Arkansas Department of Human Services
Division of Medical Services

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Telephone: (501) 682-8292 TDD: (501) 682-6789 or 1-877-708-8191 FAX: (501) 682-1197

PROPOSED - OFFICIAL NOTICE

DMS-2003-AR-4

TO: **Health Care Provider – ARKids First-B**

DATE:

SUBJECT: **Corrections Required for Update No. 12 Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

PROPOSED

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Procedure Code Corrections

A. Section 262.120

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
A7034				H	Z1579	CPAP (Continuous Positive Airway Pressure) Device, Nasal (Includes Necessary Accessory Items)
S8105				H	Z1588	Pulse Oximeter (Including 4 Disposable Probes), Rental Only
E1340	NU			H	Z0425	DME Repairs
E0779	NU			H	Z1569	RO-Ambulatory Infusion Device
A7034	NU			H	Z1579	RO Nasal CPAP Device
S8105	NU			H	Z1588	RO Pulse Oximeter Plus 4 Disposable Probes
S8105	U1			I	Z1588	RO Pulse Oximeter Plus 4 Disposable Probes
E0483	NU	RR		H	Z1705	Bronchial Drainage System
E0483	NU	52		H	Z1706	Vest For Bronchial Drainage System
L7500	NU			H	Z1719	Maintenance For Capped Rental Item

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
E1340	NU			H	Z1758	Labor Cost Only
A4670	NU			H	Z1906	RO Electronic Blood Pressure Monitor
A4230	NU			H	Z2208	Soft Set 25 Per Box (Non-Needle Infusion Set)
A4213	NU			H	Z2210	Syringes/Reservoir 30 Per Box
A6021 A6022 A6023 A6024	NU			H	Z2212	Polyskin Dressing
A4627	NU			H	Z2240	Spacer Bag, Or Reservoir Without Mask
A4627	NU			H	Z2241	Spacer Bag, Or Reservoir With Mask
E0607	NU			H	Z2272	Home Blood Glucose Monitor Pregnant Women Only
A4253	NU			H	Z2285	Blood Glucose Test Strips Per Box
A4259	NU			H	Z2337	Lancets, (Per Box) For Pregnant Women

PROPOSED

B. Section 262.110

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
A7034				H	Z1579	CPAP (Continuous Positive Airway Pressure) Device, Nasal (Includes Necessary Accessory Items)
A6403				H	Z1942	Gauze Pads, Medicated Or Non-Medicated, Each
A6204				H	Z1943	Gauze Pads, Medicated Or Non-Medicated, Each
A6424				H	Z1944	Gauze, Non-Elastic, Per Roll (1 Linear Yard)
Bill on Paper				H	Z1825	Unlisted DME, $500.00 Or Less
A6236 A6239				H	Z1951	Hydrocolloid Dressing, Each (More Than 48 Sq In)
A6197	52			H	Z1953	Alginate Dressing, Each (More Than 16, But Less Than 48 square inches)
A4253	52			H	Z1963	Blood Glucose Test Or Reagent Strip For Home Blood
Bill on Paper				H	Z2481	Thicket 8oz Can
A6022 A6024 A6021	NU			H	Z2212	Polyskin Dressing

PROPOSED

C. Section 262.140

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
92507	52			1	Z2266	Speech Therapy-Individual
92506					Z2255	Evaluation of Speech, Language, Voice, Communication, Auditory Processing and/or Aural rehabilitation Status

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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PROPOSED - OFFICIAL NOTICE

DMS-2003-DD-2 DMS-2003-YY-8
DMS-2003-YC-2 DMS-2003-SB-2

TO: **Health Care Provider – Licensed Mental Health Practitioners (LMHP), Rehabilitative Services for Persons with Mental Illness (RSPMI), Rehabilitative Services for Youth and Children (RSYC) and School-Based Mental Health Services (SBMH)**

DATE:

SUBJECT: **Corrections Required for Updates Effective October 13, 2003: LMHP No. 35, RSPMI No. 45, RSYC No. 4 and SBMH No. 8**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing.

All local codes that have been replaced by national codes are on the Medicaid website at www.medicaid.state.ar.us, Provider, HIPAA, Local Codes Crosswalked to National Standard Codes. The spreadsheet in this file contains the most recent changes to local codes by type of service (TOS).

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

PROPOSED

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Licensed Mental Health Practitioner (LMHP)

A. Licensed Mental Health Practitioners
Section 242.000

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
90801	U1			1	Z0560	Diagnosis
90801				F	Z0560	Diagnosis

PROPOSED

96100				1	Z0561	Diagnosis-Psychological Test/Evaluation Payable Only To Psychologists
96100	52	22		1	Z0562	Diagnosis-Psychological Testing-Battery Payable Only To Psychologists
90846	U2			1	Z0571	Marital/Family Therapy-(without patient present)
90846	U1			F	Z0571	Marital/Family Therapy-(without patient present)
90847	U2			1	Z0571	Marital/Family Therapy-(with patient present)
90847	U1			F	Z0571	Marital/Family Therapy-(with patient present)

B. Prior Authorization (PA) Corrections

1. When PA is requested for CPT code 90847 (replaces Z0571) by the psychologist, the modifier is U2 and the type of service (TOS) is 1. When requested by the LCSW, LMFT or LPC, the modifier is U1 and the TOS is F. All other modifiers and types of service for this procedure code will be disregarded.

2. CPT code 90853 (replaces Z0574) has a modifier of U1 for TOS F and U2 for TOS 1. Procedure code 90857 was listed in the manual update in error. Do not use this code.

PROPOSED

IV. Rehabilitative Services for Persons with Mental Illness (RSPMI)

A. Rehabilitative Services for Persons with Mental Illness Section 217.111

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
90801	HA	59		9	Z0560	Diagnosis
H0032	HA			9	Z0563	Treatment Plan (by a non-physician)
90885	HA	U2		9	Z0563	Treatment Plan (by a physician)
90887	HA	U2		9	Z0564	Interpretation Of Diagnosis
H2011	U7			9	Z1536	Crisis Intervention And
T1023	UI			9	Z1537	Assessment/Reassessmen t And Plan Of Care

B. Rehabilitative Services for Persons with Mental Illness Section 231.100

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
90846	HA	U3		9	Z0571	Marital Family Therapy-Patient Not Present
90847	HA	U3		9	Z0571	Marital Family Therapy-Patient Present

PROPOSED

H2011	U6			9	Z1538	Crisis Stabilization Intervention – Mental Health Professional
H2011	U5			9	Z1539	Crisis Stabilization Intervention – M.H. Para Professional
H2015	U5			9	Z1540	On Site Intervention Mental Health Professional
H2015	U7			V	Z1540	On Site Intervention Mental Health Professional
H2015	U6			R	Z1540	On Site Intervention Mental Health Professional
H2015	U1			9	Z1541	On Site Intervention Mental Health Para Professional
H2015	U8			9	Z1542	Off Site Intervention Mental Health Professional
H2015	U3			9	Z1543	Off Site Intervention Mental Health Para Professional
90862				9	Z1545	Medication Maintenance By A Physician

C. Rehabilitative Services for Persons with Mental Illness
Section 231.200

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
H0004				R	Z0568	Individual Outpatient Therapy Session

PROPOSED

H2015	U6			R	Z1540	Onsite Intervention Mental Health Professional
H2011	U1			R	Z1539	Crisis Stabilization Intervention Mental Health Para Professional
H2015	U2			R	Z1541	Onsite Intervention Mental Health Para Professional
H2015	U9			R	Z1542	Offsite Intervention Mental Health Professional
H2015	U4			R	Z1543	Offsite Intervention Mental Health Para Professional

D. Rehabilitative Services for Persons with Mental Illness
Section 252.110

HCPCS Code Z1544 is replaced in the manual by CPT Codes 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214 and 99215. Procedure code 99205 was included in error. 99205 is deleted from the RSPMI Program.

