



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Provider – Physician/Independent Lab/CRNA/
Radiation Therapy Center

DATE:

SUBJECT: Provider Manual Update Transmittal No. 87

REMOVE

Section	Date
251.220	10-13-03
261.000	10-13-03
292.410	10-13-03
Form DMS-2698	Revised 4/96

INSERT

Section	Date
251.220	8-1-04
261.000	8-1-04
261.260	8-1-04
292.410	8-1-04
Form DMS-2698	Revised 8/04

Explanation of Updates

Section 251.220 has been revised to include only information regarding coverage of abortions. Instructions for requesting prior authorization previously included in this section have been relocated to section 261.000 and section 261.260. This revision does not change coverage policy.

Section 261.000, part B, has been revised by adding abortion for pregnancy resulting from rape or incest to the list of procedures requiring prior authorization from the Division of Medical Services, Utilization Review Section. This information was inadvertently omitted from the manual and is not new policy.

Section 261.260 is a new section added to the manual to include instructions for requesting prior authorization of abortion when pregnancy is the result of rape or incest. An additional requirement has been added to prior authorization procedures. When prior authorization contact is made with the Division of Medical Services Utilization Review Section, the physician must fax a completed form DMS-2698, patient history and medical exam records. The remaining prior authorization procedures remain unchanged.

Section 292.410 is included to revise and clarify the statement regarding the need to request prior authorization from the Arkansas Foundation for Medical Care, Inc. (AFMC). Abortion requests are made to AFMC for abortion when the life of the mother would be endangered if the fetus were carried to term. An additional statement has been added regarding prior authorization from the Division of Medical Services Utilization Review Section for abortion when the pregnancy is the result of rape or incest. This revision also includes information on required documentation for filing claims.

A revised copy of the Certification Statement for Abortion, DMS-2698 (Rev. 8/04) is included. The revision includes necessary statements to clarify use of the form and the process for prior authorization. A statement is added regarding policy that Medicaid does not cover abortions performed before the recipient is determined to be Medicaid-eligible. The form includes a statement that, when applicable, verifies the physician advised the patient that the pregnancy would endanger her life if the fetus were carried to term. An additional statement is added to the form to clarify information requested for abortion when the pregnancy is the result of rape or incest.

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 will be automatically 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.

251.220

Elective Abortions

8-1-04

Only medically necessary abortions are covered by Arkansas Medicaid. Federal regulations prohibit expenditures for abortions except when the life of the mother would be endangered if the fetus were carried to term or for victims of rape or incest, defined under Ark. § Code Ann. 5-14-103 and § 5-22-202, as certified in writing by the woman's attending physician.

- A. All abortions require prior authorization. A Certification Statement for Abortion (DMS-2698 R. 8/04) must be completed prior to performing the procedure and is required for requesting prior authorization and billing. [View or print form DMS-2698](#).
- B. Other required documentation includes patient history and physical exam records. The physician performing the abortion is responsible for providing the required documentation to other providers (hospitals, anesthetist, etc.) for billing purposes. Refer to section 292.410 for other billing instructions.
- C. For abortions when the life of the mother would be endangered if the fetus were carried to term, prior authorization (PA) requests must be made to Arkansas Foundation for Medical Care, Inc. (AFMC). Refer to section 261.100 for instructions for requesting PA from AFMC.
- D. Abortions for pregnancy resulting from rape or incest must be prior authorized by the Division of Medical Services Utilization Review Section. Refer to section 261.260 for instructions on requesting PA from the Division of Medical Services Utilization Review Section.

