



Arkansas Department of Human Services

Division of Medical Services

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TO: Health Care Provider – ARKids First-B

DATE: May 1, 2002

SUBJECT: Update Transmittal No. 10

REMOVE

INSERT

<u>Page</u>	<u>Date</u>	<u>Page</u>	<u>Date</u>
Table of Contents	Dates Vary	Table of Contents	5-1-02
II-1 through II-24	Dates Vary	II-1 through II-17	5-1-02
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Explanation of Updates

Information regarding provider participation requirements for outpatient mental and behavioral health currently found on pages II-1 through II-3, Section 202, has been deleted. Providers of outpatient mental health services for ARKids First-B participants must be enrolled in the appropriate Medicaid Provider category. There are no longer additional participant requirements.

Pages II-1 through II-3 are included to change the page headers and references to the program to ARKids First-B.

Pages II-4 and II-5, section 211.100, are included to revise the coverage limits column for outpatient mental and behavioral health. The \$2,500 maximum benefit during the state fiscal year (SFY) is being removed. Outpatient mental health benefits will be limited only by medical necessity. Primary care physician (PCP) administration is required for preventive health screens for all ARKids First-B participants. The rule that PCP referral applies only in 25 counties is rescinded.

Page II-6, section 211.200, is included to explain that the audiological service Tympanometry, CPT procedure code 92567, may be provided in certain instances.

Page II-7, section 212.000 through section 212.300, is included to clarify information.

Page II-8, section 212.310 and section 212.400, is included to make minor grammatical corrections.

Page II-9 is included to delete section 212.600 that imposes a \$2500 annual benefit limit for outpatient mental health services. Sections 212.600 and 212.610 now contain information regarding preventive health screens that was moved from Section III of the manual.

Explanation of Updates (con't)

Page II-10, section 213.100, is included to notify providers that the entity to whom extension of benefits requests for medical supplies and speech therapy are sent has been changed. The information regarding prior authorization (PA) for speech therapy is also deleted. This requirement no longer applies.

Page II-11 is included to change the mail slot on Form DMS-699.

Pages II-12 and II-13, sections 214.000 through 214.220, were included because of repagination.

Pages II-14 through II-17 are included to delete information regarding prior authorization (PA) for speech therapy. PA is no longer required for speech therapy. Information from pages II-19 through II-24 has been rearranged and is now found on pages II-15 through II-17. Pages II-18 through II-24 are deleted.

Page III-19 is included to change the page header to ARKids First-B and to delete non-payable HCPCS code Z1825.

Page III-20 is included to delete sections 303.300 and 303.310. The information contained in these sections was moved to Section II. Information remaining on this page and on page III-21 was repaginated.

Page III-22, section 303.320, is included to delete information pertaining to the 25 counties in which PCP referral was required.

Page III-23, section 303.330, is included to make minor grammatical corrections.

Page III-24 is included to delete section 303.500.

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).

Thank you for your participation in the Arkansas Medicaid Program.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Ray Hanley, Director
Division of Medical Services

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.

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200 PROGRAM POLICY

201 Provider Participation Requirements

| ARKids First-B providers must be enrolled in the Arkansas Medicaid Program. Refer to section 201 in the Arkansas Medicaid Provider Manual for provider participation requirements.

| The ARKids First-B Provider Manual is provided to explain the services that are provided in the ARKids First-B Waiver Program, with some differences in requirements from the services provided to the regular Medicaid population. If a service is not addressed in this manual, the information provided in the appropriate provider manual applies.

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210 COVERAGE

211.000 Scope

Refer to section 211.100 of this manual for a listing of ARKids First-B Medical Care Benefits. Covered services provided to ARKids First-B participants are within the same scope of services provided to Arkansas Medicaid recipients, but may be subject to different benefit limits and cost sharing amounts. Refer to the Arkansas Medicaid provider manual for the scope of each service covered under the ARKids First-B Program.

ARKids First-B participants receive preventive health care treatment options limited to covered benefits. ARKids First-B participants will not be subject to the same benefits as children under the Arkansas Medicaid Child Health Services (EPSDT) Program.

