



**Division of Medical Services
Program Planning & Development**

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



TO: Arkansas Medicaid Health Care Providers – ARKids First - B
DATE: April 1, 2009
SUBJECT: Provider Manual Update Transmittal #79

<u>REMOVE</u>		<u>INSERT</u>	
Section	Date	Section	Date
221.000	10-13-03	221.000	4-1-09
221.100	7-1-06	221.100	4-1-09
222.100	10-13-03	222.100	4-1-09
222.200	10-13-03	222.200	4-1-09
222.300	12-1-06	222.300	4-1-09
222.310	12-1-06	—	—
222.400	9-1-06	222.400	4-1-09
222.500	10-13-03	222.500	4-1-09
222.600	12-1-04	222.600	4-1-09
222.610	10-13-03	—	—
—	—	222.700	4-1-09
—	—	222.710	4-1-09
—	—	222.720	4-1-09
—	—	222.730	4-1-09
—	—	222.740	4-1-09
—	—	222.800	4-1-09
—	—	222.810	4-1-09
—	—	222.820	4-1-09
—	—	222.830	4-1-09
—	—	222.840	4-1-09
—	—	222.850	4-1-09
223.000	10-13-03	223.000	Blank
223.100	7-1-05	223.100	4-1-09
—	—	223.200	4-1-09
240.200	12-1-06	240.200	4-1-09
241.000	11-1-06	241.000	4-1-09
262.400	7-1-07	262.400	4-1-09
—	—	262.150	4-1-09
262.430	7-1-07	262.430	4-1-09

Explanation of Updates

Section 221.000 is updated changing the term “recipient” to the correct Medicaid term “beneficiary”. Additional minor wording changes are made to clarify policy intent.

Section 221.100 is updated by making minor wording changes to better clarify policy intent.

Section 222.000 is updated by making a title change to clarify policy intent.

Section 222.100 is updated by making minor wording changes to clarify policy intent.

Section 222.200 is updated with wording changes to better clarify policy intent.

Section 222.300 is updated with wording changes to better clarify policy intent and to relocate billing information to appropriate section (262.150).

Section 222.310 is deleted and information relocated to section 262.150.

Section 222.400 has a title change to better clarify policy intent.

Section 222.500 has a title change and minor wording changes to better clarify policy intent.

Section 222.600 has been renamed and contains new section information outlining Speech Therapy Benefits. The former content of 222.600 has been relocated within new section 222.710.

Section 222.610 is deleted and information relocated to section 222.800.

Section 222.700 is a new section heading containing information formerly located in section 222.600.

Section 222.710 is a new section number containing information formerly located in section 222.600 and contains minor wording changes to better clarify policy intent.

Section 222.720 is a new section that adds expanded hearing screen risk assessment information to better clarify policy.

Section 222.730 is a new section that adds expanded vision screen risk assessment information to better clarify policy.

Section 222.740 is a new section that adds expanded dental screen risk assessment information to better clarify policy.

Sections 222.800 through 222.850 are new sections containing expanded information formerly referenced in section 222.610.

Section 223.000 is changed to a re-titled section heading; information formerly contained in this section has been relocated to sections 223.100 and 223.200.

Section 223.100 is changed to contain expanded information regarding medical supplies extended benefits.

Section 223.200 is a new section that adds expanded information regarding speech therapy extended benefits.

Section 240.200 is updated with a new section on speech therapy extended benefits

Section 241.000 is updated with wording changes to better clarify policy intent.

Section 262.400 is updated with wording changes to better clarify policy intent.

Section 262.150 is a new section appropriately relocating billing code information separate from coverage information for dental services.

Section 262.430 is updated with wording changes to better clarify policy intent and the addition of VFC billing codes to further clarify billing procedures.

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 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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

TOC required

221.000 Scope

4-1-09

Covered services provided to ARKids First-B beneficiaries are within the same scope of services provided to Arkansas Medicaid ARKids First –A beneficiaries. However, some services are subject to different levels of benefits and cost sharing amounts are applied. Refer to the appropriate Arkansas Medicaid provider manual for the scope of each service covered under the ARKids First Program. See section 221.100 of this manual for a listing of ARKids First-B Medical Care Benefits that indicate restrictions and required co-payment/co-insurance or cost-sharing amounts for covered services.

