



Arkansas Department of Human Services

Division of Medical Services

Donaghey Plaza South
P.O. Box 1437
Little Rock, Arkansas 72203-1437
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: Arkansas Medicaid Hospital, Critical Access Hospital and End-Stage Renal Disease Providers

DATE: January 20, 2004

SUBJECT: Provider Manual Update Transmittal No. 66

REMOVE

Section **Date**
None

INSERT

Section **Date**
212.401 10-13-03

Explanation of Updates

Update No. 66 is being reissued to correct the policy date. It should be dated 10-13-03 since it is the policy that was in effect on that date but was inadvertently omitted during the HIPAA compliance revision of the policy. Provider Manual Update Transmittal No. 66 dated January 20, 2004 supersedes Provider Manual Update No. 66 dated December 1, 2003.

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**10-13-03**

- A. There is no benefit limit for acute care/general and rehabilitative hospital inpatient services for beneficiaries under age 21 in the Child Health Services (EPSDT) Program. Inpatient services must be approved by the QIO as medically necessary.
- 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 Medicaid-secondary claim that adjudicates as a paid claim is counted toward the inpatient benefit limit.
 - 1. 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.
 - 2. Even when the Medicaid paid amount is \$0.00 because the third party payment equals or exceeds Medicaid's per diem, the days thus paid are counted toward the benefit limit.
- D. Extension of the 24-day inpatient benefit is unavailable.
- E. Inpatient stays that are prior authorized for heart, liver and lung transplants are not counted toward the 24-day inpatient benefit limit.



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TO: Arkansas Medicaid Rehabilitative Hospital Providers
DATE: January 20, 2004
SUBJECT: Provider Manual Update Transmittal No. 44

REMOVE

Section **Date**
None

INSERT

Section **Date**
213.010 10-13-03

Explanation of Updates

Update No. 44 is being reissued to correct the policy date. It should be dated 10-13-03 since it is the policy that was in effect on that date but was inadvertently omitted during the HIPAA compliance revision of the policy. Provider Manual Update Transmittal No. 44 dated January 20, 2004 supersedes Provider Manual Update No. 44 dated December 1, 2003.

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**10-13-03**

- A. There is no benefit limit for acute care/general and rehabilitative hospital inpatient services for beneficiaries under age 21 in the Child Health Services (EPSDT) Program. Inpatient services must be approved by the QIO as medically necessary.
- 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 Medicaid-secondary claim that adjudicates as a paid claim is counted toward the inpatient benefit limit.
 1. 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.
 2. Even when the Medicaid paid amount is \$0.00 because the third party payment equals or exceeds Medicaid's per diem, the days thus paid are counted toward the benefit limit.
- D. Extension of the 24-day inpatient benefit is unavailable.