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
90862	AS			V		Pharmacologic Management, APN
90801				V	Z0560	Diagnosis
96100	22			V	Z0561	Diagnosis Psychological Test/Evaluation
96100	52	52	22	V	Z0562	Diagnosis Psychological Testing Battery
H0032	HA			9	Z0563	Treatment Plan (by a non-physician)
90885	HA	U2		9	Z0563	Treatment Plan (by a physician)

PROPOSED

90887	HA	U2		9	Z0564	Interpretation Of Diagnosis
90887	U3			V	Z0564	Interpretation Of Diagnosis
H0004	HA			9	Z0568	Individual Outpatient Therapy Session
H0004				V	Z0568	Individual Outpatient Therapy Session
90847	HA	U3		9	Z0571	Marital/Family Therapy (With Patient Present)
90847				R	Z0571	Marital/Family Therapy (without patient present)
90846	U5			V	Z0571	Marital /Family Therapy (without patient present)
90846	HA	U3		9	Z0571	Marital/Family Therapy (without patient present)
90853				1	Z0574	Group Out Patient Group Therapy
H0032	U1			9	Z1578	Periodic Review Of Plan Of Care (by a non-physician)
90885				9	Z1578	Periodic Review Of Plan Of Care (by physician)

PROPOSED

E. Rehabilitative Services for Persons with Mental Illness
Section 252.120

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
H2015	U5			9	Z1540	On-Site Intervention by a Mental Health Professional
H2015	U6			R	Z1540	On-Site Intervention by a Mental Health Professional
H2015	U1			9	Z1541	On-Site Intervention by a Mental Health Para Professional
H2015	U2			R	Z1541	On-Site Intervention by a Mental Health Para Professional
H2015	U8			9	Z1542	Off –Site Intervention by a Mental Health Professional
H2015	U9			R	Z1542	Off-Site Intervention by a Mental Health Professional
H2015	U3			9	Z1543	Off-Site Intervention by a Mental Health Para Professional
H2015	U4			R	Z1543	Off-Site Intervention by a Mental Health Para Professional

PROPOSED

F. Rehabilitative Services for Persons with Mental Illness
Section 252.140

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
90887	U3			V	Z0564	Interpretation Of Diagnosis
90847	U5			V	Z0571	Marital/Family Therapy
H2011	U3			V	Z1538	Crisis Stabilization Intervention
H2015	U7			V	Z1540	On-Site Intervention
90862				V	Z1545	Medication Maintenance By Physician

G. Type of Service Codes for RSPMI

Type of Service
R - RSPMI - (21 and older)
9 – RSPMI - (under 21 and adult services that do not require PA)
V – Telemedicine

V. Rehabilitative Services for Youth and Children (RSYC)

A. Rehabilitative Services for Youth and Children
Section 240.100

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
90804	U1			9	Z2782	Individual Psychotherapy

PROPOSED

B. Rehabilitative Services for Youth and Children
Section 262.200

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
H2020	U1			9	Z2658	Therapeutic Foster Care
H2020	U2			9	Z2659	Therapeutic Group Home

C. Rehabilitative Services for Youth and Children
Section 262.00

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
H0032	U1			9	Z1578	Periodic Review Of Plan Of Care
H2020	U1			9	Z2658	Therapeutic Foster Care
H2020	U4			9	Z2715	Residential Treatment Services

VI. School-Based Mental Health Services (SBMH)

A. School-Based Mental Health Services
Section 250.000

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
90847	U6			S	Z0571	Marital/Family Therapy, 8 Unit Maximum

PROPOSED

B. School-Based Mental Health Services
Section 272.100

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
96100	22			S	Z0561	Diagnosis-Psychological Test/Evaluation, 8 Unit Maximum

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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PROPOSED - OFFICIAL NOTICE

DMS-2003-H-1

TO: **Health Care Provider – Hearing Services**

DATE:

SUBJECT: **Corrections Required for Update No. 42 Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

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Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.
Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

PROPOSED

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Procedure Code Corrections

Section 242.110

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
V5008	EP	U1		6	Z1643	EPSDT Interperiodic Hearing Screen

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PROPOSED - OFFICIAL NOTICE

DMS-2003-NN-3

TO: **Health Care Provider – ElderChoices**

DATE:

SUBJECT: **Corrections Required for Update No. 38 Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

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Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

The list below explains the time-unit conversions for ElderChoices:

National Code	Time Unit	Daily Maximum National Code	Local Code	Time Unit	Daily Maximum Local Code
S5100	15 minutes	32	Z1702	Hour	8
S5100	15 minutes	32	Z1703	Hour	8
S5135	15 minutes	32	Z1878	Hour	8
S5150	15 minutes	96	Z1885	Hour	24
S5130	15 minutes	16	Z1689	Hour	4

PROPOSED

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Corrected Procedure Codes

A. Section 213.300

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
S5170	ET			1	Z2282	Emergency Home-Delivered Meal

B. Section 213.400

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
S5161	22			1	Z1701	PERS Unit

PROPOSED

C. Section 262.100

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
S5161	22			1	Z1701	PERS Unit

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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Arkansas Department of Human Services
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PROPOSED - OFFICIAL NOTICE

DMS-2003-A-3
DMS-2003-L-9
DMS-2003-Y-4
DMS-2003-Z-1

TO: **Health Care Provider – Ambulatory Surgical Center, ESRD, Hospital, Rehabilitative Hospital**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your provider type (e.g. hospital, home health etc.) use the codes and modifiers in this notice.

Please note that the procedure codes used in the examples in part II of this notice may not apply to any Medicaid-covered services that you provide. The examples are identical in all official notices to all providers. Provider-specific information is attached, labeled by provider type.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

Example – We have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – We have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22 has been assigned for use with the new national code so that the time unit associated with the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

PROPOSED

Example – We have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as for Z0625 and the daily maximum units for 99402 will be the same as for Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Ambulatory Surgical Center Corrections

A. Provider Manual Reference: section 242.000

When billing for laboratory, X-ray or machine test procedures, always include the modifier **TC**, regardless of whether other modifiers are required.

B. Provider Manual Reference: section 242.130

The national code was printed incorrectly in the provider manual; the correct CPT procedure code is 36415. Modifier **FP** is required when the blood is drawn for family planning related lab work. No modifier is required when the blood is drawn for other types of lab. The procedure is covered separately only when the specimen is sent to another facility for testing. Coverage is not separate when the lab work is done in-house.

C. Provider Manual Reference: None

Family planning policy (except Medicaid policy regarding sterilizations) and billing instructions were inadvertently omitted from the ASC manual.

1. Table C.1 below lists the procedure codes for services covered as family planning services. Some of the services represented by codes in this table may not be services that ASCs provide. The table will be refined in the future to be ASC specific. In the meantime, ASCs will be able to identify the services performed as family planning services and can bill accordingly. The state receives enhanced federal matching funds for family planning services, so it is important that those services be correctly identified when billed.

PROPOSED

2. To indicate that a service, supply or procedure is related to family planning, use the modifier **FP** and a family planning diagnosis. When paper billing is necessary, as on a claim for a tubal ligation, the modifier immediately follows the procedure code in Form Locator 44 (e.g. 58600**FP**). Form Locator 44 is designed for 9 digits—a 5-digit HCPCS procedure code and 1 or 2 modifiers.

3. Always use the modifier **FP** and a family planning diagnosis with the following procedure codes when the procedures are family planning related. Always use modifier **TC** with the lab procedures below, whether or not the procedure is also for family planning. Do not include non-family planning procedures on the same claim with family planning procedures.

Table C.1.: Procedures covered as family planning procedures.

