Arkansas Department of Human Services
Division of Medical Services

Donaghey Plaza South
PO 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

OFFICIAL NOTICE

DMS-2004-W-1

TO: **Health Care Provider - All Providers**

DATE: **July 1, 2004**

SUBJECT: **2004 HCPCS Procedure Code Conversion**

I. General Information

A review of the HCPCS 2004 procedure codes has been completed and the Arkansas Medicaid Program will begin accepting updated HCPCS procedure codes on claims with dates of service on and after **July 1, 2004**.

II. 2004 HCPCS Procedure Code Table Information

The table located on the following pages will list:

A. The new HCPCS procedure code.
B. Deleted codes replaced by 2004 HCPCS Codes.
C. The 2004 procedure code description.
D. Type of service (TOS) code, when applicable.
E. The modifier(s) (if any) for each code.
F. Procedure codes that require a review before payment.
G. Procedure codes requiring prior authorization before payment.
H. Procedure codes that require manual pricing.

Providers billing on paper must use a type of service (TOS) code. When billing either electronically or on paper, an appropriate modifier or modifiers must be used in conjunction with the procedure code.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

2004 Codes	Deleted Code	2004 code desc.	Type of Service (TOS)	Modifier 1	Modifier 2	Review Yes (Y) or No (N)	PA Yes (Y) or No (N)	Manually Priced Yes (Y) or No (N)
A4216		Sterile water/saline, 10 ml	H	NU		N	N	N
A4216		Sterile water/saline, 10 ml	S			N	N	N
A4216		Sterile water/saline, 10 ml	1			N	N	N
A4217		Sterile water/saline, 500 ml	H	NU		N	N	N
A4217		Sterile water/saline, 500 ml	S			N	N	N
A4217		Sterile water/saline, 500 ml	1			N	N	N
A6441	A6421	Padding Bandage, non-elas, width > or = 3 inches & < 5 in, per yd	H	NU		N	N	N
A6441	A6421	Padding Bandage, non-elas, width > or = 3 inches & < 5 in, per yd	S			N	N	N
A6441	A6421	Padding Bandage, non-elas, width > or = 3 inches & < 5 in, per yd	1			N	N	N
A6442		Conform bandage, non-elas, non-sterile, width < 3 in, per yd	H	NU		N	N	N
A6442		Conform bandage, non-elas, non-sterile, width < 3 in, per yd	S			N	N	N
A6442		Conform bandage, non-elas, non-sterile, width < 3 in, per yd	1			N	N	N
A6443	A6422	Conform bandage, non-elas, non-ster, width > or = 3 in & < 5 in, per yd	H	NU		N	N	N
A6443	A6422	Conform bandage, non-elas, non-ster, width > or = 3 in & < 5 in, per yd	S			N	N	N
A6443	A6422	Conform bandage, non-elas, non-ster, width > or = 3 in & < 5 in, per yd	1			N	N	N
A6444	A6424	Conform bandage, non-elas, non-ster, width > or = 5 in, per yd	H	NU		N	N	N
A6444		Conform bandage, non-elas, non-ster, width > or = 5 in, per yd	S			N	N	N
A6444		Conform bandage, non-elas, non-ster, width > or = 5 in, per yd	1			N	N	N
A6445		Conform bandage, non-elas, sterile, width < 3 in, per yd	H	NU		N	N	N
A6445		Conform bandage, non-elas, sterile, width < 3 in, per yd	S			N	N	N
A6445		Conform bandage, non-elas, sterile, width < 3 in, per yd	1			N	N	N
A6446	A6426	Conform bandage, non-elas, sterile, width > or = 3 in & < 5 in, per yd	H	NU		N	N	N
A6446	A6426	Conform bandage, non-elas, sterile, width > or = 3 in & < 5 in, per yd	S			N	N	N
A6446	A6426	Conform bandage, non-elas, sterile, width > or = 3 in & < 5 in, per yd	1			N	N	N
A6447	A6428	Conform bandage, non-elas, sterile, width > or = 5 in, per yd	H	NU		N	N	N
A6447	A6428	Conform bandage, non-elas, sterile, width > or = 5 in, per yd	S			N	N	N
A6447	A6428	Conform bandage, non-elas, sterile, width > or = 5 in, per yd	1			N	N	N
A6448		Light compression bandage, elastic, width < 3 in, per yd	H	NU		N	N	N

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A6448		Light compression bandage, elastic, width < 3 in, per yd	S			N	N	N
A6448		Light compression bandage, elastic, width < 3 in, per yd	1			N	N	N
A6449	A6430	Light compression bandage, elastic width > or = 3 in & < 5 in, per yd	H	NU		N	N	N
A6449	A6430	Light compression bandage, elastic width > or = 3 in & < 5 in, per yd	S			N	N	N
A6449	A6430	Light compression bandage, elastic width > or = 3 in & < 5 in, per yd	1			N	N	N
A6450	A6432	Light compression bandage, elastic width > or = 5 in, per yd	H	NU		N	N	N
A6450	A6432	Light compression bandage, elastic width > or = 5 in, per yd	S			N	N	N
A6450	A6432	Light compression bandage, elastic width > or = 5 in, per yd	1			N	N	N
A6451	A6434	Mod compress bandage, elastic, width > or = 3 in & < 5 in, per yd	H	NU		N	N	N
A6451	A6434	Mod compress bandage, elastic, width > or = 3 in & < 5 in, per yd	S			N	N	N
A6451	A6434	Mod compress bandage, elastic, width > or = 3 in & < 5 in, per yd	1			N	N	N
A6452	A6436	High compress bandage, elastic, width > or = 3 in & < 5 in, per yd	H	NU		N	N	N
A6452	A6436	High compress bandage, elastic, width > or = 3 in & < 5 in, per yd	S			N	N	N
A6452	A6436	High compress bandage, elastic, width > or = 3 in & < 5 in, per yd	1			N	N	N
A6453		Self-adherent bandage, elastic, width < 3 in, per yd	H	NU		N	N	N
A6453		Self-adherent bandage, elastic, width < 3 in, per yd	S			N	N	N
A6453		Self-adherent bandage, elastic, width < 3 in, per yd	1			N	N	N
A6454		Self-adherent bandage, elastic, width > or = 3 in & < 5 in, per yd	H	NU		N	N	N
A6454		Self-adherent bandage, elastic, width > or = 3 in & < 5 in, per yd	S			N	N	N
A6454		Self-adherent bandage, elastic, width > or = 3 in & < 5 in, per yd	1			N	N	N
A6455		Self-adherent bandage, elastic, width > or = 5 in, per yd	H	NU		N	N	N
A6455		Self-adherent bandage, elastic, width > or = 5 in, per yd	S			N	N	N
A6455		Self-adherent bandage, elastic, width > or = 5 in, per yd	1			N	N	N
A7046		PO-Water chamber for humidifier, replacement, each	H	NU		N	Y	N
A7520	A4622	Trach/Laryngectomy tube, non-cuffed, PVC, silicone or equal, each	H	NU		N	N	N