ARKids First-B beneficiaries receive preventive health care screens and treatment options within covered benefits. ARKids First-B beneficiaries are not entitled to the same benefits as children under the Arkansas Medicaid Child Health Services (EPSDT) Program and may not be billed as an EPSDT screen.

221.100 ARKids First-B Medical Care Benefits

4-1-09

Listed below are the covered services for the ARKids-B program. This chart also includes benefits, whether Prior Authorization or a Primary Care Physician (PCP) referral is required and specifies the cost-sharing requirements.

Program Services	Benefit Coverage and Restrictions	Prior Authorization/ PCP Referral	Co-payment/ Coinsurance/ Cost-Sharing Requirement
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 – PA for inter-periodic screens	\$10 per visit
Durable Medical Equipment	Medical Necessity \$500 per state fiscal year (July 1 through June 30) minus the coinsurance/cost-share. Covered items are listed in section 262.120	PCP Referral and Prescription	20% of Medicaid allowed amount per DME item cost-share
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

Program Services	Benefit Coverage and Restrictions	Prior Authorization/ PCP Referral	Co-payment/ Coinsurance/ Cost-Sharing Requirement
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 if age 1 or over	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 Benefit of \$125/mo. Covered supplies listed in section 262.110	PCP Prescriptions PA required on supply amounts exceeding \$125/mo	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

Program Services	Benefit Coverage and Restrictions	Prior Authorization/ PCP Referral	Co-payment/ Coinsurance/ Cost-Sharing Requirement
Speech Therapy	Medical Necessity 4 evaluation units (1 unit =30 min) per state fiscal year 4 therapy units (1 unit=15 min) daily	PCP Referral Authorization required on extended benefit of services	\$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 specialty provider manual for prior authorization and PCP referral procedures.

ARKids First-B beneficiary cost-sharing is capped at 5% of the family's gross annual income.

221.200 Exclusions

10-13-03

Services Not Covered for ARKids First-B Beneficiaries:

Audiological Services; EXCEPTION, Tympanometry, CPT procedure code 92567, when the diagnosis is within the ICD-9-CM range of 381.0 through 382.9

Child Health Management Services (CHMS)

Child Health Services/Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Developmental Day Treatment Clinic Services (DDTCS)

Diapers, underpads and incontinence Supplies

Domiciliary Care

End Stage Renal Disease Services

Hearing aids

Hospice

Hyperalimentation

Inpatient Psychiatric Services for Under Age 21

Non-Emergency transportation

Nursing facilities

Occupational and Physical Therapies

Orthodontia

Orthotic Appliances and Prosthetic Devices

Personal Care

Private Duty Nursing Services

Rehabilitation Therapy for Chemical Dependency

Rehabilitative Services for Children

Rehabilitative Services for Persons with Physical Disabilities (RSPD)

School-Based Mental Health Services

Targeted Case Management

Ventilator Services

222.000 Benefits - ARKids First-B Program

222.100 Medical Supplies Benefit

4-1-09

Only Prosthetics Program and Home Health Program providers may bill for items in the medical supplies category. Refer to Section 262.110 of this manual for a listing of medical supplies covered for ARKids First-B beneficiaries. Medical supplies benefits are \$125.00 per month, per beneficiary. The \$125.00 may be provided by the Home Health Program, the Prosthetics Program or a combination of the two. However, an ARKids First-B beneficiary may not receive more than a total of \$125.00 of supplies per month unless extended benefits have been requested and granted. An extension of the \$125.00 per month benefit may be considered when medically necessary. Refer to the respective Arkansas Medicaid Provider Manual for procedures regarding requests for extended benefits for medical supplies.

222.200 Durable Medical Equipment (DME) Benefit

4-1-09

Durable Medical Equipment (DME) benefit for ARKids First-B beneficiaries is \$500.00 per state fiscal year (July 1 through June 30). There is a 20% co-insurance per item. DME may be billed by providers enrolled in the Prosthetics Program.