National Code/ Modifier	National Code/ Modifier	National Code/ Modifier	National Code/ Modifier	National Code/ Modifier
11975 **FP**	11976 **FP**	11977 **FP**	36415 **FP**	55250 **FP**
55450 **FP**	58300 **FP**	58301 **FP**	58600 **FP**	58615 **FP**
58661 **FP**	58670 **FP**	58671 **FP**	58700 **FP**	81000 **FP**
81001 **FP**	81002 **FP**	81003 **FP**	81025 **FP**	83020 **FP**
83520 **FP**	83896 **FP**	84703 **FP**	85014 **FP**	85018 **FP**
85660 **FP**	86592 **FP**	86593 **FP**	86687 **FP**	86701 **FP**
87075 **FP**	87081 **FP**	87088 **FP**	87210 **FP**	87390 **FP**
87470 **FP**	87490 **FP**	87536 **FP**	87590 **FP**	88142 **FP**
88143 **FP**	88147 **FP**	88148 **FP**	88150 **FP**	88152 **FP**
88153 **FP**	88154 **FP**	88155 **FP**	88164 **FP**	88165 **FP**
88166 **FP**	88167 **FP**	88174 **FP**	88175 **FP**	89300 **FP**
88302* **FP TC**	89310 **FP**	89312 **FP**	89320 **FP**	J1055 **FP**
A4260 **FP**	J7300 **FP**	Q0111 **FP**		

** 88302 is "Level II Surgical pathology, gross and microscopic examination". When the tissue being prepared for examination is fallopian tube tissue and the surgical procedure is a non-therapeutic sterilization, an ASC must use two modifiers: **FP** to indicate that the sterilization is non-therapeutic (for family planning), and **TC** to indicate that the facility is performing only the technical component of the procedure. If the tissue is not related to a family planning procedure (for example, an appendix), the modifier **TC** is required.*

PROPOSED

IV. Hospital Corrections

A. Provider Manual Reference: None at present (Family Planning Billing)

Family planning billing instructions were inadvertently omitted from the Hospital manual.

1. The following table lists the procedure codes for services covered as family planning services. Some of these services are covered for non-family planning purposes as well. The Arkansas Medicaid Program receives enhanced federal matching funds for family planning services, so it is important that, when billing for them, that family planning services be correctly identified.

2. To indicate that a service, procedure or supply is family planning related, use modifier **FP** and a family planning diagnosis. When paper billing is necessary, as on a claim for a tubal ligation, the modifier immediately follows the procedure code in Form Locator 44 (e.g. 58600**FP**). Form Locator 44 is designed for 9 digits—a 5-digit HCPCS procedure code and 1 or 2 modifiers.

3. Always use the modifier **FP** and a family planning diagnosis with the following procedure codes when the procedures are family planning related. Do not include non-family planning procedures on the same claim with family planning procedures.

National Code/ Modifier	National Code/ Modifier	National Code/ Modifier	National Code/ Modifier	National Code/ Modifier
11975 **FP**	11976 **FP**	11977 **FP**	36415 **FP**	55250 **FP**
55450 **FP**	58300 **FP**	58301 **FP**	58600 **FP**	58615 **FP**
58661 **FP**	58670 **FP**	58671 **FP**	58700 **FP**	81000 **FP**
81001 **FP**	81002 **FP**	81003 **FP**	81025 **FP**	83020 **FP**
83520 **FP**	83896 **FP**	84703 **FP**	85014 **FP**	85018 **FP**
85660 **FP**	86592 **FP**	86593 **FP**	86687 **FP**	86701 **FP**
87075 **FP**	87081 **FP**	87088 **FP**	87210 **FP**	87390 **FP**
87470 **FP**	87490 **FP**	87536 **FP**	87590 **FP**	88142 **FP**
88143 **FP**	88147 **FP**	88148 **FP**	88150 **FP**	88152 **FP**
88153 **FP**	88154 **FP**	88155 **FP**	88164 **FP**	88165 **FP**
88166 **FP**	88167 **FP**	88174 **FP**	88175 **FP**	89300 **FP**
88302***FP TC**	89310 **FP**	89312 **FP**	89320 **FP**	99401 **FP**
99402 **FP**	J1055 **FP**	A4260 **FP**	J7300 **FP**	Q0111 **FP**

PROPOSED

4. *88302 is "Level II Surgical pathology, gross and microscopic examination". When the tissue being prepared for examination is fallopian tube tissue and the surgical procedure is a non-therapeutic sterilization, an ASC must use two modifiers: **FP** to indicate that the sterilization is non-therapeutic (for family planning), and **TC** to indicate that the facility is performing only the technical component of the procedure. If the tissue is not related to a family planning procedure (for example, an appendix), the modifier **TC** is required.

5. Local Family Planning HCPCS Procedure Codes Mapped to National HCPCS Procedure Codes and Modifiers

National Procedure Code	Modifiers			Local Procedure Code	Description
	1	2	3		
A4260	FP			Z1574	Levonorgestrel (contraceptive) implants system, including implants and supplies (Norplant)
J7300	FP			Z0849	Intrauterine Copper Contraceptive (IUD)
99402	22	FP		Z0847	Basic Family Planning Visit (Outpatient Hospital Clinic)
99401	22	FP		Z0848	Periodic Family Planning Visit (Outpatient Hospital Clinic)
88302*	TC	FP		Z2509	Level II Surgical pathology, gross and microscopic examination, fallopian tube, non-therapeutic sterilization

** See item 4 above.*

B. Provider Manual Reference: 272.111 (Chemotherapy Drugs)

In the table mapping local HCPCS procedure code Z0668 to CPT code 90784, the nomenclature is incorrect. The correct description of the procedure is "Therapeutic, prophylactic or diagnostic injection (specify material injected), intravenous".

C. Additional Mapped Procedure Codes

Procedure code crosswalks in this part will be included, under appropriate headings and section numbers, in a future update to the manual.

PROPOSED

National Procedure Code	Modifiers			Local Procedure Code	Description
	1	2	3		
90669				Z2691	Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use
0960**				Z2278	PCP Enrollment Fee
0451**				Z2279	Outpatient assessment in the emergency department
T1015	U1			Z2280	Outpatient hospital clinic visit (facility fee)

***Revenue code*

D. Various Procedure Code Corrections and/or additions of Modifiers

Some of the codes mapped in these tables also appear in the provider manual. If there is a discrepancy between the information in the provider manual and that in these tables, use the information from the tables in this notice.

Local HCPCS Procedure Code and description	National HCPCS Procedure Code or Revenue Code	Modifier(s) for use with National HCPCS Procedure Code			Description of National HCPCS Procedure Code (Source: *2003 Level II HCPCS)*
W6057 Desferal 500mg, 5ml	J0895				Injection, Deferoxamine Mesylate, 500 Mg Per 5 Cc
Z0251 Group I Outpatient Dental Surgery	361				Operating Room Services - Minor Surgery
Z0252 Group II, Outpatient Dental Surgery	360				Operating Room Services -General Classification
Z0253 Group III, Outpatient Dental Surgery	369				Operating Room Services -Other Operating Room Services

PROPOSED

Z0254 Group IV, Outpatient Dental Surgery	509				Outpatient Services-Other
Local HCPCS Procedure Code and description	National HCPCS Procedure Code or Revenue Code	Modifier(s) for use with National HCPCS Procedure Code			Description of National HCPCS Procedure Code (Source: *2003 Level II HCPCS)*
Z0470 Group Occupational Therapy	97150	59			Therapeutic Procedure(s), Group (2 Or More Individuals)
Z0646 Emergency Room Charge	450				Emergency Room - General Classification
Z0647 Other Non-Emergency Service Including Room Charge	459				Emergency Room - Other
Z0648 O/P Pat Hosp Supplies Emergency Only	622				Medical/Surgical Supplies - Incident To Other Diagnostic Service
Z0649 O/P Hosp Drugs And Inject - Emergency Only	250				Pharmacy - General Classification
Z0662 Facility Fee Hemodialysis	820				Hemodialysis - Outpatient Or Home - General Classification
Z0663 - Total Hysterectomy For Carcinoma in situ or severe dysplasia	Bill Local Code On Paper Not Electronically				
Z0668 IV Therapy Administration	90784				Therapeutic, Prophylactic Or Diagnostic Injection (Specify Material Injected); Intravenous
Z0674 Localization/Verification-Film 1 Port	77417	U2			Therapeutic Radiology Port Film(s)