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A7520		Trach/Laryngectomy tube, non-cuffed, PVC, silicone or equal, each	S			N	N	N
A7520		Trach/Laryngectomy tube, non-cuffed, PVC, silicone or equal, each	1			N	N	N
A7521		Trach/Laryngectomy tube, cuffed, PVC, silicone or equal, each	H	NU		N	N	N
A7521		Trach/Laryngectomy tube, cuffed, PVC, silicone or equal, each	S			N	N	N
A7521		Trach/Laryngectomy tube, cuffed, PVC, silicone or equal, each	1			N	N	N
A7522		Trach/Laryngectomy tube, stainless steel or equal, reusable, each	H	NU		N	N	N
A7522		Trach/Laryngectomy tube, stainless steel or equal, reusable, each	S			N	N	N
A7522		Trach/Laryngectomy tube, stainless steel or equal, reusable, each	1			N	N	N
A7524		PO-Tracheostoma stent/stud/button, each	H	NU		N	N	N
A7524		PO-Tracheostoma stent/stud/button, each	S			N	N	N
A7524		PO-Tracheostoma stent/stud/button, each	1			N	N	N
A7525		Tracheostomy mask, each	H	NU		N	N	N
A7525		Tracheostomy mask, each	S			N	N	N
A7525		Tracheostomy mask, each	1			N	N	N
A9999	Z0428	Misc DME supply or accessory, not otherwise specified	H	NU		N	Y	Y
C9208		Inj, agalsidase beta, per I mg	G			N	N	Y
C9209		Inj, laronidase per 2.9 mg	G			N	N	Y
E0140		PO-Walker, w/trunk suppt, adjust/fixed ht, any type	H	NU		N	N	N
E0140		PO-Walker, w/trunk suppt, adjust/fixed ht, any type	6	EP		N	N	N
E0156		Seat attachment, walker	H	NU		N	N	N
E0156		Seat attachment, walker	6	EP		N	N	N
E0159		Brake attachment for wheeled walker, replacement, each	H	NU		N	N	N
E0159		Brake attachment for wheeled walker, replacement, each	6	EP		N	N	N
E0166		PO-Commode chair, mobile, w/detachable arms	H	NU	U2	N	N	N
E0166		PO-Commode chair, mobile, w/detachable arms	U	UE	U2	N	N	N
E0166		PO-Commode chair, mobile, w/detachable arms	6	EP	U2	N	N	N
E0190		Positioning cushion/pillow/wedge, any shape or size	H			N	N	N
E0190		Positioning cushion/pillow/wedge, any shape or size	U			N	N	N

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E0190		Positioning cushion/pillow/wedge, any shape or size	6	EP		N	N	N
E0190		Positioning cushion/pillow/wedge, any shape or size	H			N	N	N
E0190		Positioning cushion/pillow/wedge, any shape or size	U			N	N	N
E0196		Gel pressure mattress	6	EP		N	N	N
E0196		Gel pressure mattress	H	NU		N	N	N
E0240		Bath/shower chair w/wo wheels, any size	H	NU		N	N	N
E0240		Bath/shower chair w/wo wheels, any size	6	EP		N	N	N
E0240		Bath/shower chair w/wo wheels, any size	H	NU	U1	N	N	N
E0240		Bath/shower chair w/wo wheels, any size	6	EP	U1	N	N	N
E0240		Bath/shower chair w/wo wheels, any size	H	NU	U2	N	N	N
E0240		Bath/shower chair w/wo wheels, any size	6	EP	U2	N	N	N
E0240		Bath/shower chair w/wo wheels, any size	H	NU	U3	N	N	N
E0240		Bath/shower chair w/wo wheels, any size	6	EP	U3	N	N	N
E0247		PO-Transfer bench, tub/toilet, w/wo commode opening	H	NU		N	N	N
E0247		PO-Transfer bench, tub/toilet, w/wo commode opening	H	NU	U1	N	N	N
E0247		PO-Transfer bench, tub/toilet, w/wo commode opening	6	EP		N	N	N
E0247		PO-Transfer bench, tub/toilet, w/wo commode opening	6	EP	U1	N	N	N
E0248		PO-Transfer bench, heavy duty tub/toilet w/wo commode opening	H	NU		N	N	N
E0248		PO-Transfer bench, heavy duty tub/toilet w/wo commode opening	H	NU	U1	N	N	N
E0248		PO-Transfer bench, heavy duty tub/toilet w/wo commode opening	6	EP		N	N	N
E0248		PO-Transfer bench, heavy duty tub/toilet w/wo commode opening	6	EP	U1	N	N	N
E0300		PO-Pediatric crib, hospital grade, fully enclosed	6	EP		N	Y	N
E0300		RO-Pediatric crib, hospital grade, fully enclosed	6	EP	RR	N	Y	N
E0303		RP-Hosp bed, heavy duty, wt >350 ≥ 600, any rails, w/matt	H	NU		N	Y	N
E0303		RP-Hosp bed, heavy duty, wt >350 ≥ 600, any rails, w/matt	I			N	Y	N
E0303		RP-Hosp bed, heavy duty, wt >350 ≥ 600, any rails, w/matt	U	UE		N	Y	N

