



Arkansas Department of Health and Human Services

Division of Medical Services



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TO: Arkansas Medicaid Health Care Providers – ARKids First- B

DATE August 1, 2006

SUBJECT: Provider Manual Update Transmittal #36

REMOVE

| Section | Date |
|----------------|-------------|
| 224.200 | 10-13-03 |
| 262.110 | 7-1-05 |
| 262.120 | 7-1-05 |
| 262.140 | 12-5-05 |

INSERT

| Section | Date |
|----------------|-------------|
| 224.200 | 8-1-06 |
| 262.110 | 8-1-06 |
| 262.120 | 8-1-06 |
| 262.140 | 8-1-06 |

Explanation of Updates

Section 224.200 is included to correct the section reference number shown in this paragraph.

Section 262.110 is included to update information about various procedure codes by deleting old procedure codes, correcting code descriptions and adding new codes that are currently payable. A procedure code table was reformatted to add a column for the type of service (TOS) codes to be shown.

Section 262.120 is included to delete procedure code E1340 EP U2 on repairing an enteral pump because it had been included in error; other information has been updated on the procedure codes such as deleting old codes, correcting code descriptions and adding new codes that are currently payable. Some minor formatting has occurred and some other unnecessary information has been deleted.

Section 262.140 is included to make a few minor changes. The section has been renamed as Speech-Language Pathology Procedure Codes. Providers are advised to use modifier UB when billing procedure code 92508 for the speech-language pathology assistant. A code description has been added for procedure code 92506. Some reformatting has occurred resulting in the local code column heading and the old local code numbers being deleted. Other obsolete information has been deleted. Additional billing instructions have been added for providers.

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 (TDD only).

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

224.200 Coinsurance

8-1-06

Refer to Section 221.100 of this manual for services that require coinsurance.

262.110 Medical Supplies Procedure Codes

8-1-06

The following medical supplies procedure codes may be billed by Medicaid-enrolled Home Health and Prosthetics providers for ARKids First-B participants. **Type of service (TOS) 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 |
| A5120 | A5121 | A5122 | A5126 | A5131 |
| A6154 | A6234 | A6241 | A6242 | A6248 |
| A7520 | B4086 | E0776 | | |

| Procedure Code | Required Modifier(s) | TOS Code | Description |
|-------------------------|----------------------|----------|--|
| A6257 | — | | Transparent film, each (16 square inches or less) |
| A6258 | — | | Transparent film, each (more than 16, but less than 48 square inches) |
| A6259 | — | | Transparent film, each (more than 48 square inches) |
| A6216 A6219 A6228 | — | | Gauze pads medicated or non-medicated, each (16 square inches or less) |
| A6217 A6220 A6229 | — | | Gauze pads medicated or non-medicated, each (more than 16, but less than 48 square inches) |

| Procedure Code | Required Modifier(s) | TOS Code | Description |
|----------------------------------|----------------------|----------|--|
| A6403 | | | |
| A6204 A6218 A6221 A6230 | — | | Gauze pads medicated or non-medicated, each (more than 48 square inches) |
| A6441 A6446 | — | | Gauze, non-elastic, per roll (1 linear yard) |
| A6242 A6245 | — | | Hydrogel dressing, each (16 square inches or less) |
| A6243 A6246 | — | | Hydrogel dressing, each (more than 16, but less than 48 square inches) |
| A6244 A6247 | — | | Hydrogel dressing, each (more than 48 square inches) |
| A6248 | — | | Hydrogel dressing, each (1 ounce) |
| A6234 A6237 | — | | Hydrocolloid dressing, each (16 square inches or less) |
| A6235 A6238 | — | | Hydrocolloid dressing, each (more than 16, but less than 48 square inches) |
| A6238 | U1 | | Hydrocolloid dressing, each (more than 48 square inches) |
| A6196 | — | | Alginate dressing, each (16 square inches or less) |
| A6197 | — | | Alginate dressing, each (more than 16, but less than 48 square inches) |
| A6198 | — | | Alginate dressing, each (more than 48 square inches) |
| A6197 | — | | Alginate dressing, each (1 linear yard) |
| A6209 A6212 | — | | Foam dressing, each (16 square inches or less) |
| A6210 A6213 | — | | Foam dressing, each (more than 16, but less than 48 square inches) |
| A6211 | — | | Foam dressing, each (more than 48 square inches) |
| A6200 A6203 | — | | Composite dressing, each (16 square inches or less) |
| A6201 A6204 | — | | Composite dressing, each (more than 16, but less than 48 square inches) |
| A6202 A6205 | — | | Composite dressing, each (more than 48 square inches) |
| A4253 | — | | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips |
| A4353 | — | | Urinary intermittent catheter with insertion supplies |
| A4394 | — | | Ostomy deodorant, all types, per ounce |
| A4365 | — | | Adhesive remover wipes, any type, per 50 |
| A4368 | — | | Ostomy filters, any type, each |