PROPOSED

Z0675 Localization/Verification-Film 2 Port	77417	U3			Therapeutic Radiology Port Film(s)
Local HCPCS Procedure Code and description	National HCPCS Procedure Code or Revenue Code	Modifier(s) for use with National HCPCS Procedure Code			Description of National HCPCS Procedure Code (Source: *2003 Level II HCPCS)*
Z0676 Localization/Verification-Film 3 Port	77417	U1			Therapeutic Radiology Port Film(s)
Z0677 Localization/Verification-Film 4 Port	77417	U2			Therapeutic Radiology Port Film(s)
Z0850 Facility Fee-Peritoneal Dialysis (10-12 Hrs Per Wk)	830				Revenue Code: Peritoneal Dialysis - Outpatient Or Home - General Classification
Z0851 Facility Fee-Peritoneal Dialysis(20-29 Hrs. Per Wk)	839				Peritoneal Dialysis - Outpatient Or Home - Other
Z0852 Facility Fee-Peritoneal Dialysis (Weekly-Over 29 Hr)	831				Revenue Code: Peritoneal Dialysis - Outpatient Or Home - Composite Or Other Rate
Z1554 - Observation Bed Status	760				Treatment/Observation Room - General Classification
Z1720 - Bcg Vaccine(For Treatment Of Bladder Cancer) Bacillus Calmet E	J9031				Bcg Live (Intravesical), Per Installation
Z1749 - Cryoprecipetate	P9012				Cryoprecipitate, Each Unit
Z1757 - Hepatitis B Immune Serum Globulin 1/2 Cc	90371				Hepatitis B Immune Globulin (Hbig) Human, For IM Use
Z1835 - Megestrol Acetate Tab (Megace) 20mg	S0179				Megestrol Acetate Tab (Megace) 20mg; With Modifier

PROPOSED

Z1838 Hydroxyzine (Atarax,Vestaril)50mg/Cc	J3410				Injection,Hydroxyzine Hcl,Up To 25mg
Local HCPCS Procedure Code and description	National HCPCS Procedure Code or Revenue Code	Modifier(s) for use with National HCPCS Procedure Code			Description of National HCPCS Procedure Code (Source: *2003 Level II HCPCS)*
Z1839 Leucovorin Calcium 100mg Vial	J0640				Injection, Leucovorin Calcium, Per 50 Mg
Z1841 Mephalen (Alkeran) 2mg	J8600				Melphalan, Oral 2 Mg
Z1842 Promethazine Vial 50mg	J2950				Injection, Promazine Hcl, Up To 25 Mg
Z1843 Novantrone (Metaxantron Hcl)20mg	J9293				Injection, Mitoxantrone Hcl, Per 5 Mg
Z1844 Novantrone (Metoxantron Hcl)25mg	J9293				Injection, Mitoxantrone Hcl, Per 5 Mg
Z1845 Novantrone (Metoxantron Hcl)30mg	J9293				Injection, Mitoxantrone Hcl, Per 5 Mg
Z1847 Torecan (Thiethylperazine Maleate Tab 10mg	Bill Local Code On Paper Not Electronically				
Z1848 Tamoxifin 10mg Tab (Nolvadex)	S0187				Tamoxifen Citrate, Oral, 10 Mg
Z1849 Paraplatin(Carboplatin) 150mg	J9045				Carboplatin, 50 Mg
Z1850 Paraplatin (Carboplatin) 450mg	J9045				Carboplatin, 50 Mg

PROPOSED

Z1851 Mercaptopurine Tab 50mg (Purinethol)	S0108				Mercaptapur Ine Oral 50 Mg
Local HCPCS Procedure Code and description	National HCPCS Procedure Code or Revenue Code	Modifier(s) for use with National HCPCS Procedure Code			Description Of National HCPCS Procedure Code (Source: *2003 Level II Hcpcs)*
Z1855 Levamisole Tab 50mg (Ergamisol)	S0177				Levamisole Hcl Oral, 50 Mg
Z1869 Cytoxan Tab 25mg	J8530				Cyclophosphamide, Oral, 25 Mg
Z1870 Cytoxan Tab 50mg	J8530				Cyclophosphamide, Oral, 25 Mg
Z1871 Gm-Csf 250 Mcg (Leukine) Vial	J2820				Injection, Sargramostim (Gm-Csf), 50 Mcg
Z1872 Gm-Csf 500 Mcg (Leukine) Vial	J2820				Injection, Sargramostim (Gm-Csf), 50 Mcg
Z1876 Decadron La 8mg/Cc	J1094				Injection, Dexamethasone Acetate, Per 1 Mg
Z1884 Prokine 500 Mcgn	J2820				Injection, Sargramostim (Gm-Csf), 50 Mcg
Z1926 Individual Speech Session	92507				Treatment Of Speech, Language, Voice Communication, And/Or Auditory Processing Disorder; Individual
Z1927 Group Speech Session	92508				Treatment Of Speech, Language, Voice Communication, And/Or Auditory Processing Disorder; group, two or more individuals

PROPOSED

Z1929 Individual Occupational Therapy	97530				Occupational Therapy Evaluation
Z1931 Zinacef 375mg	J0697				Injection, Sterile Cefuroxime Sodium, Per **750** Mg
Local HCPCS Procedure Code and description	National HCPCS Procedure Code or Revenue Code	Modifier(s) for use with National HCPCS Procedure Code			Description Of National HCPCS Procedure Code (Source: *2003 Level II Hcpcs)*
Z1936 Evaluation For Occupational Therapy	97003				Occupational Therapy Evaluation
Z2262 Granisetron Hcl/Tab (Kytril) Img	Q0166	52			Granisetron Hydrochloride, 1 Mg., Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic
Z2265 Individual Speech Therapy By Slpa	92507	52			Treatment Of Speech, Language, Voice Communication, And/Or Auditory Processing Disorder; Individual
Z2266 Group Speech Therapy By SLPA	92508	52			Treatment Of Speech, Language, Voice Communication, And/Or Auditory Processing Disorder; Group, Two Or More Individuals
Z2276 Amphotercin 100 Mls	J0285				Injection, Amphotericin B, 50 Mg
Z2278 PCP Enrollment Fee	960				Professional Fees - Other Classification
Z2279 Outpatient Assessment in the emergency department	0451				EMTALA ER Assessment

PROPOSED

Z2280 Outpatient Hospital Clinic Services	T1015	U1			Clinic Visit/ Encounter,
Z2284 Outpatient Hospital Dental Clinic Services	512				Limited Oral Evaluation

V. Critical Access Hospital, End-Stage Renal Disease and Rehabilitative Hospital Corrections

Time constraints do not permit us to separately itemize procedure code mapping and corrections for CAHs, ESRD facilities and Rehab hospitals in this notice. However, much of the information needed by these provider types is elsewhere in this notice. The information will be provided separately in the future.

