



Arkansas Department of Human Services

Division of Medical Services

Donaghey Plaza South
P.O. Box 1437
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Telephone (501) 682-8292 TDD (501) 682-6789 or 1-877-708-8191
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TO: Arkansas Medicaid Hospital, Critical Access Hospital, and ESRD Providers
DATE: December 1, 2003
SUBJECT: Provider Manual Update Transmittal No. 66

REMOVE

Section Date
None

INSERT

Section Date
212.401 12-1-03

Explanation of Updates

Section 212.401 has been added to restore inpatient hospital benefit limit information that was inadvertently omitted in a previous update transmittal.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

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

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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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.

212.401 Inpatient Hospital Services Benefit Limit**12-1-03**

- A. There is no benefit limit for acute care/general or rehabilitative hospital inpatient services for beneficiaries under age 21 in the Child Health Services (EPSDT) Program.
- B. The benefit limit for acute care/general and rehabilitative hospital inpatient services is 24 paid inpatient days per state fiscal year (July 1 through June 30) for Medicaid beneficiaries aged 21 and older.
- C. Included in the total of paid inpatient days are any days covered by primary third party resources (except Medicare and Railroad Retirement) for which Medicaid receives a secondary-payer claim that it adjudicates as paid. A clean Medicaid-secondary claim will adjudicate as a paid claim (and will, therefore, be counted toward the inpatient benefit limit) even if the Medicaid paid amount is \$0.00 because the third party payment equals or exceeds Medicaid's per diem. (Medicaid, when it is secondary to a third party resource other than Medicare or Railroad Retirement, covers only the difference between the primary resource's remittance and Medicaid's per diem or maximum allowable fee for Medicaid-covered services reimbursed by the primary resource.)
- D. Hospitalizations for heart, liver and lung transplants automatically receive an extension of the inpatient benefit. No other extension of the 24-day inpatient benefit is available to individuals aged 21 and older.



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TO: Arkansas Medicaid Rehabilitative Hospital Providers

DATE: December 1, 2003

SUBJECT: Provider Manual Update Transmittal No. 44

REMOVE

| Section | Date |
|---------|------|
| None | |

INSERT

| Section | Date |
|---------|---------|
| 213.010 | 12-1-03 |

Explanation of Updates

Section 213.010 has been added to restore inpatient hospital benefit limit information that was inadvertently omitted in a previous update transmittal.

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213.010 Inpatient Hospital Services Benefit Limit**12-1-03**

- A. There is no benefit limit for acute care/general or rehabilitative hospital inpatient services for beneficiaries under age 21 in the Child Health Services (EPSDT) Program.
- A. The benefit limit for acute care/general and rehabilitative hospital inpatient services is 24 paid inpatient days per state fiscal year (July 1 through June 30) for Medicaid beneficiaries aged 21 and older.
 - 1. Added to the total of days paid by Medicaid are any days covered by primary third party resources (except Medicare and Railroad Retirement) for which Medicaid is billed as a secondary payer and the claim for which Medicaid adjudicates as paid, even if the paid amount is \$0.00 (because the third party payment equals or exceeds Medicaid's per diem).
 - 2. Extension of the 24 paid-day benefit is not available.