2004 Codes	Deleted Code	2004 code desc.	Type of Service (TOS)	Modifier 1	Modifier 2	Review Yes (Y) or No (N)	PA Yes (Y) or No (N)	Manually Priced Yes (Y) or No (N)
E0303		RP-Hosp bed, heavy duty, wt >350 ≥ 600, any rails, w/matt	6	EP		N	Y	N
E0470		RO-Resp asst device, bi-level press capab, w/o backup rate feature	H	NU	RR	N	Y	N
E0470		RO-Resp asst device, bi-level press capab, w/o backup rate feature	6	EP	RR	N	Y	N
E0471		RO-Resp asst device, bi-level press capa, w/backup rate, noninvasive	H	NU	RR	N	Y	N
E0471		RO-Resp asst device, bi-level press capa, w/backup rate, noninvasive	6	EP	RR	N	Y	N
E0472		RO-Resp asst device, bi-level press capa, w/backup rate, invasive	H	NU	RR	N	Y	N
E0472		RO-Resp asst device, bi-level press capa, w/backup rate, invasive	6	EP	RR	N	Y	N
E0561		PO-Humidifier, non-heated, used w/positive airway pressure device	H	NU		N	Y	N
E0561		PO-Humidifier, non-heated, used w/positive airway pressure device	6	EP		N	Y	N
E0562		PO-Humidifier, heated, used w/positive airway pressure device	H	NU		N	Y	N
E0562		PO-Humidifier, heated, used w/positive airway pressure device	6	EP		N	Y	N
E0638		PO-Standing frame syst, any size, w/wo wheels	H	NU		N	N	N
E0638		PO-Standing frame syst, any size, w/wo wheels	6	EP	U1	N	Y	N
E0638		PO-Standing frame syst, any size, w/wo wheels	6	EP	U2	N	Y	N
E0638		PO-Standing frame syst, any size, w/wo wheels	6	EP		N	Y	N
E0950		Wheelchair accessory, tray, each	H	NU	U6	N	Y	N
E0950		Wheelchair accessory, tray, each	H	NU	U8	N	Y	N
E0950		Wheelchair accessory, tray, each	H	NU	U7	N	N	N
E0950		Wheelchair accessory, tray, each	6	EP	U6	N	Y	N
E0950		Wheelchair accessory, tray, each	6	EP	U8	N	Y	N
E0950		Wheelchair accessory, tray, each	6	EP	U7	N	N	N
E0955		PO-W/C accessory, headrest, cush/prefab, w/fixed mount hardware, ea	H	NU		N	N	N
E0955		PO-W/C accessory, headrest, cush/prefab, w/fixed mount hardware, ea	6	EP		N	N	N
E0956		PO-W/C access, lat trunk/hip supp, prefab w/fixed mount hardware, ea	H	NU		N	N	N
E0956		PO-W/C access, lat trunk/hip supp, prefab w/fixed mount hardware, ea	H	NU	U2	N	N	N
E0956		PO-W/C access, lat trunk/hip supp, prefab w/fixed mount hardware, ea	H	NU	U1	N	N	N
E0956		PO-W/C access, lat trunk/hip supp, prefab w/fixed mount hardware, ea	H	NU	U3	N	N	N

2004 Codes	Deleted Code	2004 code desc.	Type of Service (TOS)	Modifier 1	Modifier 2	Review Yes (Y) or No (N)	PA Yes (Y) or No (N)	Manually Priced Yes (Y) or No (N)
E0956		PO-W/C access, lat trunk/hip supp, prefab w/fixed mount hardware, ea	6	EP		N	N	N
E0956		PO-W/C access, lat trunk/hip supp, prefab w/fixed mount hardware, ea	6	EP	U2	N	N	N
E0956		PO-W/C access, lat trunk/hip supp, prefab w/fixed mount hardware, ea	6	EP	U1	N	N	N
E0956		PO-W/C access, lat trunk/hip supp, prefab w/fixed mount hardware, ea	6	EP	U3	N	N	N
E0957		PO-W/C accessory, medial thigh sup, prefab, w/fixed mount hardware, ea	H	NU		N	N	N
E0957		PO-W/C accessory, medial thigh sup, prefab, w/fixed mount hardware, ea	6	EP		N	N	N
E0959		Manual W/C access, adapter for amputee, each	H	U1		N	N	N
E0959		Manual W/C access, adapter for amputee, each	6	U1		N	N	N
E0960		PO-W/C access, shoulder/chest harness/straps w/mounting hardware	6	U1		N	N	N
E0960		PO-W/C access, shoulder/chest harness/straps w/mounting hardware	6	EP		N	N	N
E0966		Manual W/C access, headrest extension, each	H	NU		N	N	N
E0966		Manual W/C access, headrest extension, each	6	EP		N	N	N
E0967		Manual W/C access, hand rim w/projections, each	H	NU		N	N	N
E0967		Manual W/C access, hand rim w/projections, each	H	NU	U1	N	N	N
E0967		Manual W/C access, hand rim w/projections, each	H	NU	U4	N	N	N
E0967		Manual W/C access, hand rim w/projections, each	H	NU	U2	N	N	N
E0967		Manual W/C access, hand rim w/projections, each	H	NU	U3	N	N	N
E0967		Manual W/C access, hand rim w/projections, each	6	EP		N	N	N
E0967		Manual W/C access, hand rim w/projections, each	6	EP	U1	N	N	N
E0967		Manual W/C access, hand rim w/projections, each	6	EP	U4	N	N	N
E0967		Manual W/C access, hand rim w/projections, each	6	EP	U2	N	N	N
E0967		Manual W/C access, hand rim w/projections, each	6	EP	U3	N	N	N

2004 Codes	Deleted Code	2004 code desc.	Type of Service (TOS)	Modifier 1	Modifier 2	Review Yes (Y) or No (N)	PA Yes (Y) or No (N)	Manually Priced Yes (Y) or No (N)
E0973	K0016	W/C access, adj ht, detach armrest, complete assembly, ea	H	NU		N	N	N
E0973		W/C access, adj ht, detach armrest, complete assembly, ea	H	NU	U1	N	N	N
E0973		W/C access, adj ht, detach armrest, complete assembly, ea	6	EP		N	N	N
E0973		W/C access, adj ht, detach armrest, complete assembly, ea	6	EP	U1	N	N	N
E0978		W/C access, safety belt/pelvic strap, ea.	H	NU		N	N	N
E0978		W/C access, safety belt/pelvic strap, ea	6	EP	U2	N	N	N
E0981	E0975	W/C access, seat upholstery, replacement only, each	H	NU		N	N	N
E0981		W/C access, seat upholstery, replacement only, each	6	EP		N	N	N
E0982	E0993	W/C access, back upholstery, replacement only, each	H	NU	U1	N	N	N
E0982	E0993	W/C access, back upholstery, replacement only, each	6	EP	U1	N	N	N
E0990		W/C access, elevating leg rest, complete assembly, each	H	NU	U1	N	N	N
E0990		W/C access, elevating leg rest, complete assembly, each	6	EP	U1	N	N	N
E0992		Manual w/c access, solid seat insert	H	NU	U3	N	N	N
E0992		Manual w/c access, solid seat insert	H	NU	U2	N	N	N
E0992		Manual w/c access, solid seat insert	H	NU	U4	N	N	N
E0992		Manual w/c access, solid seat insert	H	NU	U1	N	N	N
E0992		Manual w/c access, solid seat insert	6	EP	U3	N	N	N
E0992		Manual w/c access, solid seat insert	6	EP	U2	N	N	N
E0992		Manual w/c access, solid seat insert	6	EP	U4	N	N	N
E0992		Manual w/c access, solid seat insert	6	EP	U1	N	N	N
E1002		W/C access, power seating system, tilt only	H	NU		N	Y	N
E1002		W/C access, power seating system, tilt only	6	EP		N	Y	N
E1004		W/C access, power seat syst, recline only, w/mechanical shear reduct	H	NU		N	Y	N
E1004		W/C access, power seat syst, recline only, w/mechanical shear reduct	6	EP		N	Y	N
E1006		W/C access, power seat syst, conbo tilt/recline, w/o shear reduction	H	NU		N	Y	N
E1006		W/C access, power seat syst, conbo tilt/recline, w/o shear reduction	6	EP		N	Y	N
E1010		W/C access, add to pwr seat, pwr leg elev, w/leg rest, ea	H	NU		N	Y	N
E1010		W/C access, add to pwr seat, pwr leg elev, w/leg rest, ea	6	EP		N	Y	N
E1019		W/C access, pwr seat, heavy duty >250 lbs, less or equal 400 lbs	H	NU		N	Y	N
E1019		W/C access, pwr seat, heavy duty >250 lbs, less or equal 400 lbs	6	EP		N	Y	N