| Procedure Code | Required Modifier(s) | TOS Code | Description |
|----------------|----------------------|----------|--|
| A6449 A6452 | — | | Gauze elastic, all types, per roll (linear yard) |
| A4483 | — | | Moisture exchange/agreer, disposable, for use with invasive mech |
| B4100 | — | H | Food thickener, administered orally, per oz. |
| A6549* | — | | Stocking (Jobst) |

***NOTE:** A6549 must be prior authorized. Form DMS-699 must be used for the request for prior authorization. [View or print form DMS-699 and instructions for completion.](#) The costs of B4100 and A6549 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

8-1-06

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

| HCPCS code | TOS Code (paper only) | Capped rental, purchase or rental only |
|------------|-----------------------|--|
| 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 |
| E0140 | H, U | Purchase only |
| E0143 | H, U | Purchase only |
| E0147 | H, U | Purchase only |

| HCPCS code | TOS Code (paper only) | Capped rental, purchase or rental 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 |
| 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 |
| E2601 E2602 | 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 |

| HCPCS code | TOS Code (paper only) | Capped rental, purchase or rental only |
|-------------------|------------------------------|---|
| 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 |

| HCPCS code | TOS Code (paper only) | Capped rental, purchase or rental only |
|-------------------|------------------------------|---|
| 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 |
| E1391 | H, I | Rental only |
| E2611 | H | Purchase only |
| E2612 | H | Purchase only |

| Procedure Code | Required Modifier | TOS Code (paper only) | Description | Capped rental, purchase or rental only |
|----------------|-------------------|-----------------------|---|--|
| E1340 | NU | 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 | — | H | Unlisted durable medical equipment, \$500.00 and over. (The manufacturer's invoice must be attached to the claim form.) | Manually priced |
| E0779 | RR | 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 | — | I | | |
| A7034 | RR | H | CPAP (continuous positive airway pressure) device, nasal (includes necessary accessory items) Note: Complete medical data pertinent to the request must be submitted with a prior authorization request. | Rental only |
| A7034 | — | I | | |
| E0445 | — | H, I | Pulse oximeter (including 4 disposable probes) | Rental only |
| E1340 | EP, U3 | 6 | Unlisted repairs/wheelchairs | Manually priced |
| E0483 | UB | H | High-frequency chest-wall oscillation air-pulse generator system, incl | Rental only |
| E0483 | RR | H | | |
| E0483 | — | H | Pulmonary vest (The manufacturer's invoice must be attached to the claim form.) | Purchase only |
| E1340 | U4 | H | Maintenance for capped rental items | N/A |
| E1340 | NU, U1 | H | Labor only (a maximum of twenty (20) units per date of service is allowed) (20 units = 5 hours of labor) | Manually priced |
| E1340 | — | 6 | Labor only (a maximum of twenty (20) units per date of service is allowed) (20 units = 5 hours of labor) | Manually priced |

| Procedure Code | Required Modifier | TOS Code (paper only) | Description | Capped rental, purchase or rental only |
|----------------------------------|-------------------|-----------------------|--|--|
| A4670 | — | H | Electronic blood pressure monitor and cuff | Rental only |
| A4230 | — | H | Infusion set for external insulin pump, non-needle cannula type | Purchase only |
| A4213 | — | H | Syringes, sterile, 20 cc or greater, each | Purchase only |
| Bill on paper | — | H | Power kit/batteries | Purchase only |
| A6021 A6022 A6023 A6024 | — | H | Polyskin dressing | Purchase only |
| A4627 | UB | H | Spacer bag or reservoir, with or without mask, for use with metered dose inhaler | Purchase only |
| A4627 | — | H | Spacer bag or reservoir, with mask, for use with metered inhaler | Purchase only |

262.140 Speech-Language Pathology Procedure Codes

8-1-06

| Procedure Code | Required Modifier | Description |
|----------------|-------------------|--|
| 92506 | | Evaluation for Speech Therapy |
| 92507 | — | Individual Speech Session |
| 92507 | UB | Individual Speech Therapy by Speech Language Pathology Assistant |
| 92508 | — | Group Speech Session |
| 92508 | UB | Group Speech Therapy by Speech Language Pathology Assistant |

Occupational, physical and speech-language pathology procedure codes are payable when billed using type of service (TOS) code B.