



**Arkansas Department
Of Health and Human Services
Division of Medical Services**



P.O. Box 1437, Slot S295
Little Rock, AR 72203-1437

Fax: 501-682-2480 TDD: 501-682-6789 & 1-877-708-8191 Internet Website: www.medicaid.state.ar.us

OFFICIAL NOTICE

DMS-2005-KK-3

TO: Health Care Provider – Nurse Practitioner

DATE: January 1, 2006

SUBJECT: Injection Procedure Codes J0270 and J0275

In accordance with Section 1903(i) of the Social Security Act, as amended by section 104 of Public Law No. 109-91, procedure codes **J0270** and **J0275** are non-payable, effective for dates of service on and after January 1, 2006.

Thank you for your participation in the Arkansas Medicaid Program.

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 and 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.

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:
www.medicaid.state.ar.us.

Roy Jeffus, Director



Arkansas Department of Health and Human Services

Division of Medical Services



P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789 & 1-877-708-8191

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Physician/Independent Lab/CRNA/Radiation Therapy Center

DATE: January 1, 2006

SUBJECT: Provider Manual Update Transmittal #107

REMOVE

| | |
|----------------|-------------|
| Section | Date |
| 292.591 | 7-1-05 |

INSERT

| | |
|----------------|-------------|
| Section | Date |
| 292.591 | 1-1-06 |

Explanation of Updates

Section 292.591: Procedure code **J0270** has been deleted. In accordance with Section 1903(i) of the Social Security Act, as amended by section 104 of Public Law No. 109-91, procedure codes **J0270** and **J0275** are non-payable, effective for dates of service on and after January 1, 2006.

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.

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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

292.591

Injections and Oral Immunosuppressive Drugs

1-1-06

- A. The following procedure codes for the administration of chemotherapy agents are payable only if provided in a physician's office, place of service code: Paper "3" or electronic "11." These procedures are not payable if performed in the inpatient or outpatient hospital setting:

| | | | | |
|-------|-------|-------|-------|-------|
| 96400 | 96408 | 96414 | 96423 | 96545 |
| 96405 | 96410 | 96420 | 96425 | 96549 |
| 96406 | 96412 | 96422 | 96520 | |

Only one administration fee is allowed per date of service unless "multiple sites" are indicated in the "Procedures, Services or Supplies" field in the CMS-1500 claim format. Supplies are included as part of the administration fee. The administration fee is not allowed when drugs are given orally.

Multiple units may be billed. Take-home drugs are not covered. Drugs loaded into an infusion pump are not classified as "take home drugs."

- B. The following is a list of covered therapeutic agents. Multiple units may be billed, if appropriate. Take-home drugs are not covered. Drugs loaded into an infusion pump are not classified as "take-home drugs."

For coverage information regarding any chemotherapy agent not listed, please contact the Medicaid Reimbursement Unit. [View or print Medicaid Reimbursement Unit contact information.](#)

- C. This list includes drugs covered for recipients of all ages. However, when provided to individuals aged 21 or older, a diagnosis of malignant neoplasm or HIV disease is required.

| Procedure Codes | | | | | | | |
|-----------------|-------|-------|-------|-------|--------|-------|-------|
| J0120 | J0150 | J0190 | J0205 | J0207 | J0210 | J0256 | J0280 |
| J0285 | J0290 | J0295 | J0300 | J0330 | J0350 | J0360 | J0380 |
| J0390 | J0460 | J0470 | J0475 | J0500 | J0515 | J0520 | J0530 |
| J0540 | J0550 | J0560 | J0570 | J0580 | J0595* | J0600 | J0610 |
| J0620 | J0630 | J0640 | J0670 | J0690 | J0694 | J0696 | J0697 |
| J0698 | J0702 | J0704 | J0710 | J0713 | J0715 | J0720 | J0725 |
| J0735 | J0740 | J0743 | J0745 | J0760 | J0770 | J0780 | J0800 |
| J0835 | J0850 | J0895 | J0900 | J0945 | J0970 | J1000 | J1020 |
| J1030 | J1040 | J1051 | J1060 | J1070 | J1080 | J1094 | J1100 |
| J1110 | J1120 | J1160 | J1165 | J1170 | J1180 | J1190 | J1200 |
| J1205 | J1212 | J1230 | J1240 | J1245 | J1250 | J1260 | J1320 |
| J1325 | J1330 | J1364 | J1380 | J1390 | J1410 | J1435 | J1436 |
| J1440 | J1441 | J1455 | J1570 | J1580 | J1610 | J1620 | J1626 |
| J1630 | J1631 | J1642 | J1644 | J1645 | J1650 | J1670 | J1700 |
| J1710 | J1720 | J1730 | J1742 | J1750 | J1785 | J1800 | J1810 |
| J1815 | J1825 | J1830 | J1840 | J1850 | J1885 | J1890 | J1910 |

