



# Arkansas Department of Human Services

## Division of Medical Services

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**TO:** Arkansas Medicaid Health Care Providers - ARKids First-B  
**DATE:** July 1, 2004  
**SUBJECT:** Provider Manual Update Transmittal No. 15

### REMOVE

Section	Date
200.300 – 200.330	10-13-03
221.100	10-13-03
222.300 – 222.310	10-13-03
262.100 – 262.120	10-13-03

### INSERT

Section	Date
200.300 - 200.340	7-1-04
221.100	7-1-04
222.300 – 222.310	7-1-04
240.400	7-1-04
262.100 – 262.120	7-1-04

### Explanation of Updates

Sections 200.310 through 200.340 are included to add information regarding the ID card and explain that the card issued to ARKids First-A and ARKids First-B participants will be a generic ARKids First card. It will not designate eligibility in a specific program. Providers are reminded to verify eligibility at each visit.

Section 221.100 is included to delete incorrect information and to add pertinent information. The changes are:

1. Incorrect information is deleted from the Dental Care segment. Refer to the Dental Provider Manual for information regarding any applicable restrictions.
2. The PCP referral/PA column of the Hospital, Inpatient segment now contains the qualifier that prior authorization (PA) is required for individuals age 1 year and over if the stay exceeds 4 days.
3. The Medical Supplies segment is revised to advise the provider that benefit extensions are possible.
4. The Mental and Behavioral Health, Outpatient segment clarifies that PCP referral is required only for recipients under age 19.
5. The Preventive Health Screenings segment clarifies the PCP's role.
6. Asterisks within the table are removed since the information is available elsewhere in the manual.

Sections 222.300 and 222.310 are included to delete incorrect information regarding dental services benefit limits and add that procedure code D0140 requires prior authorization.

Section 240.400 is added to advise providers where they can obtain PA information that is not included in this manual.

Sections 262.110 and 262.120 are included to delete obsolete procedure codes and add new codes.

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.

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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](http://www.medicaid.state.ar.us).*

**200.300 ARKids First-B Identification Card 7-1-04**

When determined eligible, an ARKids First-B participant receives a magnetic encoded identification (ID) card for eligibility verification. New participants in the ARKids First-A and the ARKids First-B Programs will be issued a generic ARKids First ID card. The card will not identify the participant's program as an ARKids First-A or and ARKids First-B. The ID card will be for an ARKids First participant and will not specify the program. Currently eligible children will retain their existing ARKids First-A or ARKids First-B cards.

**200.310 When a Participant's ARKids First Eligibility Changes 7-1-04**

The participant's Medicaid ID number will not change when he or she moves from A to B or from B to A within the ARKids First umbrella program. The participant will not be issued a new card when the change occurs. Existing ID cards will not be replaced, so it will not be possible for a provider to determine by viewing the ID card whether payment is eligible in the ARKids First-B program that requires additional co-payments or the ARKids First-A program.

**200.320 Provider Verification of Eligibility 7-1-04**

The ARKids First-B identification card does not guarantee an individual's eligibility. Payment is subject to verification that the participant is eligible at the time services are provided. It is crucial to the provider that eligibility is determined at each visit.

Eligibility verification transactions require PES software installed on the personal computer (PC) or modification of the office management system according to specifications. The fiscal agent for the Division of Medical Services provides PES software and software updates or vendor specifications, all free of charge. Refer to Section I of the Arkansas Medicaid provider manual for automated eligibility verification procedures.

**200.330 ARKids First ID Card Example 7-1-04**

[View or print the ARKids First ID card example.](#)

**200.340 Non-Receipt or Loss of ID Card 7-1-04**

When ARKids First-B participants report non-receipt or loss of an ID card, refer the participant to the DHS County Office or the Division of County Operations, Customer Assistance. [View or print the Division of County Operations - Customer Assistance Section Contact Information.](#)

221.100

ARKids First-B Medical Care Benefits

7-1-04

Program Services	Coverage Limits on Benefit	Prior Authorization/ PCP Referral	Co-payment/ 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	None	\$10 per visit
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	Medical Necessity	PCP Referral	\$10 per visit
Assessment	Medical Necessity	None	\$10 per visit
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 <b>if age 1 or over</b>	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 <b>unless benefit extension is approved</b>	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

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 or PCP Referral	None
Rural Health Clinic	Medical Necessity	PCP Referral	\$10 per visit
Speech Therapy	Medical Necessity	PCP Referral	\$10 per visit
Vision Care			
Eye Exam	One (1) routine eye exam (refraction) every 12 months	None	\$10 per visit
Eyeglasses	One (1) pair every 12 months	None	None

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

**222.300 Dental Services Benefit Limit**

**7-1-04**

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). The procedure codes listed in the table below may be billed for the prophylaxis/fluoride.