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E1029		Wheelchair accessory, ventilator tray, fixed	H	NU		N	Y	N
E1029		Wheelchair accessory, ventilator tray, fixed	6	EP		N	Y	N
E1030		Wheelchair accessory, ventilator tray, gimbaled	H	NU		N	Y	N
E1030		Wheelchair accessory, ventilator tray, gimbaled	6	EP		N	Y	N
E1391		O2 concentrator, dual deliv port, 85% or > O2 concentration, each	H	NU		N	Y	N
E1391		O2 concentrator, dual deliv port, 85% or > O2 concentration, each	I			N	Y	N
E1810	L1885	Dynamic adjustable knee extension/flexion device, includes soft interface material	H	NU		N	Y	N
E1810	L1885	Dynamic adjustable knee extension/flexion device, includes soft interface material	6	EP		N	Y	N
E2201		Man w/c access, nonstand seat frm width, > than or eq 20 in, <24 in	H	NU		N	N	Y
E2201		Man w/c access, nonstand seat frm width, > than or eq 20 in, <24 in	H	NU	U2	N	N	Y
E2201		Man w/c access, nonstand seat frm width, > than or eq 20 in, <24 in	H	NU	U3	N	N	Y
E2201		Man w/c access, nonstand seat frm width, > than or eq 20 in, <24 in	H	NU	U1	N	N	Y
E2201		Man w/c access, nonstand seat frm width, > than or eq 20 in, <24 in	6	EP		N	N	N
E2201		Man w/c access, nonstand seat frm width, > than or eq 20 in, <24 in	6	EP	U2	N	N	N
E2201		Man w/c access, nonstand seat frm width, > than or eq 20 in, <24 in	6	EP	U3	N	N	N
E2201		Man w/c access, nonstand seat frm width, > than or eq 20 in, <24 in	6	EP	U1	N	N	N
E2203		Man w/c access, nonstandard seat frm depth, 20 to less than 22 inch	H	NU		N	N	Y
E2203		Man w/c access, nonstandard seat frm depth, 20 to less than 22 inch	H	NU	U3	N	N	Y
E2203		Man w/c access, nonstandard seat frm depth, 20 to less than 22 inch	H	NU	U1	N	N	Y
E2203		Man w/c access, nonstandard seat frm depth, 20 to less than 22 inch	H	NU	U2	N	N	Y
E2203		Man w/c access, nonstandard seat frm depth, 20 to less than 22 inch	H	NU	U4	N	N	Y
E2203		Man w/c access, nonstandard seat frm depth, 20 to less than 22 inch	6	EP		N	N	N
E2203		Man w/c access, nonstandard seat frm depth, 20 to less than 22 inch	6	EP	U3	N	N	N
E2203		Man w/c access, nonstandard seat frm depth, 20 to less than 22 inch	6	EP	U1	N	N	N
E2203		Man w/c access, nonstandard seat frm depth, 20 to less than 22 inch	6	EP	U2	N	N	N

2004 Codes	Deleted Code	2004 code desc.	Type of Service (TOS)	Modifier 1	Modifier 2	Review Yes (Y) or No (N)	PA Yes (Y) or No (N)	Manually Priced Yes (Y) or No (N)
E2203		Man w/c access, nonstandard seat frm depth, 20 to less than 22 inch	6	EP	U4	N	N	N
E2310		Power w/c accessory, electronic connection w/mount hardware	H	NU		N	Y	N
E2310		Power w/c accessory, electronic connection w/mount hardware	6	EP		N	Y	N
E2311		Pwr w/c acc, elec conn, 2 or more pwr seat sys motors w/mt hardware	H	NU		N	Y	N
E2311		Pwr w/c acc, elec conn, 2 or more pwr seat sys motors w/mt hardware	6	EP		N	Y	N
E2320		Pwr w/c acc, hand/chin cont inter, w/elect and fixed mount hardware	H	NU		N	Y	N
E2320		Pwr w/c acc, hand/chin cont inter, w/elect and fixed mount hardware	6	EP		N	Y	N
E2322		Pwr w/c access, hand cont inter, w/elect/mechan stop switch/fixed hrdwr	H	NU		N	Y	N
E2322		Pwr w/c access, hand cont inter, w/elect/mechan stop switch/fixed hrdwr	6	EP		N	Y	N
E2323		Pwr w/c access, spec joystick handle/hand cont inter, prefab	H	NU		N	N	N
E2323		Pwr w/c access, spec joystick handle/hand cont inter, prefab	6	EP		N	N	N
E2324		Pwr w/c access, chin cup for chin control interface	H	NU		N	N	N
E2324		Pwr w/c access, chin cup for chin control interface	6	EP		N	N	N
E2325		Pwr w/c acc, sip & puff inter w/elect/machan stop switch/swingaway	H	NU		N	Y	N
E2325		Pwr w/c acc, sip & puff inter w/elect/machan stop switch/swingaway	6	EP		N	Y	N
E2326		Pwr w/c access, breath tube kit for sip & puff interface	H	NU		N	Y	N
E2326		Pwr w/c access, breath tube kit for sip & puff interface	6	EP		N	Y	N
E2327		Pwr w/c acc, head cont inter, w/elect/mechan direct chg/fixed mt hrdwr	H	NU		N	Y	N
E2327		Pwr w/c acc, head cont inter, w/elect/mechan direct chg/fixed mt hrdwr	6	EP		N	Y	N
E2360		Pwr w/c access, 22 NF non-sealed lead acid battery, each	H	NU		N	N	N
E2360		Pwr w/c access, 22 NF non-sealed lead acid battery, each	6	EP		N	N	N
E2361		Pwr w/c access, 22 NF sealed lead acid battery, each	H	NU		N	N	N