Refer to Section 262.120 of this manual for a listing of DME items covered by the ARKids First-B Program.

222.300 Dental Services Benefit

4-1-09

Dental services benefits for ARKids First-B beneficiaries are one periodic dental exam, bite-wing x-rays, and prophylaxis/fluoride treatments every six (6) months plus one (1) day. Scalings are covered once per State Fiscal Year (SFY).

The procedure codes listed in Section 262.150 may be billed for the periodic dental exams, interperiodic dental exams and prophylaxis/fluoride for ARKids First –B beneficiaries.

Refer to Section II of the Medicaid Dental Provider Manual for a complete listing of covered dental services. Procedures for dental treatment services that are not listed as a payable service in the Medicaid Dental Provider Manual may be requested on individual treatment plans for prior authorization review. These individually requested procedures and dental treatment services are subject to determination of medical necessity, review and approval by the Division of Medical Services dental consultants.

Orthodontia Services are not covered for ARKids First-B beneficiaries.

222.400 Vision Care Benefit

4-1-09

One routine eye exam (refraction) every twelve months is covered for ARKids First-B beneficiaries.

Refer to Section II of the Visual Care Provider Manual for a complete listing of covered visual services.

222.500 Home Health Benefit

4-1-09

Home Health benefits for ARKids First-B beneficiaries are 10 visits per state fiscal year (July 1 through June 30). The 10 visits may be provided by a registered nurse or licensed practical nurse or a combination of the two. However, an ARKids First-B beneficiary will not have coverage for more than 10 visits per state fiscal year.

Refer to Section II of the Home Health Provider manual for further coverage details and billing procedures.

See section 222.100 regarding benefits for medical supplies.

222.600 Speech Therapy Benefits

4-1-09

Speech Therapy services are available to beneficiaries in the ARKids First-B program and must be performed by a qualified, Medicaid participating Speech Therapist. A referral for a speech therapy evaluation and prescribed treatment must be made by the beneficiary's PCP or attending physician if exempt from the PCP program. All therapy services for ARKids First – B beneficiaries require referrals and prescriptions be made utilizing the "Occupational, Physical and Speech Therapy for Medicaid Eligible Recipients Under Age 21" form DMS-640. [View or print form DMS-640](#)

Speech therapy referrals and covered services are further defined in the Physicians and in the Occupational, Physical and Speech Therapy Provider Manuals. Physicians and therapists must refer to those manuals for additional rules and regulations that apply to speech therapy services for ARKids First – B beneficiaries.

Arkansas Medicaid applies the following daily therapy benefits to speech therapy services in this program:

- A. Medicaid will reimburse up to four (4) speech therapy evaluation units (1 unit = 30 minutes) per state fiscal year (July 1 through June 30) without authorization. Additional evaluation units will require an extended therapy request.
- B. Medicaid will reimburse up to four (4) speech therapy units (1 unit = 15 minutes) daily, without authorization. Additional therapy units will require an extended therapy request.
- C. All requests for extended therapy services must comply with the guidelines located within the Occupational, Physical and Speech Therapy Provider Manual.

222.700 Preventive Health Screens

222.710 Introduction

4-1-09

The ARKids First-B Program supports preventive medicine for beneficiaries by reimbursing primary care physicians (PCPs) who provide medical preventive health screens and qualified screening providers to whom PCPs refer beneficiaries. ARKids First-B outreach efforts vigorously promote the program's emphasis on preventive medical health care. Beneficiary cost sharing does not apply to covered preventive medical health screens, including those for newborns.

The supplemental eligibility response request to an ARKids First-B beneficiary's identification card will indicate to the provider the date of the beneficiary's last preventive health screen (procedure codes 99381 through 99385; and/or 99391 through 99395). This information should be reviewed and verified, along with the beneficiary's eligibility, prior to performing a service. This information will assist the beneficiary's PCP or preventive health screen provider in determining the beneficiary's eligibility for the service and ensuring that preventive health screens are performed in a timely manner in compliance with the periodicity chart for ARKids First-B beneficiaries.

