpatient services. Medically necessary inpatient days are available to individuals under age 1 without regard to the four day limit and extension procedures required under the plan. Additionally, **effective for dates of service on or after November 1, 2001**, a benefit limit of **24** days per State Fiscal Year (July 1 through June 30) is imposed for recipients age 21 and older. No extensions will be authorized. The benefit limit does not apply to recipients under age 21 in the Child Health Services (EPSDT) Program.

Inpatient hospital services required for corneal transplants and renal transplants are subject to the MUMP procedure and the **24** day benefit limit. Refer to Attachment 3.1-E, Page 1.

Inpatient hospital services required for heart transplants, liver transplants and non-experimental bone marrow transplants are excluded from the MUMP procedure and the **24** day benefit limit. Refer to Attachment 3.1-E, Pages 2 and 3.

Inpatient hospital services required for pancreas/kidney transplants, single lung transplants and skin transplants for burns are covered for eligible Medicaid recipients in the Child Health Services (EPSDT) Program. Refer to Attachment 3.1-E, Pages 4, 5 and 6.