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| 211.100 ARKids First-B Medical Care Benefits

Program Services	Coverage Limits on Benefit	Prior Authorization/PCP Referral **	Copayment/Coinsurance
Ambulance (Emergency Only)	Medical Necessity	None	\$10 per trip
Ambulatory Surgical Center	Medical Necessity	PCP Referral	\$10 per visit
Certified Nurse-Midwife	Medical Necessity	PCP Referral	\$10 per visit
Chiropractor	Medical Necessity	PCP Referral	\$10 per visit
Dental Care * (No Orthodontia)	Routine dental care, amalgam, up to 3 composite restorations, pulpotomies, chrome crowns on deciduous teeth, three simple extractions, and open and drain for the relief of pain.	None	\$10 per visit
	One (1) initial oral exam, bite-wings, scalings, prophlaxis/ flouride treatments per state fiscal year (July 1-June 30)	None	\$10 per visit
	Periapical X-rays are limited to four (4) per recall visit.		
	Panoramic X-rays and intraoral complete series are limited to one every five (5) years.		
	Four or more simple extractions, surgical extractions and four or more composite restorations	PA required for more than three simple extractions and PA and X-ray required for surgical extractions	

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I 211.100 ARKids First-B Medical Care Benefits (Continued)

Program Services	Coverage Limits on Benefit	Prior Authorization/PCP Referral **	Copayment/Coinsurance
Durable Medical Equipment	Medical Necessity \$500 per state fiscal year (July 1 through June 30) minus the coinsurance	PCP Referral and Prescription	20% of Medicaid allowed amount per DME item
Emergency Dept. Services			
Emergency *	Medical Necessity	None	\$10 per visit
Non-Emergency Assessment	Medical Necessity	PCP Referral	\$10 per visit
Assessment	Medical Necessity	None	\$10 per visit
Eyeglasses	One pair every 12 months	None	None
Family Planning *	Medical Necessity	None	None
Federally Qualified Health Center (FQHC)	Medical Necessity	PCP Referral	\$10 per visit
Home Health	Medical Necessity (10 visits per state fiscal year (July 1 through June 30))	PCP Referral	\$10 per visit
Hospital, Inpatient	Medical Necessity	PA on stays over 4 days	20% of first inpatient day
Hospital, Outpatient	Medical Necessity	PCP referral	\$10 per visit
Immunizations	All per protocol	PCP or Administered by ADH	None
Laboratory & X-Ray	Medical Necessity	PCP Referral	\$10 per visit
Medical Supplies	Medical Necessity Limited to \$125/ mo.***	PCP Prescriptions	None
Mental and Behavioral Health, Outpatient	Medical Necessity	PCP Referral PA on treatment services	\$10 per visit
Nurse Practitioner	Medical Necessity	PCP Referral	\$10 per visit

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211.100 ARKids First-B Medical Care Benefits (Continued)

Program Services	Coverage Limits on Benefit	Prior Authorization/PCP Referral **	Copayment/Coinsurance
Physician	Medical Necessity	PCP referral to specialist and inpatient professional services	\$10 per visit
Podiatry	Medical Necessity	PCP Referral	\$10 per visit
Prenatal Care	Medical Necessity	None	None
Prescription Drugs	Medical Necessity	Prescription	\$5 per prescription (Must use generic and rebate manufacturer, if available)
Preventive Health Screenings	All per protocol	PCP Administration****	None
Rural Health Clinic	Medical Necessity	PCP Referral	\$10 per visit
Speech Therapy	Medical Necessity	PCP Referral	\$10 per visit
Vision Care *	One (1) routine eye exam (refraction) every 12 months	None	\$10 per visit

* Vision Care, Dental Care, Family Planning & Emergency Level Services are excluded from PCP referral procedures.

** Refer to your Arkansas Medicaid provider manual for prior authorization and PCP referral procedures.

*** Refer to section 213.000 of this manual for extension of benefits procedures.

**** Procedure code Z2338, Routine Newborn Care, is exempt from PCP requirements.

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211.200 Exclusions

Services Not Covered for ARKids First-B Participants:

Audiological Services except Tympanometry, CPT procedure code 92567, when the diagnosis is within the ICD-9-CM range of 381.0 through 382.9

Child Health Management Services (CHMS)

Developmental Day Treatment Clinic Services (DDTCS)

Diapers, Underpads and Incontinence Supplies

Domiciliary Care

End Stage Renal Disease Services

Hearing Aids

Hospice

Hyperalimentation

Inpatient Psychiatric Services for Under Age 21

Non-Emergency Transportation

Nursing Facilities

Occupational and Physical Therapies

Orthodontia

Orthotic Appliances and Prosthetic Devices

Personal Care

Private Duty Nursing Services

Rehabilitation Therapy for Chemical Dependency

Rehabilitative Services for Persons with Physical Disabilities (RSPD)