Newborn screens do not require PCP referral.

Certified nurse-midwives may provide newborn screens ONLY.

Nurse practitioners, in addition to newborn preventive health screens, are authorized to provide other preventive health screens with a PCP referral. Refer to section 262.130 for preventive health screens procedure codes.

222.720 Hearing Screens

4-1-09

A hearing risk assessment is required for all children receiving a periodic complete medical preventive health screen. Medical screening providers must administer an age-appropriate hearing assessment. The age-specific procedures (Sections 222.810 – 222.850) may be helpful to determine the necessary procedures according to the child's age. Consult with audiologists or the Department of Education to obtain appropriate procedures to use for screening and methods of administering the risk assessment screens. This screening does not require machine audiology testing. Subjective testing may be provided as part of a hearing screening.

222.730 Vision Screens

4-1-09

A vision risk assessment is required for all children receiving a complete medical preventive health screen. The age-specific procedures (Sections 222.810 – 222.850) may be helpful to determine the necessary procedures according to the child's age. This screening does not require Titmus machine or other ophthalmological testing. Subjective testing may be provided as part of a vision screening. However, a vision risk assessment does not substitute for a full periodic preventive vision screen through a Medicaid participating vision provider.

A full annual vision screening by a Medicaid participating vision provider is exempt from the PCP referral requirement (see section 222.400). When a full annual vision periodicity schedule screen coincides with the schedule for a periodic complete medical preventive health screen, the different screens may not be performed on the same day, or within seven (7) days of each other without claim denial citing duplication of services.

222.740 Preventive Dental Screens

4-1-09

An oral assessment is considered part of the complete medical preventive health screen; however, an oral assessment may not substitute for a full periodic preventive dental examination through a Medicaid dental provider. Assistance with establishing a dental home for the beneficiary is included as part of the medical screen. A PCP referral is not required for dental services provided by a Medicaid participating dentist; see section 222.300 for further details on the dental services available to ARKids First – B beneficiaries. See section 262.150 for procedure codes used by a Medicaid dental provider to bill for ARKids First-B preventive dental services.

222.800 Schedule for Preventive Health Screens

4-1-09

The ARKids First – B periodic screening schedule follows the guidelines for the EPSDT screening schedule and is updated in accordance with the recommendations of the American Academy of Pediatrics.

From birth through twelve (12) months of age, children may receive six (6) periodic screens in addition to the newborn screen performed in the hospital.

Children age fifteen (15) months through four (4) years may receive five (5) periodic screens.

When a child has turned five (5) years old, the following schedule will apply. There must be at least 365 days between each screen listed below for children age 5 years through 18 years.

Age

5 years	10 years	13 years	16 years
6 years	11 years	14 years	17 years
8 years	12 years	15 years	18 years

Medical screens for children are required to be performed by the beneficiary’s PCP or receive a PCP referral to an authorized Medicaid screening provider. Routine newborn care, vision screens, dental screens and immunizations for childhood diseases do not require PCP referral. See section 262.130 for procedure codes.

222.810 Newborn Screen

4-1-09

Routine newborn care following a vaginal delivery or C-section includes the physical exam of the baby and the conference(s) with newborns parent(s) and is considered to be the initial newborn preventive care screen in the hospital. Newborn screens do not require PCP referral. Certified nurse-midwives may provide newborn screens only. Nurse practitioners may provide newborn screens and are authorized to provide other periodicity related screens with the proper PCP referral.

222.820 Infancy (Ages 1–12 Months)

4-1-09

- A. History (Initial/Interval) to be performed at ages 1, 2, 4, 6, 9 and 12 months.
- B. Measurements to be performed
 - 1. Height and Weight at ages 1, 2, 4, 6, 9 and 12 months.
 - 2. Head Circumference at ages 1, 2, 4, 6, 9 and 12 months.
- C. Sensory Screening, subjective, by history
 - 1. Vision at ages 1, 2, 4, 6, 9 and 12 months.
 - 2. Hearing at ages 1, 2, 4, 6, 9 and 12 months.
- D. Developmental/Behavioral Assessment to be performed at ages 1, 2, 4, 6, 9 and 12 months; to be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