2004 Codes	Deleted Code	2004 code desc.	Type of Service (TOS)	Modifier 1	Modifier 2	Review Yes (Y) or No (N)	PA Yes (Y) or No (N)	Manually Priced Yes (Y) or No (N)
E2361		Pwr w/c access, 22 NF sealed lead acid battery, each	6	EP		N	N	N
E2363		Pwr w/c access, group 24 sealed lead acid battery, each	H	NU		N	N	N
E2363		Pwr w/c access, group 24 sealed lead acid battery, each	H	NU	U1	N	N	N
E2363		Pwr w/c access, group 24 sealed lead acid battery, each	6	EP		N	N	N
E2363		Pwr w/c access, group 24 sealed lead acid battery, each	6	EP	U1	N	N	N
E2365		Pwr w/c access, U-1 sealed lead acid battery, each, gel cell	H	NU		N	N	N
E2365		Pwr w/c access, U-1 sealed lead acid battery, each, gel cell	H	NU	U1	N	N	N
E2365		Pwr w/c access, U-1 sealed lead acid battery, each, gel cell	6	EP		N	N	N
E2365		Pwr w/c access, U-1 sealed lead acid battery, each, gel cell	6	EP	U1	N	N	N
E2366		Pwr w/c access, batt chgr,sgl mode, sealed/non-sealed, each	H	NU		N	N	N
E2366		Pwr w/c access, batt chgr,sgl mode, sealed/non-sealed, each	6	EP		N	N	N
E2367		Pwr w/c acc, batt chgr, dual mode, sealed/non-sealed, each	H	NU		N	N	N
E2367		Pwr w/c acc, batt chgr, dual mode, sealed/non-sealed, each	6	EP		N	N	N
E2500		Speech gen device, digitized speech using record message < or = 8 min	H	NU		N	Y	N
E2500		Speech gen device, digitized speech using record message < or = 8 min	6	EP		N	Y	N
E2502		Speech gen device, digit speech w/record msg > 8 min < or = 20 min	H	NU		N	Y	N
E2502		Speech gen device, digit speech w/record msg > 8 min < or = 20 min	6	EP		N	Y	N
E2504		Speech gen device, digit speech w/rec msg > 20 min < or = 40 min	H	NU		N	Y	N
E2504		Speech gen device, digit speech w/rec msg > 20 min < or = 40 min	6	EP		N	Y	N
E2506		Speech gen device, digit speech w/rec message > 40 min	H	NU		N	Y	N
E2506		Speech gen device, digit speech w/rec message > 40 min	6	EP		N	Y	N
E2508		Speech gen divice, synthe/access by physical contact w/device	H	NU		N	Y	N
E2508		Speech gen divice, synthe/access by physical contact w/device	6	EP		N	Y	N
E2510		Speech gen divice, synthe/access by multiple methods of device access	H	NU		N	Y	N
E2510		Speech gen divice, synthe/access by multiple methods of device access	6	EP		N	Y	N
E2512		Accessory for speech generating device, mounting system	H	NU		N	Y	Y

2004 Codes	Deleted Code	2004 code desc.	Type of Service (TOS)	Modifier 1	Modifier 2	Review Yes (Y) or No (N)	PA Yes (Y) or No (N)	Manually Priced Yes (Y) or No (N)
E2512		Accessory for speech generating device, mounting system	6	EP		N	Y	Y
E2599		Accessory for speech generating device, not otherwise classified	H	NU		N	Y	Y
E2599		Accessory for speech generating device, not otherwise classified	6	EP		N	Y	Y
G0296		PET imaging, restaging thyroid cancer	C			N	N	Y
G0296		PET imaging, restaging thyroid cancer	G			N	N	Y
G0296		PET imaging, restaging thyroid cancer	P			N	N	Y
G0296		PET imaging, restaging thyroid cancer	T			N	N	Y
G0338		Linear accel stereotactic redio surg, all lesions, per course of tx	G			N	N	Y
G0338		Linear accel stereotactic redio surg, all lesions, per course of tx	2			N	N	Y
G0338		Linear accel stereotactic redio surg, all lesions, per course of tx	8			N	N	Y
G0339		Image guid lin accel stereotact rediosurg, 1st session	G			N	N	Y
G0339		Image guid lin accel stereotact rediosurg, 1st session	2			N	N	Y
G0339		Image guid lin accel stereotact rediosurg, 1st session	8			N	N	Y
G0340		Image guid lin accel stereotact rediosurg, max 5 sessions/course tx	G			N	N	Y
G0340		Image guid lin accel stereotact rediosurg, max 5 sessions/course tx	2			N	N	Y
G0340		Image guid lin accel stereotact rediosurg, max 5 sessions/course tx	8			N	N	Y
J0152		Adenosine, injection 30 mg	E			N	N	N
J0152		Adenosine, injection 30 mg	G			N	N	N
J0152		Adenosine, injection 30 mg	N			N	N	N
J0152		Adenosine, injection 30 mg	1			N	N	N
J0595		Butorphanol Tartrate, Injection, 1 mg	G			N	N	N
J0595		Butorphanol Tartrate, Injection, 1 mg	N			N	N	N
J0595		Butorphanol Tartrate, Injection, 1 mg	1			N	N	N
J1335		Ertapenem Sodium, Injection, 500 mg	G			N	N	N
J1335		Ertapenem Sodium, Injection, 500 mg	N			N	N	N
J1335		Ertapenem Sodium, Injection, 500 mg	1			N	N	N
J2001		Lidocaine HCL for IV infusion 10 mg	G			N	N	N
J2001		Lidocaine HCL for IV infusion 10 mg	N			N	N	N
J2001		Lidocaine HCL for IV infusion 10 mg	1			N	N	N
J2001		Lidocaine HCL for IV infusion 10 mg	9			N	N	N
J2185		Meropenem, Injection, 100 mg	G			N	N	N
J2185		Meropenem, Injection, 100 mg	N			N	N	N
J2185		Meropenem, Injection, 100 mg	1			N	N	N
J2280		Moxifloxacin, Injection, 100 mg	G			N	N	N
J2280		Moxifloxacin, Injection, 100 mg	N			N	N	N
J2280		Moxifloxacin, Injection, 100 mg	1			N	N	N
J2353		Octreotide, depot form for IM Injection, 1 mg	G			Y	N	N