| Procedure Codes | | | | | | | |
|-----------------|--------|--------|--------|--------|--------|--------|--------|
| J1940 | J1950 | J1955 | J1960 | J1980 | J1990 | J2000 | J2001 |
| J2010 | J2060 | J2150 | J2175 | J2180 | J2185 | J2210 | J2250 |
| J2270 | J2275 | J2280 | J2300 | J2353* | J2354* | J2310 | J2320 |
| J2321 | J2322 | J2360 | J2370 | J2400 | J2405 | J2410 | J2430 |
| J2440 | J2460 | J2505* | J2510 | J2515 | J2540 | J2550 | J2560 |
| J2590 | J2597 | J2650 | J2670 | J2675 | J2680 | J2690 | J2700 |
| J2710 | J2720 | J2725 | J2730 | J2760 | J2765 | J2783* | J2800 |
| J2820 | J2912 | J2920 | J2930 | J2950 | J2995 | J3000 | J3010 |
| J3030 | J3070 | J3105 | J3120 | J3130 | J3140 | J3150 | J3230 |
| J3240 | J3250 | J3260 | J3265 | J3280 | J3301 | J3302 | J3303 |
| J3305 | J3310 | J3320 | J3350 | J3360 | J3364 | J3365 | J3370 |
| J3400 | J3410 | J3430 | J3465* | J3470 | J3475 | J3480 | J3487* |
| J3490* | J3520 | J7190 | J7191 | J7192 | J7194 | J7197 | J7310 |
| J7501 | J7504 | J7505 | J7506 | J7507* | J7508* | J7509 | J7510 |
| J7599* | J8530 | J9000 | J9001 | J9010 | J9015 | J9020 | J9031 |
| J9040 | J9045 | J9050 | J9060 | J9062 | J9065 | J9070 | J9080 |
| J9090 | J9091 | J9092 | J9093 | J9094 | J9095 | J9096 | J9097 |
| J9098* | J9100 | J9110 | J9120 | J9130 | J9140 | J9150 | J9165 |
| J9170 | J9178* | J9181 | J9182 | J9185 | J9190 | J9200 | J9201 |
| J9202 | J9206 | J9208 | J9209 | J9211 | J9212 | J9213 | J9214 |
| J9215 | J9216 | J9217 | J9218* | J9230 | J9245 | J9250 | J9260 |
| J9263* | J9265 | J9266 | J9268 | J9270 | J9280 | J9290 | J9291 |
| J9293 | J9300 | J9310 | J9320 | J9340 | J9355 | J9360 | J9370 |
| J9375 | J9380 | J9390 | J9600 | J9999* | Q0163 | Q0164 | Q0165 |
| Q0166 | Q0167 | Q0168 | Q0169 | Q0170 | Q0171 | Q0172 | Q0173 |
| Q0174 | Q0175 | Q0176 | Q0177 | Q0178 | Q0179 | Q0180 | Q4075 |
| S0115 | S0187 | | | | | | |

*Procedure code requires paper billing.

The above injections may be provided in the physician's office. Multiple units may be billed.



Arkansas Department of Health and Human Services

Division of Medical Services



P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789 & 1-877-708-8191

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Hospital, Critical Access Hospital (CAH), End-Stage Renal Disease (ESRD)

DATE: January 1, 2006

SUBJECT: Provider Manual Update Transmittal #88

REMOVE

| | |
|----------------|-------------|
| Section | Date |
| 272.101 | 10-13-03 |

INSERT

| | |
|----------------|-------------|
| Section | Date |
| 272.101 | 1-1-06 |

Explanation of Updates

Section 272.101: In accordance with Section 1903(i) of the Social Security Act, as amended by section 104 of Public Law No. 109-91, procedure codes **J0270** and **J0275** are non-payable, effective for dates of service on and after January 1, 2006.

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.