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If you have questions regarding this notice, please contact the EDS Provider Assistance Center at 1-800-457-4454 or (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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PROPOSED - OFFICIAL NOTICE

DMS-2003-NN-4

TO: **Health Care Provider – ElderChoices**

DATE:

SUBJECT: **Addition to Official Notice DMS-2003-NN-3**

The time-unit conversion for one local procedure code for ElderChoices was omitted in error from DMS-NN-2003-3, Section II.B. The omitted information is:

National Code	Time Unit	Daily Maximum National Code	Local Code	Time Unit	Daily Maximum Local Code
S5100	15 minutes	32	Z2270	Hour	8

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Roy Jeffus, Director

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The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

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PROPOSED - OFFICIAL NOTICE

DMS-2003-S-1

TO: **Health Care Provider – Private Duty Nursing**

DATE:

SUBJECT: **Corrections Required for Update No. 47 Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

PROPOSED

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Procedure Code Changes

Section 242.120

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
A6197	52			1	Z1953	Alginate Dressing, Each (More Than 16, But Less Than 48 Square Inches)

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If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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PROPOSED - OFFICIAL NOTICE

DMS-2003-T-2

TO: **Health Care Provider – Transportation**

DATE:

SUBJECT: **Corrections Required for Update No. 57 Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

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The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

PROPOSED

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Procedure Code Changes

Section 252.100

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
A0436				E	Z1529	Emergency, Per Mile, Loaded, Helicopter Air Ambulance
A0435	52	U3		E	Z2732	Jet (Fixed Wing), One Unit Equals One Mile

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PROPOSED - OFFICIAL NOTICE

DMS-2003-C-3
DMS-2003-F-2
DMS-2003-FF-3

TO: **Health Care Provider – Child Health Management Services (CHMS); Developmental Day Treatment Clinic Services (DDTCS) and Occupational, Physical, Speech Therapy**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003:**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers for CHMS procedure codes may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

PROPOSED

The list below explains the time-unit conversions for CHMS services.

National Code	Time Unit	Daily Maximum National Code	Local Code	Time Unit	Daily Maximum Local Code
97802	15 minutes	2	Z2537	30 min.	1
97802	15 minutes	2	Z2539	30 min.	1
97802	15 minutes	4	Z2541	30 min.	2
97532	15 minutes	32	Z2534	30 min.	16
97530	15 minutes	6	Z2535	30 min.	3
97535	15 minutes	32	Z2536	30 min.	16
97803	15 minutes	2	Z2538	30 min.	1

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

PROPOSED

III. Required Corrections for Child Health Management Services (CHMS)

The following tables provide corrections for the cited sections in the CHMS policy manual.

A. Section 262.110

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
90801				M	Z0561	Diagnostic Evaluation/Review of Records – (1 unit = 15 minutes), maximum 3 units per evaluation/review; maximum 2 per SFY	*Z0561 is no longer mapped to 96100. Remove 96100 and add 90801.*
96100	52	22		M	Z0562	Psychological Testing Battery – (1 unit = 15 minutes), maximum 4 units per test, maximum 2 tests per state fiscal year	*Add modifiers 52 and 22 to existing record.*

B. Section 262.120

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
97150	59			M	Z0470	Group Occupational Therapy (1 unit = 15 minutes) maximum of 4 units per day, maximum of 4 clients per group	*Added modifier 59*

PROPOSED

Section 262.120 (Continued)

98046	U4			M	Z0571	Marital/Family Therapy on-site; direct contact on-site with the family of a patient for therapy as part of the treatment plan.	*Record does not currently exist in the provider manual. Add to section 262.120.*
99361	22			M	Z1575	Treatment Plan	*Code indicated to bill on paper but it has now been cross walked to 99361 w/modifier 22*
90853				M	Z1576	Group Psychotherapy/Counseling per 15 minute units; maximum of 6 units	*Code indicated to bill on paper but it has now been cross walked to 90853 and no longer requires paper billing*
H2011				M	Z1577	Crisis Management Visit, on site	*Code indicated to bill on paper but it has now been cross walked to H2011*

C. Section 262.130

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
96100	26	22		M	Z2258	Interpretation (1 unit equals 15 min, :maximum 8 units)	*Changed national code from T1023 with no modifiers to 96100 with modifiers 26 and 22*

PROPOSED

IV. Developmental Day Treatment Clinic Services (DDTCS)

The following table corrects the cited section in the DDTCS policy manual.

Section 262.110

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
97150	52	59		9	Z2528	Group Occupational Therapy by Occupational Therapy Assistant (15 minute, maximum of 4 units per day, maximum of 4 clients per group)	*Added modifier 59.*

V. Occupational, Physical, Speech Therapy

The following table corrects the cited section in the Occupational, Physical and Speech Therapy manual.

Section 262.120

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
92607	52			B	Z2625	Evaluation, Augmentative Communication Device	Added modifier 22.
92608 Delete				B	Z2625	Evaluation, Augmentative Communication Device	*Deleted 92608. Local code is no longer mapped to 92608*

PROPOSED

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PROPOSED - OFFICIAL NOTICE

DMS-2003-GG-1

TO: **Health Care Provider – DDS Alternative Community Services (ACS) Waiver**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003:**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

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Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. DDS ACS Procedure Code Corrections

A. The following corrections are required in Section 272.100 of the DDS ACS manual update effective 10-13-03.

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
H2023				9	Z1918	ACS Supported employment (Local code was incorrectly mapped to H2025)
S5162				9	Z1919	ACS Physical adaptations (Code was incorrectly listed as S6162)
T2034	U1	22		9	Z2335	ACS Crisis Intervention Services (Modifier 22 has been added)

B. The following procedure code was inadvertently removed from the DDS ACS 10-13-03 manual update and has been reinstated.

National Code	Modifier 1	Modifier 2	Modifier 3	Type of Service	Local Code	National Code Description
H2016				9	Z1916	ACS Integrated Supports – Individual
H2016	52			9	Z1917	ACS Integrated Supports - Group

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PROPOSED

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PROPOSED - OFFICIAL NOTICE

DMS-2003-I-2
DMS-2003-LC-1
DMS-2003-P-1

TO: **Health Care Provider – Home Health, Living Choices Assisted Living, Personal Care**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those listed in this notice for your provider type (e.g. personal care, home health etc.) use the codes and modifiers in this notice.

The tables that follow in sections II, III and IV of this notice include references to applicable numbered sections of the provider manual and illustrate the mapping of the national HCPCS procedure codes and modifiers to local HCPCS procedure codes. Other corrections also include references to the applicable section(s) of the provider manual.

II. Corrections to Home Health Provider Manual

A. Provider Manual Reference: Section 242.110

1. The description that corresponds to national HCPCS procedure code, T1021, is "Home health aide or certified nursing assistant, per visit". Therefore, T1021 has a one-to-one relationship with the old local code (Z0001) and needs no modifier.
2. The modifier **TE** is required to indicate that the visit is by a licensed practical nurse.
3. The modifier **TD** is required to indicate that the visit is by a registered nurse.

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PROPOSED

National Procedure Code	Modifiers			Local Procedure Code	Description
	1	2	3		
T1021				Z0001	Home Health Aide Visit, per visit
T1021	TE			Z1761	Home Health LPN Visit, per visit
T1021	TD			Z0002	Home Health RN Visit, per visit

B. Provider Manual Reference: sections 242.141 and 242.142

The headings of these two sections are reversed. The correct heading to section 242.141 is "Epogen Injections for Renal Failure". The correct heading to section 242.142 is "Epogen Injections for Other Diagnoses".