261.000 Obtaining Prior Authorization of Restricted Medical and Surgical Procedures 8-1-04

- A. Certain medical and surgical procedures are not covered without prior authorization (PA). Most restricted procedures are prior authorized by the Arkansas Foundation for Medical Care, Inc. (AFMC). Refer to section 261.100 for instructions on requesting PA from AFMC.
- B. The Division of Medical Services Utilization Review Section makes PA determinations for certain procedures. Refer to section 261.200 for instructions on requesting PA from Utilization Review for the following procedures:
 - 1. Ambulatory infusion device
 - 2. Cochlear implant
 - 3. Transplant procedures for heart, liver, bone marrow, lung, pancreas/kidney and skin transplants
 - 4. Hylan G-F (Synvisc) injection
 - 5. Certain laboratory procedures
 - 6. Abortion of a pregnancy resulting from rape or incest
- C. Refer to section 262.000 for a list of all procedures requiring prior authorization.

261.260 Prior Authorization of Elective Abortion of Pregnancy Resulting from Rape or Incest

8-1-04

The following procedures must be followed to obtain prior authorization for elective abortion when pregnancy is the result of rape or incest:

- A. The woman's physician must complete the Certification Statement for Abortion, form DMS-2698 (Rev. 8/04) certifying that the pregnancy resulted from forcibly compelled sexual intercourse or incest as defined under Ark. § Code Ann. 5-14-103 and § 5-22-202. [View or print form DMS-2698.](#)
 1. The completed form DMS-2698 must include the name and address of the patient and be dated before the date of surgery.
 2. The patient may sign the Certification Statement for Abortion (form DMS-2698) for herself at eighteen (18) years of age or older.
 3. If the patient is under 18 years of age, then a parent or guardian must sign the Certification Statement for Abortion (form DMS-2698). The guardian must furnish a copy of the order appointing him or her guardian, or furnish the letters of guardianship issued by the court clerk.
- B. **Effective for dates of service on and after August 1, 2004, the physician must fax a completed form DMS-2698, patient history and medical exam records to the Department of Human Services (DHS), Division of Medical Services (DMS), Administrator, Utilization Review Section, for prior authorization of the abortion procedure. [View or print the Division of Medical Services Utilization Review contact information.](#)**
- C. DMS Utilization Review Section will convey its decision to the physician within 24 hours; or, if necessary, will request more information for the DMS physician's review. A DMS physician's review is required when UR reviewers deny authorization or need a physician's expertise.
- D. The provider must submit the claim and required documentation for payment to the Department of Human Services, Division of Medical Services, Attention: Administrator, Utilization Review. The physician is responsible for providing the required documentation to other providers (hospitals, anesthetist, etc.) for billing purposes. [View or print the Division of Medical Services Utilization Review contact information.](#)

If the patient needs the Certification Statement for Abortion form (DMS-2698) in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator. [View or print the Americans with Disabilities Act Coordinator contact information.](#)

Refer to section 292.410 for special billing instructions and procedure codes.

292.410 Abortion Procedure Codes

8-1-04

Abortion procedures performed when the life of the mother would be endangered if the fetus were carried to term require prior authorization from the Arkansas Foundation of Medical Care, Inc. (AFMC).

Abortion for pregnancy resulting from rape or incest must be prior authorized by the Division of Medical Services, Administrator, Utilization Review.

The physician must request prior authorization for the abortion procedures and for anesthesia. Refer to section 260.000 of this manual for prior authorization procedures. The physician is responsible for providing the required documentation to other providers (hospitals, anesthetist, etc.) for billing purposes.

All claims must be made on paper with attached documentation. A completed Certification Statement for Abortion (form DMS-2698 Rev. 8/04), patient history and physical exam are required for processing of claims. When filing paper claims, type of service code 2 must be used for the abortion procedure, and type of service code 7 must be used for anesthesia.

Use the following procedure codes when billing for abortions.

01964	59840	59841	59850	59851	59852
59855	59856	59857			

CPT anesthesia procedure code 01964 is used for all abortions.

For abortion procedures that were performed prior to October 13, 2003, providers must use procedure code Z2288 for abortion if pregnancy is a result of rape or incest.

Refer to section 251.220 of this manual for policies and procedures regarding coverage of abortions and section 261.200 for prior authorization instructions.