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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

272.101 Non-Payable Procedure Codes

1-1-06

The following is a list of CPT-4 procedure codes that are non-payable under the Arkansas Medicaid Program. Some procedure codes are non-payable, but the service is payable under another procedure code. (See Special Billing Instructions, Section 272.400, of this manual.)

| Procedure Codes | | | | |
|------------------------|-------|-------|-------|-------|
| 11900 | 11901 | 11920 | 11921 | 11922 |
| 11950 | 11951 | 11952 | 11954 | 15775 |
| 15776 | 15780 | 15781 | 15783 | 15786 |
| 15787 | 15810 | 15811 | 15819 | 15820 |
| 15821 | 15822 | 15823 | 15824 | 15825 |
| 15826 | 15828 | 15829 | 15832 | 15833 |
| 15834 | 15835 | 15836 | 15837 | 15838 |
| 15839 | 15876 | 15877 | 15878 | 15879 |
| 17360 | 17380 | 19316 | 19396 | 21497 |
| 27193 | 27591 | 27881 | 28531 | 32850 |
| 32853 | 32854 | 33930 | 33935 | 33940 |
| 36415 | 36468 | 36469 | 43265 | 44955 |
| 45520 | 46500 | 47133 | 48550 | 49400 |
| 50300 | 54401 | 54405 | 54407 | 54409 |
| 54660 | 54900 | 54901 | 55870 | 55970 |
| 55980 | 56805 | 57170 | 58321 | 58322 |
| 58323 | 58970 | 58972 | 58974 | 58976 |
| 59200 | 59425 | 59426 | 59430 | 63690 |
| 63691 | 65760 | 65771 | 68340 | 69090 |
| 69710 | 69711 | 76948 | 76986 | 78890 |
| 78891 | 80103 | 84061 | 85029 | 85030 |
| 86227 | 87001 | 87003 | 88000 | 88005 |
| 88007 | 88012 | 88014 | 88016 | 88020 |
| 88025 | 88027 | 88028 | 88029 | 88036 |
| 88037 | 88040 | 88045 | 88099 | 88151 |
| 90714 | 90717 | 90719 | 90725 | 90727 |
| 90728 | 90733 | 90741 | 90742 | 90780 |
| 90781 | 90782 | 90783 | 90784 | 90788 |
| 90825 | 90830 | 90835 | 90845 | 90846 |
| 90880 | 90882 | 90887 | 90889 | 90900 |
| 90902 | 90904 | 90906 | 90908 | 90910 |

| Procedure Codes | | | | |
|------------------------|-------|-------|-------|-------|
| 90911 | 90915 | 90918 | 90919 | 90920 |
| 90921 | 90935 | 90937 | 90945 | 90947 |
| 90989 | 90993 | 91060 | 92065 | 92070 |
| 92285 | 92310 | 92311 | 92312 | 92313 |
| 92314 | 92315 | 92316 | 92317 | 92325 |
| 92326 | 92330 | 92335 | 92340 | 92341 |
| 92342 | 92352 | 92353 | 92354 | 92355 |
| 92358 | 92370 | 92371 | 92390 | 92391 |
| 92392 | 92393 | 92395 | 92396 | 92592 |
| 92593 | 92596 | 93000 | 93010 | 93040 |
| 93042 | 93797 | 93798 | 94656 | 94657 |
| 94660 | 94662 | 94667 | 94668 | 94762 |
| 95078 | 95883 | 96900 | 97545 | 97546 |
| 99000 | 99001 | 99002 | 99024 | 99056 |
| 99070 | 99071 | 99075 | 99078 | 99080 |
| 99090 | 99100 | 99116 | 99135 | 99140 |
| 99178 | 99185 | 99261 | 99262 | 99263 |
| 99321 | 99322 | 99323 | 99331 | 99332 |
| 99333 | 99358 | 99359 | 99361 | 99362 |
| 99371 | 99372 | 99373 | 99375 | 99376 |
| 99381 | 99382 | 99383 | 99384 | 99385 |
| 99386 | 99387 | 99391 | 99392 | 99393 |
| 99394 | 99395 | 99396 | 99397 | 99401 |
| 99402 | 99403 | 99404 | 99411 | 99412 |
| 99420 | 99429 | 99431 | 99433 | 99499 |
| J0490 | J0782 | J1650 | J2290 | J9160 |
| J9180 | J9210 | J9310 | J9330 | J9350 |
| P9600 | Q0069 | Q0070 | Q0071 | Q0072 |
| R0040 | R0080 | T5905 | W0040 | W0045 |
| W0050 | W0900 | W5110 | W5135 | W7010 |
| X0200 | X0205 | Y0005 | Y0020 | Y0030 |
| Y0035 | Y0040 | Y0045 | Y0050 | Y0060 |
| Y0065 | Y0075 | Y0080 | Y0085 | Y0095 |
| Y0100 | Y0110 | Y0115 | Y0120 | Y0130 |
| Y0140 | Y0365 | Y0370 | Y0375 | Y0450 |