Targeted Case Management

Ventilator Services

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| 212.000 Benefit Limits - ARKids First-B

212.100 Medical Supplies Benefit Limit

Only Prosthetics Program and Home Health Program providers may bill for items in the medical supplies category. Refer to section 303.100 of this manual for a listing of medical supplies covered for ARKids First-B participants. Medical supplies are limited to \$125.00 per month, per participant. The \$125.00 may be provided by the Home Health Program, the Prosthetics Program, or a combination of the two. However, an ARKids First-B participant may not receive more than a total of \$125.00 of supplies per month unless an extension has been granted. An extension of the \$125.00 per month benefit limit may be considered when medically necessary. Refer to section 213.000 of this manual for procedures for extension of benefits for medical supplies.

212.200 Durable Medical Equipment (DME) Benefit Limit

| Durable Medical Equipment (DME) coverage for ARKids First-B participants is limited to \$500.00 per state fiscal year (July 1 through June 30). There is a 20% coinsurance per item. DME may be billed by providers enrolled in the Prosthetics Program.

| Refer to section 303.200 of this manual for a listing of DME items covered by the ARKids First-B Program.

212.300 Dental Services Benefit Limit

| Dental services for ARKids First-B participants are limited to one (1) initial oral exam, bite-wings, scalings, and prophylaxis/fluoride treatments per state fiscal year (July 1-June 30). Procedure codes 01110, 01120, 01201 and 01205 may be billed for the prophylaxis/fluoride.

Periapical X-rays are limited to four per recall visit. Panoramic X-rays and intraoral complete series are limited to one every five years.

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212.300 Dental Services Benefit Limit (Continued)

Refer to Section III of the Dental Provider Manual for a complete listing of covered dental services. **Orthodontia Services are not covered for ARKids First-B participants.**

Procedure codes for treatment services that are not shown as payable may be requested on treatment plans subject to review and approval by the Division of Medical Services dental consultants if such treatment is deemed medically necessary.

212.310 Preventive Dental Screens

A. Initial/Periodic Preventive Dental Screens

Procedure code **Z2473** must be billed for an initial/periodic preventive dental screening. ARKids First-B participants are limited to one (1) dental screen (initial oral exam) per state fiscal year (July 1-June 30).

B. Interperiodic Preventive Dental Screens

Effective for dates of service on or after July 1, 2000, ARKids First-B participants may receive interperiodic preventive dental screening. There is no limit on this service. However, prior authorization must be obtained in order to receive reimbursement. See section 240.200 for prior authorization information.

Procedure code **Z2671** must be billed for an interperiodic preventive dental screen.

212.400 Vision Care Benefit Limit

One routine eye exam (refraction) per state fiscal year (July 1 through June 30) is covered for ARKids First-B participants. Procedure codes **V0100** and **Z0100** are subject to the benefit limit.

Refer to Section III of the Visual Care Provider Manual for a complete listing of covered visual services.

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212.500 Home Health Benefit Limit

Home Health services for ARKids First-B participants are limited to 10 visits per state fiscal year (July 1 through June 30). The 10 visits may be provided by a registered nurse or licensed practical nurse, or a combination of the two. However, an ARKids First-B participant may not receive more than 10 visits per state fiscal year.

212.600 Preventive Health Screens

The ARKids First-B Program supports preventive medicine by reimbursing Primary Care Physicians (PCPs) (see Section I for a list of persons who may be PCPs) who provide preventive health screens to ARKids First-B participants. ARKids First-B outreach efforts vigorously promote the Program's emphasis on preventive health care. Participant cost sharing does not apply to covered preventive health screenings, including those for newborns (see HCPCS procedure code Z2338 in section 303.320).

Newborn screens do not require PCP referral. Certified Nurse-Midwives and Nurse Practitioners provide newborn screens only and, therefore, do not require a PCP referral.

212.610 Schedule for Preventive Health Screens

Refer to the Child Health Services (EPSDT) Provider Manual for age-specific guidelines for screenings and immunizations.

Immunizations for childhood diseases do not require PCP referral.