C. Provider Manual Reference: Section 242.150 (Home Health Medical Supplies

National Procedure Code	Modifiers			Local Procedure Code	Description
	1	2	3		
A4253	52	NU		Z1963	Blood Glucose test or reagent strip for home blood glucose monitor, per 25 strips
A4353	NU			Z1964	Urinary intermittent catheter with insertion tray
A4365	NU			Z1966	Adhesive remover wipes, 50 per box
A4368	NU			Z1967	Ostomy filters, any type, each
A4394	NU			Z1965	Ostomy deodorant, all types, per ounce
A4483	NU			Z1993	Tracheostomy vent-heat moisture device
A6196	NU			Z1952	Alginate Dressing, each (16 square inches or less)
A6197	NU	52		Z1953	Alginate Dressing, each (more than 16, but less than 48 square inches)
A6197	NU			Z1955	Alginate Dressing, each (1 linear yard)

PROPOSED

National Procedure Code	Modifiers			Local Procedure Code	Description
A6198	NU			Z1954	Alginate Dressing, each (more than 48 square inches)
A6203	NU			Z1959	Composite Dressing, each (16 square inches or less)
A6204	NU			Z1960	Composite Dressing, each (more than 16, but less than 48 square inches)
A6205	NU			Z1961	Composite Dressing, each (more than 48 square inches)
A6211	NU			Z1958	Foam Dressing, each (more than 48 square inches)
A6212	NU			Z1956	Foam Dressing, each (16 square inches or less)
A6213	NU			Z1957	Foam Dressing, each (more than 16, but less than 48 square inches)
A6216	NU			Z1941	Gauze Pad, Medicated or Non-Medicated, each (16 square inches or less)
A6220	NU			Z1942	Gauze Pads, Medicated or Non-Medicated, each (more than 16, but less than 48 square inches)
A6221	NU			Z1943	Gauze Pads, Medicated or Non-Medicated, each (more than 48 square inches)
A6229	NU			Z1942	Gauze Pads, Medicated or Non-Medicated, each (more than 16, but less than 48 square inches)
A6230	NU			Z1943	Gauze Pads, Medicated or Non-Medicated, each (more than 48 square inches)
A6234	NU			Z1949	Hydrocolloid Dressing, each (16 square inches or less)
A6235	NU			Z1950	Hydrocolloid Dressing, each (more than 16, but less than 48 square inches)

PROPOSED

National Procedure Code	Modifiers			Local Procedure Code	Description
A6236	NU			Z1951	Hydrocolloid Dressing, each (more than 48 square inches)
A6237	NU			Z1949	Hydrocolloid Dressing, each (16 square inches or less)
A6238	NU			Z1950	Hydrocolloid Dressing, each (more than 16, but less than 48 square inches
A6239	NU			Z1951	Hydrocolloid Dressing, each (more than 48 square inches)
A6242	NU			Z1945	Hydrogel Dressing, each (16 square inches or less)
A6243	NU			Z1946	Hydrogel Dressing, each (more than 16, but less than 48 square inches)
A6244	NU			Z1947	Hydrogel Dressing, each (more than 48 square inches)
A6245	NU			Z1945	Hydrogel Dressing, each (16 square inches or less)
A6246	NU			Z1946	Hydrogel Dressing, each (more than 16, but less than 48 square inches)
A6247	NU			Z1947	Hydrogel Dressing, each (more than 48 square inches)
A6248	NU			Z1948	Hydrogel Dressing, each (1 ounce)
A6257	NU			Z1938	Transparent Film, each (16 square inches or less)
A6258	NU			Z1939	Transparent Film, each (more than 16, but less than 48 square inches)
A6259	NU			Z1940	Transparent Film, each (more than 48 square inches)
A6403	NU			Z1942	Gauze Pads, Medicated or Non-Medicated, each (more than 16, but less than 48 square inches)

PROPOSED

National Procedure Code	Modifiers			Local Procedure Code	Description
A6404	NU			Z1943	Gauze Pads, Medicated or Non-Medicated, each (more than 48 square inches)
A6421	NU			Z1944	Gauze, Non-Elastic, Per Roll (1 linear yard)
A6422	NU			Z1944	Gauze, Non-Elastic, Per Roll (1 linear yard)
A6424	NU			Z1944	Gauze, Non-Elastic, Per Roll (1 linear yard)
A6426	NU			Z1944	Gauze, Non-Elastic, Per Roll (1 linear yard)
A6428	NU			Z1944	Gauze, Non-Elastic, Per Roll (1 linear yard)
A6430	NU			Z1969	Gauze elastic, all types, per roll (linear yard)
A6432	NU			Z1969	Gauze elastic, all types, per roll (linear yard)
A6434	NU			Z1969	Gauze elastic, all types, per roll (linear yard)
A6436	NU			Z1969	Gauze elastic, all types, per roll (linear yard)
Bill on paper				Z2481	Thick-It, per 8 oz. can, each
L8239*	NU			Z2483*	Stocking (Jobst), per stocking

D. Provider Manual Reference: Section 242.160

The items listed in the table below appeared in the provider manual with a type of service (TOS) code "6". TOS "6" has traditionally been used in Arkansas Medicaid billing to indicate that a service, supply or procedure was provided to an individual under the age of 21 and participating in the Medicaid Child Health Services (EPSDT) Program.

Under HIPAA implementation, home health providers may be reimbursed for the medical supplies listed below. Modifier **EP** indicates that the supply is for an individual under the age of 21 and participating in the Medicaid Child Health Services (EPSDT) Program. A second modifier is required (as shown below) when more than one local "Z" code has been mapped to a single national procedure code.

PROPOSED

National Procedure Code	Modifiers			Local Procedure Code	Description
	1	2	3		
A4527	EP			Z2720	Over-Night Brief Medium (33-41" waist/hip, 110-170 lbs.)
A4528	EP			Z2721	Over-Night Brief Large (42-54" waist/hip, over 170 lbs.)
A4335	EP			Z1830	Small Child Diapers
A4335	EP	U1		Z1831	Medium Child Diapers
A4335	EP	U2		Z1832	Large Child Diapers
A4335	EP	U3		Z2727	Under-Garment one size fits all
A4533	EP			Z2718	Youth Adult Diaper (45-60 lbs.)
A4531	EP	U1		Z2723	Pull-ups, Unisex (up to 34 lbs.)
A4531	EP			Z2724	Pull-ups, Unisex (over 34 lbs.)
A4532	EP	U1		Z2725	Pull-ups, Unisex (over 45-61 lbs.)
A4532	EP			Z2726	Pull-ups, Unisex (over 65-80 lbs.)
A4535	EP			Z2722	Panty Liners/Bladder Pads/Diaper Doublers

III. Corrections to Living Choices Assisted Living Provider Manual

Provider Manual Reference: section 262.100

National Procedure Code	Modifiers			*TOS	Local Procedure Code	Description
	1	2	3			
T2031	U1			9	Z2784	Living Choices Assisted Living Tier 1
T2031	U2			9	Z2785	Living Choices Assisted Living Tier 2
T2031	U3			9	Z2786	Living Choices Assisted Living Tier 3
T2031	U4			9	Z2787	Living Choices Assisted Living Tier 4
Bill local code and TOS on Paper				9	Z2789	Living Choices Assisted Living Pharmacist Consultant

*TOS = Type of Service code used in conjunction with a local procedure code.

PROPOSED

IV. Corrections to Personal Care Provider Manual

Provider Manual Reference: sections 262.110 through 262.140

National Procedure Code	Modifiers			*TOS	Local Procedure Code	Description
	1	2	3			
T1019				0	Z2325	Personal Care Aide Services, Client Under 21 (requires prior authorization), per 15 minutes
T1019	U1			0	Z2623	Weekend Personal Care by a Private Care Agency—Client Under Age 21 (requires prior authorization), per 15 minutes
T1019	U2			0	Z2624	Weekend Personal Care by a Private Care Agency—Client Aged 21 or Older, per 15 minutes
T1019	U3			0	Z2474	Personal Care Aide Services-Client 21 or Older, per 15 minutes
T1019	U4			S	Z2326	Personal Care Aide in a Public School (Requires Prior Authorization), per 15 minutes

*TOS = Type of Service code used in conjunction with a local procedure code.

PROPOSED

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 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at 1-800-457-4454 or (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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Telephone: (501) 682-8292 TDD: (501) 682-6789 or 1-877-708-8191 FAX: (501) 682-1197

PROPOSED - OFFICIAL NOTICE

DMS-2003-AL-1

TO: **Health Care Provider – Alternatives for Adults with Physical Disabilities (APD) Waiver**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003:**

I. General Information

The purpose of this Official Notice is to notify providers of additional information that will be required for correct billing.