- E. Physical Examination to be performed at ages 1, 2, 4, 6, 9 and 12 months. At each visit, a complete physical examination is essential with the infant totally unclothed.
- F. Procedures - General
- These may be modified depending upon the entry point into the schedule and the individual need.
1. Hereditary/Metabolic Screening to be performed at age 1 month, if not performed either during the newborn evaluation or at the preferred age of 2-4 days. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
 2. Immunization(s) to be performed at ages 1, 2, 4, 6, 9 and 12 months. Every visit should be an opportunity to update and complete a child's immunizations.
 3. Hematocrit or Hemoglobin to be performed at age 9 months, which is the preferred age, through 12 months. Consider earlier screening for high-risk infants (e.g., premature infants and low birth weight infants).
- G. Other Procedures
1. Lead screening to be performed at age 9 months, which is the preferred age, through 12 months. Additionally, screening should be done in accordance with state law where applicable.
 2. Tuberculin test to be performed at age 12 months. Testing should be done upon recognition of high-risk factors.
- H. Anticipatory Guidance to be performed at ages 1, 2, 4, 6, 9 and 12 months. Age-appropriate discussion and counseling should be an integral part of each visit for care.
1. Injury prevention at ages 1, 2, 4, 6, 9 and 12 months.
 2. Violence prevention at ages 1, 2, 4, 6, 9 and 12 months.
 3. Sleep positioning counseling at ages 1, 2, 4 and 6 months. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS.
 4. Nutrition counseling at ages 1, 2, 4, 6, 9 and 12 months. Age-appropriate nutrition counseling should be an integral part of each visit.
- I. Dental Referral may be performed as early as age 12 months. Age 3 years is the preferred age; however, earlier initial dental examinations may be appropriate for some children. Subsequent examinations should be completed as prescribed by the child's dentist and recommended by the Child Health Services (EPSDT) dental schedule.

222.830 Early Childhood (Ages 15 Months–4 Years)

4-1-09

- A. History (Initial/Interval) to be performed at ages 15, 18 and 24 months and ages 3 and 4 years.
- B. Measurements to be performed
1. Height and Weight at ages 15, 18 and 24 months and ages 3 and 4 years.
 2. Head Circumference at ages 15, 18 and 24 months.
 3. Blood Pressure at ages 3 and 4 years.
- C. Sensory Screening, subjective, by history

1. Vision at ages 15, 18 and 24 months
 2. Hearing at ages 15, 18 and 24 months and age 3 years.
- D. Sensory Screening, objective, by a standard testing method
1. Vision at ages 3 and 4 years. Note: If the 3-year-old patient is uncooperative, re-screen within 6 months.
 2. Hearing at age 4 years.
- E. Developmental/Behavioral Assessment to be performed at ages 15, 18 and 24 months and ages 3 and 4 years. To be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
- F. Physical Examination to be performed at ages 15, 18 and 24 months and 3 and 4 years. At each visit, a complete physical examination is essential, with the infant totally unclothed or with the older child undressed and suitably draped.
- G. Procedures – General
- These may be modified depending upon the entry point into the schedule and the individual need.
1. Immunization(s) to be performed at ages 15, 18 and 24 months and 3 and 4 years. Every visit should be an opportunity to update and complete a child's immunizations.
 2. Hematocrit or Hemoglobin to be performed for patients at high risk at ages 15, 18 and 24 months and ages 3 and 4 years.
- H. Other Procedures
- Testing should be done upon recognition of high risk factors.
1. Lead screening to be performed at age 24 months. Additionally, screening should be done in accordance with state law where applicable.
 2. Tuberculin test to be performed at ages 15, 18 and 24 months and ages 3 and 4 years. Testing should be done upon recognition of high-risk factors.
 3. Cholesterol screening to be performed at ages 24 months and ages 3 and 4 years. If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
- I. Anticipatory Guidance to be performed at ages 15, 18 and 24 months and at ages 3 and 4 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.
1. Injury prevention to be performed at ages 15, 18 and 24 months and at 3 and 4 years.
 2. Violence prevention to be performed at ages 15, 18 and 24 months and at 3 and 4 years.
 3. Nutrition counseling to be performed at ages 15, 18 and 24 months and 3 and 4 years. Age-appropriate nutrition counseling should be an integral part of each visit.
- J. Dental Referral to be performed. Three years is the preferred age; however, earlier initial dental examinations may be appropriate for some children at ages 15, 18 and 24 months. Subsequent examinations should be as prescribed by the dentist and recommended by the Child Health Services (EPSDT) dental schedule.