<b>National Code</b>	<b>Local Code</b>	<b>Local Code Description</b>
D1110	01110	Prophylaxis – adult (ages 10-20)
D1120	01120	Prophylaxis – child (ages 0-9)
D1201	01201	Topical application of fluoride (including prophylaxis) - child (ages 0-9)
D1205	01205	Topical application of fluoride (including prophylaxis) - adult (ages 10-18)

Refer to Section II 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.

**222.310 Preventive Dental Screens**

**7-1-04**

A. Initial/Periodic Preventive Dental Screens

Procedure code **D0120** (00110 and **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

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 **D0140 (Z2671)** must be billed for an interperiodic preventive dental screen. **This service requires prior authorization.**

**240.400 Prior Authorization for Other Services****7-1-04**

Prior authorization may be required for services that are not specifically mentioned in this manual. Refer to the appropriate Medicaid Provider Policy Manual for information.

**262.100 CPT and/or HCPCS Procedure Codes**

7-1-04

Where both a national code and a local code (“Z” code) are available, the local code can be used only for dates of service through October 15, 2003; the national code must be used for both electronic and paper claims for dates of service after October 15, 2003. Where only a local code is available, it can be used indefinitely, but it can be billed only on a paper claim. Where only a national code is available, it can be used indefinitely for both electronic and paper claims.

**262.110 Medical Supplies Procedure Codes**

7-1-04

The following medical supplies procedure codes may be billed by Medicaid-enrolled Home Health and Prosthetics providers for ARKids First participants. **Type of service codes are used only when billing on paper.**

A4206	A4221	A4222	A4253 U1	A4256
A4259 U2	A4265	A4310	A4311	A4312
A4313	A4314	A4315	A4316	A4320
A4322	A4326	A4327	A4328	A4330
A4338	A4340	A4344	A4346	A4348
A4351	A4352	A4354	A4355	A4356
A4357	A4358	A4359	A4361	A4362
A4364	A4367	A4369	A4371	A4397
A4398	A4399	A4400	A4402	A4404
A4405	A4406	A4450	A4452	A4455
A4558	A4561	A4562	A4623	A4624
A4625	A4626	A4628	A4629	A4772
A4927	A5051	A5052	A5053	A5054
A5055	A5061	A5062	A5063	A5071
A5072	A5073	A5081	A5082	A5093
A5102	A5105	A5112	A5113	A5114
A5119	A5121	A5122	A5126	A5131
A6154	A6234	A6241	A6242	A6248
A7520	B4086	E0776		

National Code	Required Modifier	Local Code	Local Code Description
A6257	—	Z1938	Transparent film, each (16 square inches or less)
A6258	—	Z1939	Transparent film, each (more than 16, but less than 48 square inches)
A6259	—	Z1940	Transparent film, each (more than 48 square inches)
A6216 A6219 A6228	—	Z1941	Gauze pads medicated or non-medicated, each (16 square inches or less)

A6217 A6220 A6229 A6403	—	Z1942	Gauze pads medicated or non-medicated, each (more than 16, but less than 48 square inches)
A6204 A6218 A6221 A6230	—	Z1943	Gauze pads medicated or non-medicated, each (more than 48 square inches)
A6441 A6446	—	Z1944	Gauze, non-elastic, per roll (1 linear yard)
A6242 A6245	—	Z1945	Hydrogel dressing, each (16 square inches or less)
A6243 A6246	—	Z1946	Hydrogel dressing, each (more than 16, but less than 48 square inches)
A6244 A6247	—	Z1947	Hydrogel dressing, each (more than 48 square inches)
A6248	—	Z1948	Hydrogel dressing, each (1 ounce)
A6234 A6237	—	Z1949	Hydrocolloid dressing, each (16 square inches or less)
A6235 A6238	—	Z1950	Hydrocolloid dressing, each (more than 16, but less than 48 square inches)
A6238	U1	Z1951	Hydrocolloid dressing, each (more than 48 square inches)
A6196	—	Z1952	Alginate dressing, each (16 square inches or less)
A6197	—	Z1953	Alginate dressing, each (more than 16, but less than 48 square inches)
A6198	—	Z1954	Alginate dressing, each (more than 48 square inches)
A6197	—	Z1955	Alginate dressing, each (1 linear yard)
A6209 A6212	—	Z1956	Foam dressing, each (16 square inches or less)
A6210 A6213	—	Z1957	Foam dressing, each (more than 16, but less than 48 square inches)
A6211	—	Z1958	Foam dressing, each (more than 48 square inches)
A6200 A6203	—	Z1959	Composite dressing, each (16 square inches or less)
A6201 A6204	—	Z1960	Composite dressing, each (more than 16, but less than 48 square inches)
A6202 A6205	—	Z1961	Composite dressing, each (more than 48 square inches)
A4253	—	Z1963	Blood glucose test or reagent strips for home blood glucose monitor, per 25 strips
A4353	—	Z1964	Urinary intermittent catheter with insertion tray
A4394	—	Z1965	Ostomy deodorant, all types, per ounce
A4365	—	Z1966	Adhesive remover wipes, 50 per box