213.000 Extension of Benefits

A. Medical Supplies

Participants in the ARKids First-B Program are allowed a monthly benefit limit of \$125.00 for medically necessary medical supplies. Covered medical supplies are listed in section 303.100 of this manual. In unusual circumstances, when a participant's condition requires additional medical supplies that exceed the monthly benefit limit, the provider may request an extension of benefits.

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213.000 Extension of Benefits (Continued)

B. Speech Therapy

Extension of the benefit limits may be approved for medically necessary speech therapy for ARKids First-B recipients under the age of 18.

213.100 Procedure for Extension of Benefits

A. Medical Supplies

To request a benefit extension for medically necessary medical supplies, submit a request for extension of benefits, a completed ARKids First-B claim, and additional medical records, if needed, to substantiate medical necessity to:

Division of Medical Services
Utilization Section
P.O. Box 1437, Slot S413
Little Rock, AR 72203

The Benefit Limit Review Committee, which includes medical personnel, will review the medical records and will notify the requesting provider of the approval or denial of the request. The approved notice will contain an authorization number that must be shown on the claim.

B. Speech Therapy

If the provider determines the recipient needs more speech therapy services allowed in the Occupational, Physical, Speech Therapy Provider Manual, a Form DMS-699, Request for Extension of Benefits, must be completed and sent to:

Arkansas Foundation for Medical Care, Inc.
P.O. Box 180001
Little Rock, AR 72918-0001
Fax: (501) 649-0776

DIVISION OF MEDICAL SERVICES

Benefit Extension Requests
 PO Box 1437 Slot ~~S4131102~~
 Little Rock AR 72203-1437

Request for Extension of Benefits

Provider
 Address
 Address
 City _____ State _____ Zip Code _____

Patient's Name _____

Address _____

City _____ State _____ Zip Code _____

Medicaid ID Number _____ Birthdate _____ Sex _____

Diagnoses _____

Benefit Extensions Requested

Procedure Code	Type of Service Code	Service From Date	Service To Date	Units

Attach a summary and medical records as needed to justify medical necessity.

Medicaid Provider Number _____

Provider's Signature _____ Date _____

Request Disposition

(To be completed by Utilization Review Section)

Approved _____ Denied _____ Control Number _____

Procedure Code	Type of Service Code	Service From Date	Service To Date	Units

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214.000 Cost Sharing

- | Copayment/coinsurance will apply to all ARKids First-B covered services with the exception of immunizations, preventive health screenings, family planning, prenatal care, eyeglasses and medical supplies. Copayments/coinsurance range from \$5.00 per prescription to 20% of the first day's hospital Medicaid per diem.

214.100 Copayment

- Refer to Section 211.100 of this manual for services that require a copayment.
- | Copayments for ARKids First-B participants are \$5.00 per prescription and \$10.00 per visit for outpatient services and \$10.00 per trip for Emergency Ambulance Services.

214.200 Coinsurance

Refer to Section 211.100 of this manual for services that require coinsurance.

214.210 Durable Medical Equipment Coinsurance

Durable Medical Equipment (DME) will require a coinsurance amount equal to 20% of the Medicaid allowed amount per item.

214.220 Inpatient Hospital Coinsurance

- | The coinsurance charge per inpatient hospital admission for ARKids First-B participants is 20% of the hospital's Medicaid per diem, applied on the first covered day. For example:

- | An ARKids First-B participant is an inpatient for 4 days in a hospital with an Arkansas Medicaid per diem of \$500.00. When the hospital files a claim for 4
- | days, ARKids First-B will pay \$1900.00; the participant will pay \$100.00.

Four (4 days) times \$500.00 (the hospital per diem) = \$2000.00 (hospital allowed amount).

Twenty percent (20% ARKids First-B coinsurance rate) of \$500.00 = \$100.00 coinsurance.

Two thousand dollars (\$2000.00 hospital allowed amount) minus \$100.00 (coinsurance) = \$1900.00 (ARKids First-B payment).

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214.220 Inpatient Hospital Coinsurance (Continued)

- | The ARKids First-B participant is responsible for paying a coinsurance amount equal to 20% of the per diem for 1 day, which is \$100.00 in the foregoing example.

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240.000 PRIOR AUTHORIZATION

Procedures requiring prior authorization (PA) in the Arkansas Medicaid Program also require PA for ARKids First-B participants. Refer to your Arkansas Medicaid Provider Manual for details.

