

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: July 1, 2015

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9. Clinic Services (Continued)

(2) Family Planning Clinic Services

Payment based on reasonable negotiated rate.

(3) Maternity Clinic Services

Payment based on reasonable negotiated rate.

Effective for claims with dates of service on or after July 1, 1992, the Title XIX maximum rates were decreased by 20%

(4) Ambulatory Surgical Center Services

Act 1352 of the 2013 Arkansas General Assembly established reimbursement for Ambulatory Surgery Centers based on 80% of the Medicare Ambulatory Surgery Center procedure code reimbursement rates. Reimbursement is based on the lesser of the provider's actual charges for the service or the Title XIX (Medicaid) maximum. These rates are effective for dates of service beginning July 1, 2013 **through June 30, 2015**. All rates are published on the agency's website ([www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Ambulatory Surgical Center services. Medicaid will follow Medicare procedure code updates.

**Effective July 1, 2015 Act 1236 as amended by the 2015 Arkansas General Assembly adjusted reimbursement for Ambulatory Surgery Centers to 95% of the Medicare Ambulatory Surgery Center procedure codes reimbursement rates. Also in accordance with this amendment Medicaid may adopt and assign a CPT code for a comparable procedure (if the procedure code is not listed on the Medicare ASC procedure code listing) only if the code was approved by Medicaid before the procedure was performed.**

In accordance with the Act, Implantable Devices which are not bundled as part of the appropriate procedure code will be reimbursed at a pass-through cost; if the combined documented cost of the appropriate implantable devices is greater than 50% of the appropriate Medicaid maximum procedure code reimbursement rate. If multiple devices are included for one patient, then the total provided devices' cost is calculated and then compared to the appropriate procedure code. The implantable devices' reimbursement provision is also effective for dates of service beginning July 1, 2013 **through June 30, 2015**. These implantable devices are listed in the provider manual which can be found on the agency's website at <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/asc.aspx>.