A4368	—	Z1967	Ostomy filters, any type, each
A6449 A6452	—	Z1969	Gauze elastic, all types, per roll (linear yard)
A4483	—	Z1993	Tracheostomy vent-heat moisture device
B4100	—	Z2481	Thick-lt per 8 oz. can
L8239*	—	Z2483*	Stocking (Jobst)

**\*NOTE: L8239 (Z2483) must be prior authorized. Form DMS-679 may be used for the request for prior authorization. [View or print form DMS-679 and instructions for completion.](#) The costs of B4100 (Z2481) and L8239 (Z2483) are not subject to the \$125 medical supplies monthly benefit limit.**

The following procedure code must be utilized when billing for Pedia-Pop. Reimbursement for this product is provider’s cost plus ten percent. Pedia-Pop is only for oral consumption, and only in frozen form.

**Z2487** Pedia-Pop            1 unit = 1 box            Maximum = 2 units per date of service

**NOTE: Pedia-Pop must be billed on paper.**

**262.120            Durable Medical Equipment (DME) Procedure Codes**

**7-1-04**

The following DME HCPCS procedure codes may be billed by Medicaid-enrolled prosthetics providers for ARKids First-B participants. These procedure codes may be billed with type of service (paper only) code “H”, “U” (used equipment) or “I” (initial rental).

<b>HCPCS code</b>	<b>Type of service (paper only)</b>	<b>Capped rental, purchase or rental only</b>
A4635	H, U	Purchase only
A4636	H, U	Purchase only
A4637	H, U	Purchase only
E0100	H	Purchase only
E0105	H, U	Purchase only
E0110	H, U	Purchase only
E0111	H, U	Purchase only
E0112	H, U	Purchase only
E0113	H, U	Purchase only
E0114	H, U	Purchase only
E0116	H, U	Purchase only
E0130	H, U	Purchase only
E0135	H, U	Purchase only
<b>E0140</b>	<b>H, U</b>	<b>Purchase only</b>
E0143	H, U	Purchase only
E0147	H, U	Purchase only
E0153	H, U	Purchase only
E0154	H, U	Purchase only

E0155	H, U	Purchase only
E0157	H, U	Purchase only
E0158	H, U	Purchase only
E0161	H, U	Purchase only
E0163	H, U	Purchase only
E0164	H, U	Purchase only
E0166	H, I, U	Purchase only
E0167	H, U	Purchase only
E0175	H, U	Purchase only
E0178 U1	H, U	Purchase only
E0180	H, U	Purchase only
E0181	H, I	Capped rental
E0182	H, U	Purchase only
E0184	H, U	Purchase only
E0185	H, U	Purchase only
E0189	H, U	Purchase only
E0190	H	Purchase only
E0191	H, U	Purchase only
E0192	H, U	Capped rental
E0196	H	Purchase only
E0197	H, U	Purchase only
E0200	H, I, U	Capped rental
E0202	H	Rental only
E0205	H, I, U	Capped rental
E0217	H, I, U	Capped rental
E0225	H, I, U	Capped rental
E0235	H, U	Purchase only
E0236	H, I, U	Capped rental
E0238	H, U	Purchase only
E0239	H, I, U	Capped rental
E0249	H, U	Purchase only
E0250	H, I	Capped rental
E0255	H, I, U	Capped rental
E0260	H, I, U	Capped rental
E0271	H, I, U	Capped rental
E0272	H, I	Capped rental
E0273	H, U	Purchase only