Prior authorization is also required for interperiodic preventive dental screens. Refer to section 240.200 for details.

240.100 Inpatient Hospital Medicaid Utilization Management Program (MUMP)

Pre-certification of inpatient hospital stays applies to ARKids First-B-covered admissions in exactly the same manner as it applies to Medicaid-covered admissions. Refer to the Physician/ Independent Lab/ CRNA/ Radiation Therapy Center Provider Manual and the Hospital/ End Stage Renal Disease Provider Manual for the pre-certification procedures.

240.200 Prior Authorization (PA) Process for Interperiodic Preventive Dental Screens

To request prior authorization for an interperiodic preventive dental screen, the provider must submit a brief narrative to:

Department of Human Services
Medicaid Dental Unit
P.O. Box 1437, Slot S410
Little Rock, AR 72203-1437

Refer to section 212.310 of this manual for coverage and billing information.

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240.300 Prior Authorization (PA) for Outpatient Mental Health Services

Certain outpatient mental health services require prior authorization. Requests for PA must be sent to:

First Health of Arkansas
Address
Little Rock, AR zipcode

The services listed below require prior authorization:

PROCEDURE CODE	DESCRIPTION
Z0568	Individual Outpatient - Therapy Session
Z0571	Marital/Family Therapy
Z0574	Group Outpatient - Group Therapy
Z0577	Therapeutic Day - Acute Day Treatment - 8 units minimum
Z1538	Crisis Stabilization Intervention, Mental Health Professional
Z1539	Crisis Stabilization Intervention, Mental Health Paraprofessional
Z1540	On-Site Intervention, Mental Health Professional
Z1541	On-Site Intervention, Mental Health Paraprofessional

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240.300 Prior Authorization (PA) for Outpatient Mental Health Services
(Continued)

PROCEDURE CODE	DESCRIPTION
Z1542	Off-Site Intervention, Mental Health Professional
Z1543	Off-Site Intervention, Mental Health Paraprofessional
Z1545	Medication Maintenance by a Physician
Z1547	Collateral Intervention Mental Health Professional
Z1548	Collateral Intervention Mental Health Paraprofessional
Z1549	Rehabilitative Day Service, 192 units per week maximum

241 Recipient Appeal Process

When an adverse decision is received, the recipient may request a fair hearing of the denial of services decision.

The appeal request must be in writing and received by the Appeals and Hearings Section of the Department of Human Services within thirty days of the date on the letter explaining the denial. Appeal requests must be submitted to:

Department of Human Services
Appeals and Hearings Section
P.O. Box 1437, Slot N401
Little Rock, AR 72203-1437

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REIMBURSEMENT

Reimbursement for services provided to ARKids First-B participants is based on the current Medicaid reimbursement methodology of the corresponding Medicaid program or service.

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REIMBURSEMENT

Reimbursement for services provided to ARKids First-B participants is based on the current Medicaid reimbursement methodology of the corresponding Medicaid program or service.

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303.200 Durable Medical Equipment (DME) Procedure Codes (Continued)

HCPCS code	Type of service	Description of HCPCS code	Capped rental, purchase or rental only
Z1569	H, I	Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management, or antibiotic treatment in the home	Rental only
Z1579	H, I	CPAP (continuous positive airway pressure) device, nasal (includes necessary accessory items) Note: complete medical data pertinent to the request must be submitted with a prior authorization request.	Rental only
Z1588	H, I	Pulse oximeter (including 4 disposable probes)	Rental only
Z1705	H	Bronchial drainage system	Rental only
Z1706	H	Pulmonary vest (The manufacturer's invoice must be attached to the claim form.)	Purchase only
Z1719	H	Maintenance for capped rental items	N/A
Z1758	H	Labor only (a maximum of twenty (20) units per date of service is allowed) (20 units = 5 hours of labor)	Manually priced
Z1906	H	Electronic blood pressure monitor and cuff	Rental only
Z2206	H	Care for pump	Purchase only
Z2207	H	Leg pouch, sock-it-away	Purchase only
Z2208	H	Soft set, 25 per box (non-needle infusion set)	Purchase only
Z2210	H	Syringes/reservoir, 30 per box	Purchase only
Z2211	H	Power kit/batteries	Purchase only
Z2212	H	Polyskin dressing	Purchase only
Z2240	H	Spacer bag or reservoir, without mask, for use with metered dose inhaler	Purchase only
Z2241	H	Spacer bag or reservoir, with mask, for use with metered inhaler	Purchase only
Z2272	H	Home blood glucose monitor, pregnant women only	Purchase only
Z2285	H	Blood glucose strips per box of 50	Purchase only
Z2337	H	Lancets, (per box) for pregnant women	Purchase only