2004 Codes	Deleted Code	2004 code desc.	Type of Service (TOS)	Modifier 1	Modifier 2	Review Yes (Y) or No (N)	PA Yes (Y) or No (N)	Manually Priced Yes (Y) or No (N)
J2353		Octreotide, depot form for IM Injection, 1 mg	N			Y	N	N
J2353		Octreotide, depot form for IM Injection, 1 mg	1			Y	N	N
J2354		Octreotide, non-depot form for subcu or IV injection, 25 mcg	G			Y	N	N
J2354		Octreotide, non-depot form for subcu or IV injection, 25 mcg	N			Y	N	N
J2354		Octreotide, non-depot form for subcu or IV injection, 25 mcg	1			Y	N	N
J2505		Pegfilgrastim, Injection, 6 mg	G			Y	N	N
J2505		Pegfilgrastim, Injection, 6 mg	N			Y	N	N
J2505		Pegfilgrastim, Injection, 6 mg	1			Y	N	N
J2783		Rasburicase, Injection, 0.5 mg	G			Y	N	N
J2783		Rasburicase, Injection, 0.5 mg	N			Y	N	N
J2783		Rasburicase, Injection, 0.5 mg	1			Y	N	N
J3465		Voriconazole, Injection, 10 mg	G			Y	N	N
J3465		Voriconazole, Injection, 10 mg	N			Y	N	N
J3465		Voriconazole, Injection, 10 mg	1			Y	N	N
J7303		Contraceptive supply, hormone containing vaginal ring, each	A	FP		N	N	N
J7303		Contraceptive supply, hormone containing vaginal ring, each	L			N	N	N
J9098		Cytarabine Liposome, 10 mg	G			Y	N	N
J9098		Cytarabine Liposome, 10 mg	N			Y	N	N
J9098		Cytarabine Liposome, 10 mg	1			Y	N	N
J9178		Epirubicin HCL, Injection, 2 mg	G			Y	N	N
J9178		Epirubicin HCL, Injection, 2 mg	N			Y	N	N
J9178		Epirubicin HCL, Injection, 2 mg	1			Y	N	N
J9263		Oxaliplatin, Injection, 0.5 mg	G			Y	N	N
J9263		Oxaliplatin, Injection, 0.5 mg	N			Y	N	N
J9263		Oxaliplatin, Injection, 0.5 mg	1			Y	N	N
L5673		Lower extremity socket insert, for use with locking mechanism	H	NU		N	N	N
L5673		Lower extremity socket insert, for use with locking mechanism	6	EP		N	N	N
L5679		Lower extremity socket insert, not for use with locking mechanism	H	NU		N	N	N
L5679		Lower extremity socket insert, not for use with locking mechanism	6	EP		N	N	N
L5681		Lower extremity socket insert, use w/wo lock mechan, initial only	6	EP		N	N	N
L5683		Lower extremity socket insert, use w/wo lock mechan, initial only	6	EP		N	N	N
Q0137		Inject, darbepoetin alfa, 1 mcg (non-ESRD use)	G			Y	N	N
Q0137		Inject, darbepoetin alfa, 1 mcg (non-ESRD use)	H			Y	N	N
Q0137		Inject, darbepoetin alfa, 1 mcg (non-ESRD use)	N			Y	N	N

2004 Codes	Deleted Code	2004 code desc.	Type of Service (TOS)	Modifier 1	Modifier 2	Review Yes (Y) or No (N)	PA Yes (Y) or No (N)	Manually Priced Yes (Y) or No (N)
Q0137		Inject, darbepoetin alfa, 1 mcg (non-ESRD use)	1			Y	N	N
Q0182		Dermal and epidermal, tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	G			N	Y	N
Q0182		Dermal and epidermal, tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	1			N	Y	N
Q0182		Dermal and epidermal, tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter	4			N	Y	N
Q3031		Collagen skin test	1			Y	N	Y
Q3031		Collagen skin test	G			Y	N	Y
Q4054		Inject, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	G			N	N	N
Q4054		Inject, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	H			N	N	N
Q4054		Inject, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	N			N	N	N
Q4054		Inject, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	1			N	N	N
Q4055		Inject, epoetin alfa, 1000 units (for ESRD on dialysis)	G			N	N	N
Q4055		Inject, epoetin alfa, 1000 units (for ESRD on dialysis)	H			N	N	N
Q4055		Inject, epoetin alfa, 1000 units (for ESRD on dialysis)	N			N	N	N
Q4055		Inject, epoetin alfa, 1000 units (for ESRD on dialysis)	1			N	N	N
Q4075		Inject, acyclovir, 5 mg	G			Y	N	N
Q4075		Inject, acyclovir, 5 mg	1			Y	N	N
Q4076		Inject, dopamine HCL, 40 mg	E			N	N	N
Q4076		Inject, dopamine HCL, 40 mg	1			N	N	N
Q4076		Inject, dopamine HCL, 40 mg	N			N	N	N
Q4076		Inject, dopamine HCL, 40 mg	G			N	N	N
S0107		Inject, omalizumab, 25 mg	G			N	N	N
S0107		Inject, omalizumab, 25 mg	N			N	N	N
S0107		Inject, omalizumab, 25 mg	1			N	N	N
S0115		Bortezomib, 3.5 mg	G			Y	N	N
S0115		Bortezomib, 3.5 mg	N			Y	N	N
S0115		Bortezomib, 3.5 mg	1			Y	N	N
V2121		Lenticular lens, per lens, single	D			N	N	N
V2121		Lenticular lens, per lens, single	D	U1		N	N	N
V2221		Lenticular lens, per lens, bifocal	D			N	N	N
V2745		Tint, any color, solid, gradient, excludes photochromatic, per lens	D			N	Y	N

III. Additional Information

The complete description for each HCPCS 2004 procedure code may be found in the HCPCS 2004 book. The HCPCS 2004 book may be purchased from Ingenix online at <http://www.ingenixonline.com> or by calling 1-877-464-3649.