222.840 Middle Childhood (Ages 5 - 10 Years)

4-1-09

- A. History (Initial/Interval) to be performed at ages 5, 6, 8 and 10 years.
- B. Measurements to be performed
 - 1. Height and Weight at ages 5, 6, 8 and 10 years.
 - 2. Blood Pressure at ages 5, 6, 8 and 10 years.
- C. Sensory Screening, objective, by a standard testing method
 - 1. Vision at ages 5, 6, 8 and 10 years.
 - 2. Hearing at ages 5, 6, 8 and 10 years.
- D. Developmental/Behavioral Assessment to be performed at ages 5, 6, 8 and 10 years. To be performed by history and appropriate physical examinations and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
- E. Physical Examination to be performed at ages 5, 6, 8 and 10 years. At each visit, a complete physical examination is essential with the child undressed and suitably draped.
- F. Procedures - General
 - These may be modified depending upon entry point into schedule and individual need.
 - 1. Immunization(s) to be performed at ages 5, 6, 8 and 10 years. Every visit should be an opportunity to update and complete a child's immunizations.
 - 2. Hematocrit or Hemoglobin to be performed for patients at high risk at age 5 years.
 - 3. Urinalysis to be performed at age 5 years.
- G. Other Procedures
 - Testing should be done upon recognition of high-risk
 - 1. Tuberculin test to be performed at ages 5, 6, 8 and 10 years. Testing should be done upon recognition of high-risk factors.
 - 2. Cholesterol screening to be performed at ages 5, 6, 8 and 10 years. If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
 - 3. STD screening to be performed for patients at risk at age 5 years. All sexually active patients should be screened for sexually transmitted diseases (STDs).
- H. Anticipatory Guidance to be performed at ages 5, 6, 8 and 10 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.
 - 1. Injury prevention to be performed at ages 5, 6, 8 and 10 years.
 - 2. Violence prevention to be performed at ages 5, 6, 8 and 10 years.
 - 3. Nutrition counseling to be performed at ages 5, 6, 8 and 10 years. Age-appropriate counseling should be an integral part of each visit.

222.850 Adolescence (Ages 11 - 18 Years)

4-1-09

Developmental, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

- A. History (Initial/Interval) to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years.
- B. Measurements to be performed
 1. Height and Weight at ages 11, 12, 13, 14, 15, 16, 17 and 18 years.
 2. Blood Pressure at ages 11, 12, 13, 14, 15, 16, 17 and 18 years.
- C. Sensory Screening, subjective, by history
 1. Vision at ages 11, 13, 14, 16, and 17 years.
 2. Hearing at ages 11, 13, 14, 16 and 17 years.
- D. Sensory Screening, objective, by a standard testing method
 1. Vision at ages 12, 15 and 18 years.
 2. Hearing at ages 12, 15, and 18 years.
- E. Developmental/Behavioral Assessment to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years. To be performed by history and appropriate physical examination, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
- F. Physical Examination to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years. At each visit, a complete physical examination is essential, with the child undressed and suitably draped.
- G. Procedures – General

These may be modified, depending upon entry point into schedule and individual need.

 1. Immunization(s) to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years. Every visit should be an opportunity to update and complete a child's immunizations.
 2. Hematocrit or Hemoglobin to be performed. Age 13 years is the preferred age, with a range as early as 11 years and as late as 18 years. All menstruating adolescents should be screened annually.
 3. Urinalysis to be performed. Age 16 is the preferred age that a service may be provided, with a range from as early as 11 years to as late as 18 years. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.
- H. Other Procedures

Testing should be done upon recognition of high risk factors.