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| 303.300 Preventive Health Screening Procedure Codes

| There are two (2) preventive health screening procedure codes to be used when
| billing for this service for ARKids First-B participants.

| A. **Z2338: ARKids First-B Preventive Health Screening; Newborn**

| The initial ARKids First-B preventive health screen for newborns is similar to Routine Newborn Care in the Arkansas Medicaid Physician and Child Health Services (EPSDT) Programs.

| Use HCPCS procedure code **Z2338** to bill ARKids First-B for routine care of a healthy newborn.

| For routine newborn care following a vaginal delivery or c-section, procedure code Z2338 should be used one time to cover all newborn care visits by the attending physician. This code also includes the physical exam of the baby and the conference(s) with parent(s) and is considered to be the initial preventive health screen.

| Bill the program for ARKids First-B Preventive Health Screening - **Z2339** for all subsequent preventive health screenings after the date of birth.

| B. **Z2339: ARKids First-B Preventive Health Screening**

| A preventive health screening in the ARKids First-B Program is similar to an EPSDT screen in the Arkansas Medicaid Child Health Services (EPSDT) Program.

| Providers may not bill ARKids First-B for CPT evaluation and management procedure codes in addition to procedure code Z2338 or Z2339.

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| 303.310 Billing Procedures for Preventive Health Screens

| ARKids First-B reimburses providers for preventive health screenings performed at the intervals recommended by the American Academy of Pediatrics.

| References in this section indicate that ARKids First-B preventive health screenings are similar to Arkansas Medicaid Child Health Services (EPSDT) screens. However, please note these important distinctions:

- | A. File claims for ARKids First-B preventive health screenings in the HCFA-1500 claim format. **Do not use the DMS-694 claim format.**
- | B. Use **Type of Service (TOS) code 1** with ARKids First-B preventive health screening procedure codes.

NOTE: Certified nurse-midwives are restricted to performing the preventive health screen, Newborn (Z2338). They may not bill procedure code Z2339.

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| 303.320 Primary Care Physician Referral Requirements for Preventive Health Screens

| Effective for dates of service on or after April 1, 2002, all Preventive Health Screens (**Z2339**) for ARKids First-B participants must be provided by the Primary Care Physician (PCP) of the participant.

Preventive Health Screening newborn services billed to procedure code **Z2338** are exempt from the PCP referral requirement.

Immunizations for childhood diseases are exempt from the PCP referral requirement.

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303.330 Limitation on Laboratory Procedures Performed During a Preventive Health Screen

| Child Health Services (EPSDT) and ARKids First-B Preventive Health Screens will not include laboratory procedures unless the screen is performed by the recipient's PCP, or is conducted pursuant to a referral from the PCP, or the procedure is included in the exceptions listed below.

Exceptions

The following tests are exempt from the above limitations and may continue to be billed in conjunction with an EPSDT or Preventive Health Screen performed in accordance with existing Medicaid policy **only if they are performed within seven (7) calendar days following the screen:**

- 81000 - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
- 81001 - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
- 81002 - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
- 83020 - Hemoglobin, electrophoresis (eg, AZ, S, C)
- 83655 - Lead
- 85013 - Blood count; spun microhematocrit
- 85014 - Blood count; other than spun hematocrit
- 85018 - Blood count, hemoglobin
- 86580 - Skin test; tuberculosis, intradermal
- 86585 - Tuberculosis, tine test

Claims for laboratory tests, other than those specified above, performed in conjunction with an EPSDT or Preventive Health Screen will be denied unless the screen is performed by the PCP or pursuant to a referral from the PCP.

The following screen will be affected by this policy:

- | Z2339 - ARKids First-B Preventive Health Screening

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| 303.400 Speech Therapy Procedure Codes

- Z1926 Individual Speech Session
- Z1927 Group Speech Session
- Z2265 Individual Speech Therapy by Speech Language Pathology Assistant
- Z2266 Group Speech Therapy by Speech Language Pathology Assistant
- 92506 Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status