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

II. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased.

Example – we have assigned new national code S5125 to replace Z2291. The national code has a time-unit of 15 minutes but Z2291 has a time-unit of one hour. Arkansas Medicaid providers will now bill 4 units of S5125 for every hour they would have billed as one unit using Z2291. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2291 was 8 but the new daily maximum is now 32.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The information below explains the time unit conversion for APD attendant care services:

National Code	Time Unit	Daily Maximum National Code	Local Code	Time Unit	Daily Maximum Local Code
S5125	15 minutes	32	Z2291	1 hour	8

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PROPOSED - OFFICIAL NOTICE

DMS-2003-CM-1

TO: **Health Care Provider – Children's Medical Services (CMS) Targeted Case Management**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – We have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

PROPOSED

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. CMS Targeted Case Management Procedure Code Corrections

The following changes have been made in Section 262.100 of the CMS Targeted Case Management provider manual.

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
T1017	U2	22		9	Z1934	CMS Targeted Case Management One (1) Unit Per Client Per Day

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Roy Jeffus, Director

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PROPOSED - OFFICIAL NOTICE

DMS-2003-O-9
DMS-2003-SS-3
DMS-2003-KK-11
DMS-2003-R-13

TO: **Health Care Provider – Certified Nurse Mid-Wife; Independent Lab; Nurse Practitioner and Physician**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003:**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

PROPOSED

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Required Corrections for Certified Nurse Mid-Wife

The following tables provide corrections for the cited sections in the Certified Nurse Midwife policy manual.

A. Certified Nurse-Midwife **Section 272.120**

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
99402	SB	U1	22	9	Z1202	A MEDICAL, NUTRITIONAL AND PSYCHOLOGICAL ASSESSMENT BY THE CERTIFIED NURSE-MIDWIFE OR REGISTERED NURSE TO DESIGNATE PATIENTS AS HIGH OR LOW RISK.	Added modifier 22 along with SB and U1
99402	SB	U3	22	9	Z1203	SERVICES BY A CERTIFIED NURSE-MIDWIFE, A LICENSED SOCIAL WORKER OR REGISTED NURSE WHICH WILL ASSIST PREGNANT WOMEN ELIGIBLE UNDER MEDICAID IN GAINING ACCESS TO NEEDED MEDICAL, SOCIAL, EDUCATIONAL AND OTHER SERVICES FOR LOW RISK PATIENTS.	Added modifier 22 along with SB and U3

PROPOSED

A. Certified Nurse-Midwife **Section 272.120 (Continued)**

99402	SB	U5	22	9	Z1204	SERVICES BY A CERTIFIED NURSE-MIDWIFE, A LICENSED SOCIAL WORKER OR REGISTED NURSE WHICH WILL ASSIST PREGNANT WOMEN ELIGIBLE UNDER MEDICAID IN GAINING ACCESS TO NEEDED MEDICAL, SOCIAL, EDUCATIONAL AND OTHER SERVICES FOR HIGH RISK PATIENTS.	Added modifier 22 along with SB and U5
99402	SB	22		9	Z1205	EDUCATIONAL CLASSES PROVIDED BY A HEALTH PROFESSIONAL.	Added modifier 22 along with SB
99402	SB	U6	22	9	Z1206	SOCIAL WORK PLAN FOLLOW-UP, APPROPRIATE INTERVENTION AND REFERRALS.	Deleted modifiers SA and U3. Added Modifiers SB, U6 and 22.
99402	SB	U2	22	9	Z1207	NUTRITION CONSULTATION – INDIVIDUAL	Added modifier 22 along with SB and U1
99432	EP			9	Z1209	FOR MEDICAID ELIGIBLE CHILDREN, ROUTINE NEWBORN CARE FOLLOWING DELIVERY CONSTITUTES AN EPSDT SCREEN.	New record to be added to the manual
99435	EP			9	Z1209	FOR MEDICAID ELIGIBLE CHILDREN, ROUTINE NEWBORN CARE FOLLOWING DELIVERY CONSTITUTES AN EPSDT SCREEN.	New record to be added to the manual
59425	22			9	Z1635	OBSTETRICAL CARE WITHOUT DELIVERY (VISITS 1-3)	New record to be added to the manual

PROPOSED

B. Certified Nurse Midwife **Section 272.493**

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
59425	22			9	Z1635	OBSTETRICAL CARE WITHOUT DELIVERY.	Update paragraph to include 59425 with modifier 22 in addition to 59425 and 59426 (Z1635).

IV. Required Corrections for Nurse Practitioner

The following tables provide corrections for the cited sections in the Nurse Practitioner policy manual.

A. Nurse Practitioner **Section 252.130**

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
99402	SA	U1	22	N	Z1202	RISK ASSESSMENT	Added modifier 22
99402	SA	U4	22	N	Z1203	CASE MANAGEMENT SERVICES, LOW-RISK CASE	Added modifier 22
99402	SA	U5	22	N	Z1204	CASE MANAGEMENT SERVICES, HIGH-RISK CASE	Added modifier 22
99402	SA	22		N	Z1205	PERINATAL EDUCATION	Added modifier 22
99402	SA	U3	22	N	Z1206	SOCIAL WORK CONSULTATION	Added modifier SA, U3, and 22
99402	SA	U2	22	N	Z1207	NUTRITION CONSULTATION - INDIVIDUAL	Added modifier 22
90371				N	Z1757	HEPATITIS B IMMUNE SERUM GLOBUL IN 1/2 CC	Remove modifier U1
S0179				N	Z1835	MEGESTROL ACETATE TABLET, 320 MG	Remove modifier 52

PROPOSED

A. Nurse Practitioner Section 252.130 (Continued)

36415				N	Z1913	ROUTINE VENIPUNCTURE BLOOD COLLECTION	National code is incorrect in the current manual. It should be 36415 not 36145.
J2788 90385				N	Z2501	RHO (D) IMMUNE GLOBULIN (HUMAN) ONE PRE-FILLED	Z2501 is mapped to both J2788 and 90385. 90385 needs to be added.

B. Nurse Practitioner Section 252.430

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
99401	FP	SA	22	A	Z2300	PERIODIC FAMILY PLANNING VISIT	Added modifier 22

C. Nurse Practitioner Section 252.450

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
99402	SA	U1	22	N	Z1202	RISK ASSESSMENT	Added modifier 22
99402	SA	U4	22	N	Z1203	CASE MANAGEMENT SERVICES, LOW-RISK CASE	Added modifier 22
99402	SA	U5	22	N	Z1204	CASE MANAGEMENT SERVICES, HIGH-RISK CASE	Added modifier 22
99402	SA	22		N	Z1205	PERINATAL EDUCATION	Added modifier 22
99402	SA	U3	22	N	Z1206	SOCIAL WORK CONSULTATION	Added modifier SA, U3, and 22
99402	SA	U2	22	N	Z1207	NUTRITION CONSULTATION - INDIVIDUAL	Added modifier 22

PROPOSED

D. Nurse Practitioner **Section 252.448**

When administering vaccines available through the Vaccines For Children program, to children under age 19, CPT procedure code 90782 with modifiers will no longer be used for billing. Providers must use the CPT procedure codes for the vaccines with a modifier TJ, EP. Refer to the chart below for CPT codes and modifiers.

