

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised:

November 1, 2002

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2.a. Outpatient Hospital Services (continued)

(3) Arkansas State Operated Teaching Hospitals (continued)

Lab and Xray	Independent Xray
Lab and Xray	Health Dept./Communicable Disease
EPSDT	EPSDT - Screening
EPSDT	EPSDT - Immunizations
EPSDT	EPSDT - Psychology Services
EPSDT	DMS - Expansion - EPSDT
EPSDT	Prosthetic Devices - EPSDT
EPSDT	Orthotic Appliances - EPSDT
EPSDT	EPSDT - Podiatry
EPSDT	ARKids - Immunizations
Other Care Services	Domiciliary Care
Other Care Services	Eyeglasses
Other Care Services	Hearing Aid
Other Care Services	Ventilator
Other Care Services	Hyperalimentation
Other Care Services	Hemodialysis

For each outpatient service that is provided by hospital outpatient departments and non-hospital providers included in the adjustment calculation, the Medicaid expenditures for these services are divided by 80 percent to estimate the amount that would have been paid using Medicare reimbursement principles.

(4) Augmentative Communication Device Evaluation

Effective for dates of service on or after September 1, 1999, reimbursement for an Augmentative Communication Device Evaluation is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. The XIX (Medicaid) maximum is based on the current hourly rate for both disciplines of therapy involved in the evaluation process. The Medicaid maximum for speech therapy is \$25.36 per (20 mins.) unit x=3 units per date of service (DOS) and occupational therapy is \$18.22 per (15 mins.) unit x=4 units per DOS equals a total of \$148.96 per hour. Two (2) hours per DOS is allowed. This would provide a maximum reimbursement rate per DOS of \$297.92.

(5) Outpatient/Clinic-Indian Health Services

**Effective for dates of service on or after November 1, 2002, covered outpatient/clinic services provided by Indian Health Services= (IHS) and Tribal 638 Health Facilities will be reimbursed the IHS outpatient/clinic rate published by the Office of Management and Budget (OMB). Covered IHS outpatient/clinic services include only those services that are covered under other Arkansas Medicaid programs. This rate is an all-inclusive rate with no year-end cost settlement. The initial rate is the published IHS outpatient rate for calendar year 2002. The rate will be adjusted to the OMB published rate annually or for any other period identified by OMB.**