 1. Tuberculin test to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years.
 2. Cholesterol screening to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years. If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
 3. STD screening to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years. All sexually active patients should be screened for sexually transmitted diseases (STDs).

4. Pelvic exam to be performed. The preferred age for exam is age 18 years; however it may be performed as early as age 11 years and as late as 18 years. All sexually active females should have a pelvic examination. A pelvic examination and routine Pap smear should be offered as part of preventive health maintenance between the ages of 11 and 18 years.
- I. Anticipatory Guidance to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.
 1. Injury prevention to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years.
 2. Violence prevention to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years.
 3. Nutrition counseling to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years. Age-appropriate nutrition counseling should be an integral part of each visit.

223.000 Extended Benefits

223.100 Medical Supplies Extended Benefits

4-1-09

Beneficiaries in the ARKids First-B Program are allowed a monthly benefit of \$125.00 for medically necessary medical supplies (see section 222.100). Covered medical supplies are listed in Section 262.110 of this manual. In unusual circumstances, when a beneficiary's condition requires additional medical supplies that exceed the monthly benefit, the provider may request extended benefits. To apply for extended benefits for medically necessary medical supplies, Prosthetics and Home Health Providers must refer to and adhere to guidelines detailed in their respective provider manuals.

223.200 Speech Therapy Extended Benefits

4-1-09

If the referring PCP or attending physician, in conjunction with the treating speech therapy provider, determines the beneficiary requires additional daily speech therapy services other than those allowed through regular benefits indicated in section 222.600, a request for extended therapy services may be made. The therapist must refer to the guidelines in the Occupational, Physical and Speech Therapy Provider Manual to properly apply for extended benefits.

240.200 Prior Authorization (PA) Process for Interperiodic Preventive Dental Screens

4-1-09

Prior authorization for procedure code **D0140**, Interperiodic Dental Screening Exam, must be requested on the ADA claim form or online with a brief narrative through the Prior Authorization Manipulation (PAM) software. [View or print the Department of Human Services Medicaid Dental Unit Address.](#) Refer to your Arkansas Medicaid Dental Services Provider Manual for detailed information on obtaining prior authorizations.

Refer to Section 222.300 of this manual for coverage and section 262.150 billing information.

241.000 Beneficiary or Provider Appeal Process

4-1-09

When an adverse extended services or prior authorization request decision is made, the provider may request an administrative reconsideration and/or the provider and/or the beneficiary may file for a fair hearing or appeal of the denial of services decision as provided is section 190.003 of this manual. The appeal request must be in writing and received by the Appeals and Hearings Section of the Department of Human Services within thirty days of the date on the letter explaining the denial. Appeal requests must be submitted to the Department of Human Services Appeals and Hearings Section. Further details, guidelines and procedures are outlined and provided within the respective discipline’s Medicaid Provider Manual. Refer to your individual specialty provider manual for further assistance. [View or print the Department of Human Services Appeals and Hearings Section address.](#)

262.150 Billing Procedure Codes for Periodic Dental Screens and Services

4-1-09

A. Initial/Periodic Preventive Dental Screens

Periodicity schedule once each six months plus one day – must be billed with procedure code **D0120**.

B. Interperiodic Preventive Dental Screens

ARKids B beneficiaries may receive interperiodic preventive dental screening, if required by medical necessity. There are no limits on these services; however, prior authorization must be obtained in order to receive reimbursement. Refer to section 240.200 of this manual for dental prior authorization information.

Procedure code **D0140** must be billed for an interperiodic preventive dental screen. **This service requires prior authorization (see section 240.200).**

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

Procedure Code	Description
D1110	Prophylaxis – adult (ages 10-18)
D1120	Prophylaxis – child (ages 0-9)
D1201	Topical application of fluoride (including prophylaxis) - child (ages 0-9)
D1205	Topical application of fluoride (including prophylaxis) - adult (ages 10-18)

Refer to section 222.300 for further details regarding dental services for ARKids First – B beneficiaries.