| Procedure Codes | | | | |
|-----------------|--------|-------|-------|-------|
| Y0460 | Y0540 | Y1010 | Y1015 | Y1020 |
| Y1025 | Y1030 | Y1035 | Y1040 | Y1045 |
| Z0611 | Z0625 | Z0626 | Z0628 | Z0629 |
| Z0630 | Z0631 | Z0632 | Z0633 | Z0634 |
| Z0635 | Z0645 | Z0652 | Z0653 | Z0654 |
| Z0655 | Z0656 | Z0657 | Z0658 | Z0659 |
| Z0660 | Z0661 | Z0664 | Z0665 | Z0669 |
| Z0679 | Z0680 | Z0681 | Z0698 | Z1511 |
| Z1515 | Z1516 | Z1520 | Z1568 | Z1630 |
| Z1731 | Z1755 | Z1756 | Z1762 | Z1816 |
| Z1826 | Z1833 | Z1834 | Z1852 | Z1860 |
| Z1865 | Z1873 | Z1877 | Z1914 | Z1935 |
| J0270* | J0275* | | | |

* Non-payable effective for dates of service on and after 1-1-06.



Arkansas Department Of Health and Human Services



Division of Medical Services

P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789 & 1-877-708-8191

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers - Pharmacy

DATE: January 1, 2006

SUBJECT: Provider Manual Update Transmittal #83

REMOVE

| | |
|----------------|-------------|
| Section | Date |
| 212.000 | 4-15-05 |

INSERT

| | |
|----------------|-------------|
| Section | Date |
| 212.000 | 1-1-06 |

Explanation of Updates

Section 212.000 is included to add that drugs used to treat sexual or erectile dysfunction are non-covered as of January 1, 2006.

In accordance with Section 1903(i) of the Social Security Act, as amended by section 104 of Public Law No. 109-91, procedure codes **J0270** and **J0275** are non-payable, effective for dates of service on and after January 1, 2006.

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.

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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

212.000

Exclusions

1-1-06

- A. Products manufactured by non-rebating pharmaceutical companies are not covered by the Arkansas Medicaid Pharmacy Program.
- B. The following categories of drugs are not covered in the Arkansas Medicaid Pharmacy Program:
1. Agents used for weight reduction
 2. **Drugs used to treat sexual and erectile dysfunction**
 3. Agents used to promote fertility
 4. Agents used for cosmetic purposes (including acne preparations) or hair growth
 5. Vitamins and mineral products, except prescription prenatal vitamins for pregnant women only and prescription fluoride preparations. See www.medicaid.state.ar.us for a list of possible exceptions.
 6. Drugs that have been determined by the FDA to be ineffective and have DESI ratings of 5 or 6.
 7. Sedatives and hypnotics in the benzodiazepine category except Dalmane, Doral, Halcion, Prosom and Restoril (brand name or generic, depending on whether the drug has a generic upper limit).
 8. Devices except disposable insulin syringes, insulin needles, condoms and diaphragms
 9. Supplies
 10. Over-the-counter products except those included in the Covered Over-the-Counter (OTC) Products list. [View or print Covered Over-the-Counter Products list.](#) OTC products are not covered for long-term care facility residents.
 11. Limited cough and cold preparations are covered only for Medicaid-eligible recipients under the age of 21 years. Prescription cough and cold preparations are covered for certified long-term care recipients. [View or print a list of cough and cold preparations.](#)
 12. Vaccines, except for the influenza virus and pneumococcal polysaccharide vaccines. (See section 210.100 of this manual.)

Medical accessories are not covered under the Arkansas Medicaid Pharmacy Program. Typical examples of medical accessories are atomizers, nebulizers, hot water bottles, fountain syringes, ice bags and caps, urinals, bedpans, glucose monitoring devices and supplies, cotton, gauze and bandages, wheelchairs, crutches, braces, supports, diapers and nutritional products.