



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

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

TO: Arkansas Medicaid Health Care Providers – Prosthetics

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal # 81

REMOVE

Section	Date
242.200	9-1-04

INSERT

Section	Date
242.200	4-3-06

Explanation of Updates

Section 242.200 has been included to revise place of service (POS) code **33** to POS **32**, effective for dates of service on and after April 3, 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.

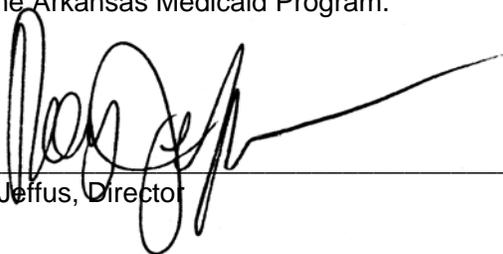
If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

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:

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Thank you for your participation in the Arkansas Medicaid Program.



Roy Jeffus, Director

242.200 Place of Service, Type of Service and Modifier Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Inpatient Hospital	1	21
Outpatient Hospital	2	22
Doctor's Office	3	11
Patient's Home	4	12
Day Care Facility	5	52
Night Care Facility	6	52
Nursing Facility	7	32
Skilled Nursing Facility	8	31
Ambulance	9	41
Other Locations	0	99
Independent Laboratory	A	81
Ambulatory Surgical Center	B	24
Residential Treatment Center	C	56
Specialized Treatment Facility	D	56
Comprehensive Outpatient Rehabilitative Facility	E	62
Independent Kidney Disease Treatment Center	F	65
Inpatient Psychiatric Facility	G	51

Type of Service (paper only)

H—Over 21

U—Used Equipment

I—Initial Rental

6—Under 21

Modifiers

EP- Service provided as part of EPSDT Program

KH-Durable Medical Equipment (DME) item, initial claim, first month's rental

NU-New Equipment

RR-Durable Medical Equipment (DME) Rental

U1-Medicaid Level of Care 1 (defined by state)

U2-Medicaid level of Care 2 (defined by state)

U3-Medicaid level of care 3 (defined by state)

Modifiers

U4-Medicaid level of care 4 (defined by state)

U5-Medicaid level of care 5 (defined by state)

UE-Used durable medical equipment (DME)

52-Reduced Services



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Fax: 501-682-2480

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

TO: Arkansas Medicaid Health Care Providers – Certified Nurse Midwife

DATE: April 3, 2006

SUBJECT: Provider Manual Update Transmittal #74

REMOVE

Section	Date
272.000	10-13-03

INSERT

Section	Date
272.000	4-3-06

Explanation of Updates

Section 272.200: This section corrects the place of service code for nursing facility.

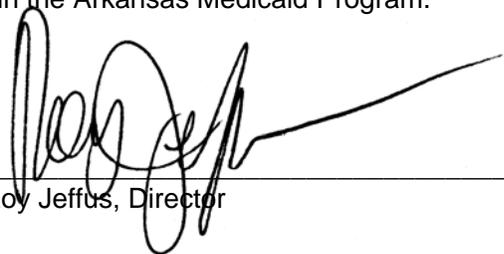
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Roy Jeffus, Director

272.200 Place of Service and Type of Service Codes

4-3-06

Place of Service	Paper Claims	Electronic Claims
Inpatient Hospital	1	21
Outpatient Hospital	2	22
Doctor's Office	3	11
Patient's Home	4	12
Nursing Facility	7	32
Skilled Nursing Facility	8	31
Other Locations	0	99
Independent Laboratory	A	81
Ambulatory Surgical Center	B	24
Specialized Treatment Facility or Federally Qualified Health Center (FQHC)	D	56
Emergency Department for Emergency Services	X	23
Type of Service (paper only)		
9 - Certified Nurse- Midwife		
A - Family Planning		