



Division of Medical Services
Program Development & Quality Assurance

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TO: Arkansas Medicaid Health Care Providers – ARKids First-B
DATE: November 15, 2011
SUBJECT: Provider Manual Update Transmittal #ARKIDS-3-11

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Rows show updates for sections 221.100 and 222.900.

Explanation of Updates

Section 221.100 is updated to include substance abuse treatment services as covered services for the ARKids First-B program.

Section 222.900 is inserted to include information regarding substance abuse treatment services procedure codes.

The paper version of this update transmittal includes revised pages that may be filed 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 have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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.

Eugene I. Gessow, Director

TOC required

221.100 ARKids First-B Medical Care Benefits

11-15-11

Listed below are the covered services for the ARKids First-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
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

<b>Program Services</b>	<b>Benefit Coverage and Restrictions</b>	<b>Prior Authorization/ PCP Referral*</b>	<b>Co-payment/ Coinsurance/ Cost Sharing Requirement**</b>
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	Up to \$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 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

Program Services	Benefit Coverage and Restrictions	Prior Authorization/ PCP Referral*	Co-payment/ Coinsurance/ Cost Sharing Requirement**
Substance Abuse Treatment Services (SATS)	Medical Necessity	Psychiatrist or Physician Prescription (See Section 221.000 of SATS manual)	\$10 per visit
		Prior Authorization required for all substance abuse treatment services, except codes H0001 & T1007 when billed with no modifier. Codes H0001 & T1007 require prior authorization when billed with a modifier (See Section 231.100 of SATS manual).	
		Prior Authorization required on extended benefit of services (See Section 230.000 of SATS manual)	
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.

\*\*\* ARKids First-B beneficiaries will pay a maximum of \$5.00 per prescription. The beneficiary will pay the provider the amount of co-payment that the provider charges non-Medicaid purchasers up to \$5.00 per prescription.

Substance Abuse Treatment Services procedure codes may be billed by Medicaid enrolled Substance Abuse Treatment Services providers for ARKids First-B beneficiaries. Refer to Section II of the Substance Abuse Treatment Services provider manual for service definitions, information regarding reimbursement, prior authorization and extension of benefits and other information.