IV. HCPCS Procedure Codes with Restrictions

Within the large list of procedure codes, several services will have restrictions on utilization. The codes and the restrictions are listed below.

Please follow the instructions found in your provider manual when a service indicated by a procedure code requires manual pricing, prior authorization or a review for coverage.

A. The following procedure codes must only be billed on paper claims:

C92O8	**C9209**	**J2353**	**J2354**
J2505	**J2783**	**J3465**	**J9098**
J9178	**J9263**	**Q0137**	**Q0182**
S0115			

B. The following services are covered for recipients of all ages. However, for recipients age 21 and older, a diagnosis of malignant neoplasm (diagnosis range 140.0-208.91), or HIV disease (diagnosis 042) is required.

J0152	**J0595**	**J1335**	**J2185**
J2280	**J2353**	**J2354**	**J2505**
J2783	**J9098**	**J9178**	**J9263**
Q0137	**S0107**	**S0115**	

C. The following services may only be provided to a beneficiary whose diagnosis range of 584-586.

Q4054 **Q4055**

D. The following wheelchair code is limited to a purchase of one wheelchair per five years for individuals age 21 and over.

E1019

E. The following durable medical equipment (DME) services are limited to $1000 per state fiscal year without prior authorization.

E0955	**E0956**	**E0957**	**E0981**
E0982	**E2201**	**E2203**	**E2323**
E2324			

F. Purchase of the following DME item is limited to one per year.

E0960

G. The following DME items may be purchased only once every two years for individuals under age 21.

A7046	**E0140**	**E0190**	**E0240**
E0247	**E0248**	**E0561**	**E0562**
E0638	**E1019**		

H. The following DME item is limited to a once in a lifetime purchase.

E0300

I. The following DME item is a capped rental item.

E0303

J. The following items are limited to $250.00 per calendar month.

A4216	**A4217**	**A6441**	**A6442**
A6443	**A6444**	**A6445**	**A6446**
A6447	**A6448**	**A6449**	**A6450**
A6451	**A6452**	**A6453**	**A6454**
A6455	**A7520**	**A7521**	**A7522**
A7524	**A7525**		

K. The following items are limited to $80.00 per calendar month for private duty nursing services.

A4216	**A4217**	**A6441**	**A6442**
A6443	**A6444**	**A6445**	**A6446**
A6447	**A6448**	**A6449**	**A6450**
A6451	**A6452**	**A6453**	**A6454**
A6455	**A7520**	**A7521**	**A7522**
A7524	**A7525**		

L. The following augmentative communication device codes are limited to $7500 per lifetime.

E2500	**E2502**	**E2504**	**E2506**
E2508	**E2510**	**E2512**	**E2599**

M. The following prosthetic devices are limited to $20,000 per state fiscal year.

L5673 **L5679**

N. The following procedure codes must be billed on paper with supporting documentation attached.

G0338 **G0339** **G0340**

V. Deleted HCPCS Procedure Codes

Effective for dates of service on and after **July 1, 2004**, the following HCPCS codes have been deleted by the Arkansas Medicaid program and will be non payable. In some cases, the deleted procedure code has been replaced by another procedure code, which is shown in the 2004 HCPCS Procedure Code Table in Section II of this notice.

2004 Deleted Codes	Local Code Replaced	Type of Service	Modifier 1	Modifier 2
A4214		H		
A4214		S		
A4214		1		
A4323		H		
A4323		S		
A4323		1		
A4622		H		
A4622		S		
A4622		1		
A6421	Z1944	H	NU	
A6421		S		
A6421	Z1944	1		
A6422	Z1944	H	NU	
A6422		S		
A6422	Z1944	1		
A6424	Z1944	H	NU	
A6426	Z1944	H	NU	
A6426		S		
A6426	Z1944	1		
A6428	Z1944	H	NU	
A6428		S		
A6428	Z1944	1		
A6430	Z1969	H	NU	
A6430		S		
A6430	Z1969	1		
A6432	Z1969	H	NU	
A6432		S		
A6432	Z1969	1		
A6434	Z1969	H	NU	
A6434		S		
A6434	Z1969	1		
A6436	Z1969	H	NU	
A6436		S		
A6436	Z1969	1		
E0142		H		
E0142		U		
E0142		6		
E0142		6	EP	
E0145		H		
E0145		I		
E0145		U		
E0145		6		
E0145		6	EP	

2004 Deleted Codes	Local Code Replaced	Type of Service	Modifier 1	Modifier 2
E0146		H		
E0146	Z2359	I		
E0146		U	00	
E0146	Z2359	U	UE	
E0146		6		
E0146		6	EP	
E0165		H		
E0165		U		
E0165		6		
E0165		6	EP	
E0943		H		
E0943		U		
E0943		6		
E0943		6	EP	
E0975		H		
E0975		6		
E0975		6	EP	
E0976		H		
E0976		6		
E0976		6	EP	
E0979		H		
E0979		6		
E0979		6	EP	
E0993	Z2120	H	NU	
E0993	Z2120	6	EP	
J1910		G		
J1910		N		
J1910		1		
J2000		G		
J2000		N		
J2000		1		
J2000		9		
J7508		G		
J7508		N		
J7508		1		
J9180		G		
J9180		1		
K0016	Z1605	H	NU	
K0016	Z2194	H	U1	
K0016	Z1605	6	EP	
K0016	Z2194	6	EP	U1
K0025	Z1783	H	NU	
K0025	Z1783	6	EP	
K0030	Z2155	H	NU	
K0030	Z2156	H	NU	U1
K0030	Z1769	H	NU	U2
K0030	Z1768	H	NU	U3
K0030	Z2155	6	EP	
K0030	Z2156	6	EP	U1
K0030	Z1768	6	EP	U3
K0030	Z1769	6	EP	U2
K0048	Z2565	H	NU	