E0275	H, U	Purchase only
E0276	H, U	Purchase only
E0280	H, U	Purchase only
E0325	H, U	Purchase only
E0326	H, U	Purchase only
E0424	H, I	Rental only
E0430	H, I	Rental only
E0435	H, I	Rental only
E0439	H, I	Rental only
E0443	H	Purchase only
E0444	H	Purchase only
E0480	H, I, U	Capped rental
E0560	H, U	Purchase only
E0565	H, I, U	Capped rental
E0570	H, U	Purchase only
E0575	H, U	Capped rental
E0585	H, I, U	Capped rental
E0600	H, U	Rental only
E0605	H, U	Purchase only
E0606	H, I, U	Capped rental
E0607 U1	H, U	Purchase only
E0630	H, I, U	Capped rental
E0650	H, I, U	Capped rental
E0667	H, I	Capped rental
E0668	H, I	Capped rental
E0691	H, I	Rental only
E0692	H, I	Rental only
E0693	H, I	Rental only
E0694	H, I	Rental only
E0720	H, I, U	Capped rental
E0730	H, I, U	Capped rental
E0740	H, U	Purchase only
E0745	H, I, U	Capped rental
E0747	H, I, U	Rental only
E0840	H, U	Purchase only
E0850	H, U	Purchase only
E0860	H	Purchase only

E0870	H, U	Purchase only
E0880	H, U	Purchase only
E0890	H, U	Purchase only
E0900	H, U	Purchase only
E0910	H, I, U	Capped rental
E0920	H, I, U	Capped rental
E0930	H, I, U	Capped rental
E0935	H, I, U	Capped rental
E0940	H, I, U	Capped rental
E0941	H, I, U	Capped rental
E0942	H, U	Purchase only
E0944	H, U	Purchase only
E0945	H, U	Purchase only
E0946	H, U	Purchase only
E0947	H, U	Purchase only
E0948	H, U	Purchase only
E1130	H, I, U	Capped rental
E1140	H	Capped rental
E1150	H	Capped rental
E1160	H	Capped rental
E1224	H, I, U	Capped rental
E1390	H, I	Rental only
<b>E1391</b>	<b>H, I</b>	<b>Rental only</b>

National Code	Required Modifier	Local Code	Type of Service Code (paper only)	Local Code Description	Capped rental, purchase or rental only
E1340	<b>NU</b>	Z0425	H	Durable medical equipment repairs/parts only repairs will not be approved for more than the allowed purchase price of new equipment. (The manufacturer's invoice must be attached to the repair claim for all parts.)	Manually priced
Bill on paper	—	Z0428	H	Unlisted durable medical equipment, \$500.00 and over. (The manufacturer's invoice must be attached to the claim form.)	Manually priced

E1340	EP, U2	Z1510	H	Repair enternal nutrition infusion pump	Manually priced
E0779	RR	Z1569	H	Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home	Rental only
E0779	—	Z1569	I		
A7034	RR	Z1579	H	CPAP (continuous positive airway pressure) device, nasal (includes necessary accessory items) <b>Note: Complete medical data pertinent to the request must be submitted with a prior authorization request.</b>	Rental only
A7034	—	Z1579	I		
S8105	—	Z1588	H, I	Pulse oximeter (including 4 disposable probes)	Rental only
E1340	EP, U3	Z1619	6	Unlisted repairs/wheelchairs	Manually priced
E0483	52	Z1705	H	Bronchial drainage system	Rental only
E0483	RR	Z1705	F		
E0483	—	Z1706	H	Pulmonary vest (The manufacturer's invoice must be attached to the claim form.)	Purchase only
E1340	U4	Z1719	H	Maintenance for capped rental items	N/A
E1340	NU, U1	Z1758	H	Labor only (a maximum of twenty (20) units per date of service is allowed) (20 units = 5 hours of labor)	Manually priced
E1340	—	Z1758	6	Labor only (a maximum of twenty (20) units per date of service is allowed) (20 units = 5 hours of labor)	Manually priced
A4670	—	Z1906	H	Electronic blood pressure monitor and cuff	Rental only
A4230	—	Z2208	H	Soft set, 25 per box (non-needle infusion set)	Purchase only
A4213	—	Z2210	H	Syringes/reservoir, 30 per box	Purchase only
Bill on paper	—	Z2211	H	Power kit/batteries	Purchase only
A6021	—	Z2212	H	Polyskin dressing	Purchase only
A6022					
A6023					
A6024					

A4627	52	Z2240	H	Spacer bag or reservoir, without mask, for use with metered dose inhaler	Purchase only
A4627	—	Z2241	H	Spacer bag or reservoir, with mask, for use with metered inhaler	Purchase only