262.400 Billing Procedures for Preventive Health Screens

4-1-09

ARKids First-B reimburses providers for preventive health screenings performed at the intervals recommended by the American Academy of Pediatrics.

References in this section indicate that ARKids First-B preventive health screenings are similar to Arkansas Medicaid Child Health Services (EPSDT) screens in content and application. However, please note this important distinction:

Claims for ARKids First-B preventive health screenings electronically or by paper must be billed in the CMS-1500 claim format. Do not use the DMS-694 EPSDT claim form nor the restricted EPSDT modifier, EP.

NOTE: Certified nurse-midwives are restricted to performing the preventive health screen, Newborn, only, and must bill either code 99431, 99432 or 99435 for initial newborn screen or codes 99221 or 99223 for newborn illness care.

A Certified nurse-midwife may NOT bill procedure codes 99381-99385 or 99391-99395 for child preventive health screens.

262.430 Vaccines for Children Program

4-1-09

The Vaccines for Children (VFC) Program was established to generate awareness and access for childhood immunizations. These vaccines are available for ARKids First-B beneficiaries who are under the age of 19. To enroll in the VFC Program, contact the Department of Health. Providers may also obtain the vaccines to administer and receive information regarding vaccines covered through the VFC program from the Department of Health. [View or print the Department of Health contact information.](#)

Vaccines available through the VFC program are covered for ARKids First-B beneficiaries. Only the administration fee is reimbursed. When filing claims for administering VFC vaccines for ARKids First-B beneficiaries, providers must use the CPT procedure code for the vaccine administered and the required modifier **TJ only** for either electronic or paper claims. Providers must bill claims for ARKids First-B beneficiaries using the CMS-1500 claim format.

Providers must NOT bill for ARKids First-B beneficiaries on the DMS-694 EPSDT claim form nor use the EPSDT restricted modifier EP.

The following list contains the vaccines available through the VFC program.

Procedure Code	M1	Age Range	Vaccine Description
90633	TJ	12 months-18 years	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	TJ	12 months-18 years	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	TJ	18 years only	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90645	TJ	0-18 years	Hemophilus influenza b (Hib) HbOC conjugate (4 dose schedule) for intramuscular use
90646	TJ	0-18 years	Hemophilus influenza b (Hib) PRP-D conjugate for booster use only, intramuscular use
90647	TJ	0-18 years	Hemophilus influenza b (Hib) PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648	TJ	0-18 years	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90655	TJ	6 months-35 months	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use
90656	TJ	3 years-18 years	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use

Procedure Code	M1	Age Range	Vaccine Description
90657	TJ	6 months-35 months	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use
90658	TJ	3 years-18 years	Influenza virus vaccine, split virus, for use in individuals 3 years and above, for intramuscular use
90660	TJ	2 years-18 years (not pregnant)	Influenza virus vaccine, live, for intranasal use
90669	TJ	0-4 years	Pneumococcal conjugate vaccine polyvalent, for children under 5 years, for intramuscular use
90680	TJ	6 weeks to 32 weeks	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90700	TJ	0-6 years	Diphtheria, tetanus toxoids and acellular pertussis vaccine (DTaP), for use in individuals younger than 7 years, for intramuscular use
90707	TJ	0-18 years	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	TJ	0-18 years	Measles, mumps, rubella, and Varicella vaccine (MMRV), live, for subcutaneous use
90713	TJ	0-18 years	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use
90714	TJ	7-18 years	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use
90715	TJ	7-18 years	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use
90716	TJ	0-18 years	Varicella virus vaccine, live, for subcutaneous use
90718	TJ	7-18 years	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals 7 years or older, for intramuscular use
90721	TJ	0-18 years	Diphtheria, tetanus toxoids and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723	TJ	0-18 years	Diphtheria, tetanus toxoids and acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV)(for intramuscular use
90734	TJ	0-18 years	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use
90743	TJ	0-18 years	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use

Procedure Code	M1	Age Range	Vaccine Description
90744	TJ	0-18 years	Hepatitis B vaccine, pediatric/adolescent (3 dose schedule), for intramuscular use
90747	TJ	0-18 years	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748	TJ	0-18 years	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use