2004 Deleted Codes	Local Code Replaced	Type of Service	Modifier 1	Modifier 2
K0048	Z2565	6	EP	
K0054	Z1678	H	NU	
K0054	Z2555/Z2556	H	NU	U1
K0054	Z2557/Z2567	H	NU	U2
K0054		H	U3	
K0054	Z1678	6	EP	
K0054	Z2555/Z2556	6	EP	U1
K0054	Z2557/Z2567	6	EP	U2
K0054		6	EP	U3
K0055	Z2568	H	NU	
K0055	Z2569	H	NU	U1
K0055	Z1678	H	NU	U4
K0055	Z2558	H	NU	U2
K0055	Z2566	H	NU	U3
K0055	Z1678	6	EP	U4
K0055	Z2558	6	EP	U2
K0055	Z2566	6	EP	U3
K0055	Z2568	6	EP	
K0055	Z2569	6	EP	U1
K0057	Z1678	H	NU	
K0057	Z1678	6	EP	
K0058	Z1678	H	NU	
K0058	Z1678	6	EP	
K0062	Z2123	H	NU	
K0062	Z2583	H	NU	U1
K0062		H	U2	
K0062		H	U3	
K0062	Z2123	6	EP	
K0062	Z2583	6	EP	U1
K0062		6	EP	U2
K0062		6	EP	U3
K0082	Z1658	H	NU	
K0082	Z1658	6	EP	
K0083	Z1662	H	NU	
K0083	Z1662	6	EP	
K0084	Z1659	H	NU	
K0084	Z1659	6	EP	
K0085	Z2593	H	NU	
K0085	Z2593	6	EP	
K0086	Z1660	H	NU	
K0086	Z1660	6	EP	
K0087	Z1661	H	NU	
K0087	Z1661	6	EP	
K0088	Z2133	H	NU	
K0088	Z2133	6	EP	
K0089	Z2132	H	NU	
K0089	Z2132	6	EP	
K0100	Z2125	H	NU	
K0100	Z2125	6	EP	
K0107	Z2119	H	NU	U1
K0107	Z2612	H	NU	U2
K0107	Z2613	H	NU	

2004 Deleted Codes	Local Code Replaced	Type of Service	Modifier 1	Modifier 2
K0107	Z2119	6	EP	U1
K0107	Z2612	6	EP	U2
K0107	Z2613	6	EP	
K0112	Z1677	H	NU	
K0112	Z2136	H	NU	U1
K0112	Z2201	H	NU	U2
K0112	Z1677	6	EP	
K0112	Z2136	6	EP	U1
K0112	Z2201	6	EP	U2
K0113	Z2584	H	NU	
K0113	Z2584	6	EP	
K0532	Z1983	H	NU	
K0541	Z1974	H	NU	
K0541	Z1974	6	EP	
K0542	Z1975	H	NU	
K0542	Z1975	6	EP	
K0543	Z1976	H	NU	
K0543	Z1976	6	EP	
K0544	Z1978	H	NU	
K0544	Z1977/Z1978	6	EP	
K0545	Z1979	H	NU	
K0545	Z1979	6	EP	
K0547	Z1972	H	NU	
K0547	Z1972	6	EP	
K0556		H		
K0556		6	EP	
K0557		H		
K0557		6		
K0557		6	EP	
L1885		H		
L2102		H		
L2102		6		
L2102		6	EP	
L2104		H		
L2104		6		
L2104		6	EP	
L2122		H		
L2122		6		
L2122		6	EP	
L2124		H		
L2124		6		
L2124		6	EP	
Q9920		G		
Q9920		H		
Q9920		N		
Q9920		1		
Q9921		G		
Q9921		H		
Q9921		N		
Q9921		1		
Q9922		G		
Q9922		H		

2004 Deleted Codes	Local Code Replaced	Type of Service	Modifier 1	Modifier 2
Q9922		N		
Q9922		1		
Q9923		G		
Q9923		H		
Q9923		N		
Q9923		1		
Q9924		G		
Q9924		H		
Q9924		N		
Q9924		1		
Q9925		G		
Q9925		H		
Q9925		N		
Q9925		1		
Q9926		G		
Q9926		H		
Q9926		N		
Q9926		1		
Q9927		G		
Q9927		H		
Q9927		N		
Q9927		1		
Q9928		G		
Q9928		H		
Q9928		N		
Q9928		1		
Q9929		G		
Q9929		H		
Q9929		N		
Q9929		1		
Q9930		G		
Q9930		H		
Q9930		N		
Q9930		1		
Q9931		G		
Q9931		H		
Q9931		N		
Q9931		1		
Q9932		G		
Q9932		H		
Q9932		N		
Q9932		1		
Q9933		G		
Q9933		H		
Q9933		N		
Q9933		1		
Q9934		G		
Q9934		H		
Q9934		N		
Q9934		1		
Q9935		G		
Q9935		H		

2004 Deleted Codes	Local Code Replaced	Type of Service	Modifier 1	Modifier 2
Q9935		N		
Q9935		1		
Q9936		G		
Q9936		H		
Q9936		N		
Q9936		1		
Q9937		G		
Q9937		H		
Q9937		N		
Q9937		1		
Q9938		G		
Q9938		H		
Q9938		N		
Q9938		1		
Q9939		G		
Q9939		H		
Q9939		N		
Q9939		1		
Q9940		G		
Q9940		H		
Q9940		N		
Q9940		1		
S8470	Z2467	H	NU	
S8470	Z2467	6	EP	
V2116		D		
V2117		D		
V2216		D		
V2217		D		
V2740		D		

VI. Burn Garments

Effective for dates of service on and after **July 1, 2004**, the following procedure codes used for burn garments will be approved by Arkansas Medicaid. The procedure codes will require prior authorization from the Utilization Review Section and will be manually priced.

When billing either electronically or on paper, the following procedure codes must be billed with modifier NU for individuals of all ages.

Additionally, when billing on paper, the following procedure codes must be billed with a type of service (TOS) code H.

Procedure Code	Description	Type of Service	Modifier 1
A6501	Comp. Burn garment, bodysuit (head to foot), custom fab	H	NU
A6502	Comp. burn garment, chin strap, custom fabricated	H	NU
A6503	Comp burn garment, facial hood, custom fabricated	H	NU
A6504	Comp burn garment, glove to wrist, custom fabricated	H	NU
A6505	Comp burn garment, glove to elbow, custom fabricated	H	NU
A6506	Comp burn garment, glove to axilla, custom fabricated	H	NU
A6507	Comp burn garment, foot to knee length, custom fabricated	H	NU
A6508	Comp burn garment, foot to thigh length, custom fabricated	H	NU
A6509	Comp burn garment, upper trunk to waist w/arm openings, vest, cust fab	H	NU
A6510	Comp burn garment, arms to leg openings, leotard, cust fab	H	NU
A6511	Comp burn garment, lower trunk w/leg openings, panty, cust fab	H	NU
A6512	Comp burn garment, not otherwise classified	H	NU

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***.

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 notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.