VACCINE	NATIONAL CODE	MODIFIER
Diphtheria:		
DT	90702	TJ, EP
Td	90718	TJ, EP
DTaP	90700	TJ, EP
DTP-Hib	90720	TJ, EP
Hemophilus Influenza Type b:		
Hib	90645	TJ, EP
DTP/Hib	90702	TJ, EP
PRP-D (for booster use only)	90646	TJ, EP
PRP-OMP (3 dose schedule)	90647	TJ, EP
Hepatitis B:		
Hepatitis B	90743	TJ, EP
	90744	TJ, EP
Measles/Mumps/Rubella:		
MMR	90707	TJ, EP
Pertussis:		
DTaP	90721	TJ, EP
Poliomyelitis:		
OPV	90712	TJ, EP
IPV	90713	TJ, EP
Chickenpox:		
Varicella	90716	TJ, EP

Prevnar ™ vaccine (pneumococcal 7-valent, pediatric), is to be billed with procedure code and modifier **90669-TJ, EP (Z2691)**

PROPOSED

E. Nurse Practitioner - Text Corrections Section 252.452

Text paragraphs below should be deleted:

For routine newborn care following a vaginal delivery or C-section, procedure code 99431 (Z1209) must be used one time to cover all newborn care visits by the attending physician, certified nurse-midwife or, if applicable, a pediatric nurse practitioner. This code also includes the physical exam of the baby and the conference(s) with parent(s) and is considered to be the initial Child Health Services (EPSDT) screen. Procedure code 99431 (Z1209) may be billed on the EPSDT screening form DMS 694 or on the electronic DMS-694 claim transaction format. For information on the Child Health Service (EPSDT) Program, call the EDS Provider Assistance Center. View or print EDS Provider Assistance Center contact information.

For illness care (e.g., neonatal jaundice), use procedure codes 99221 through 99233. Do not use procedure code 99431 (Z1209) in addition to these codes.

When billing for critical care services, refer to CPT for procedure codes and billing information.

These paragraphs should be inserted instead:

For routine newborn care following a vaginal delivery or C-section, procedure codes 99431, 99432, or 99435 should be used one time to cover all newborn care visits by the attending physician, certified nurse-midwife, or if applicable, a pediatric nurse practitioner. Payment of these codes is considered a global rate and subsequent visits may not be billed in addition to 99431, 99432, and 99435. These codes include the physical exam of the baby and the conference(s) with newborn's parent(s) and are considered to be the initial Child Health Services (EPSDT) screen.

For illness care, e.g., neonatal jaundice, use procedure codes 99221 through 99223; do not bill 99431, 99432, or 99435 in addition to these codes.

PROPOSED

V. Physician/Independent Lab/CRNA/Radiation Therapy Center

The following tables provide corrections required for the cited sections

A. Physician/Independent Lab/CRNA/Radiation Therapy Center Section 292.521

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
99241	52	22		1	Z2692	OTHER OUTPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM-FOCUSED HISTORY: A PROBLEM – FOCUSED EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION - MAKING	*Added modifier 22*
99242	52	22		1	Z2693	OTHER OUTPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED PROBLEM-FOCUSED HISTORY; AN EXPANDED PROBLEM-FOCUSED EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION-MAKING	*Added modifier 22*

PROPOSED

A. Physician/Independent Lab/CRNA/Radiation Therapy Center Section 292.521 (Continued)

99243	52	22		1	Z2694	OTHER OUTPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HISTORY;MEDICAL DECISION-MAKING OF LOW COMPLEXITY.	*Added modifier 22*
99244	U1	22		1	Z2695	OTHER OUTPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION AND MEDICAL DECISION-MAKING OF MODERATE COMPLEXITY.	*Added modifier 22*
99245	U1	22		1	Z2696	OTHER OUTPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY;AN EXPANDED PROBLEM-FOCUSED EXAMINATION AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	*Added modifier 22*

PROPOSED

B. Physician/Independent Lab/CRNA/Radiation Therapy Center Section 292.550

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
99402	FP	22		A	Z0625	ARKANSAS DEPT OF HEALTH BASIC VISIT	*Added additional modifier of 22*
99401	FP	U1	22	A	Z0626	ARKASAS DEPT OF HEALTH PERIODIC/FOLLOW-UP VISIT	*Z0626 is no longer mapped to 99215. Remove 99215 and add 99401 along with modifier FP, U1 and 22*
99402	FP	52	22	A	Z0847	BASIC FAMILY PLANNING VISIT	*Added additional modifier of 22*
99401	FP	52	22	A	Z0848	PERIODIC FAMILY PLANNING VISIT	*Added additional modifier of 22*

C. Physician/Independent Lab/CRNA/Radiation Therapy Center Section 292.675

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
59425	22			1	Z1635	OBSTETRICAL CARE WITHOUT DELIVERY	*In paragraph one, add 59525 with modifier 22 when addressing the billing of Obstetrical Care Without Delivery.*

PROPOSED

D. Physician/Independent Lab/CRNA/Radiation Therapy Center Section 292.676

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
99402	U2	22		1	Z1202	MEDICAL, NUTRITIONAL, AND PSYCHOSOCIAL ASSESSMENT	*Added modifiers U2 and 22*
99402	U4	22		1	Z1203	CASE MANAGEMENT, ASSISTANCE IN ACCESSING SERVICES	*Added modifiers U4 and U2*
99402	U5	22		1	Z1204	CASE MANAGEMENT ASSISTANCE IN ACCESSING SERVICES	*Added modifiers U5 and 22*
99402	22			1	Z1205	PERINATAL EDUCATION	*Added modifier 22*
99402	U3	22		1	Z1206	SOCIAL SERVICES CONSULTATION; EVALUATION and FOLLOW-UP	*Added modifiers U3 and 22*
99402	U1	22		1	Z1207	NUTRITIONAL CONSULTATION; EVALUATION AND FOLLOW UP	*Added modifiers U1 and 22*

E. Physician/Independent Lab/CRNA/Radiation Therapy Center Section 292.682

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
T1015	U2			1	Z2280	PHYSICIAN OUTPATIENT CLINIC SERVICES	*Paragraph two – change modifier from U1 to U2*
T1015	U2			1	Z2281	PHYSICIAN ASSESSMENT IN OUTPATIENT HOSPITAL	*Paragraph two – change modifier from U1 to U2*

PROPOSED

F. Physician/Independent Lab/CRAN/Radiation Therapy Center Section 292.760

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
T1015	U2			1	Z2280	NON-EMERGENCY OUTPATIENT HOSPITAL VISITS	*Change modifier from U1 to U2 for Z2280 mapped to T1015*

G. Physician/Independent Lab/CRNA/Radiation Therapy Center Section 292.599

Vaccine CPT procedure codes listed in the policy manual for vaccines administered to Medicaid-eligible children under age 19 are correct but require both modifiers TJ and EP for Medicaid-eligible recipients.

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Roy Jeffus, Director

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PROPOSED - OFFICIAL NOTICE

DMS-2003-U-1

TO: **Health Care Provider – Visual Care**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003:**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with

PROPOSED

applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. The following tables provide the required corrections for the cited sections of the Visual Care policy manual.

A. Visual Care **Section 242.110**

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
V2501	22			D	Z0110	SUPPLYING AND FITTING KERATOCONUS LENS (HARD OR GAS PERMEABLE) – 1 LENS	
V2501	U1			D	Z0112	SUPPLYING AND FITTING OF MONOCULAR LENS	*Add modifier U1*
V2799				D	Z0156	UNSPECIFIED PROCEDURE	*Z0156 is no longer mapped to 92307. Remove 92307 and add V2799*
92396				D	Z0159	APHAKIC LENS	*Z0159 is no longer mapped to 92326. Remove 92326 and add 92396.*
V2799				D	Z0156	UNSPECIFIED PROCEDURE	*Z0156 is no longer mapped to 92307. Remove 92307 and add V2799*
92002	52			D	Z0114	LOW VISION SERVICES – LOW VISION EVALUATION	
V2025				D	Z0124	FRAME REPLACEMENTS (ZYL)	Code was cross walked to V2020. Changed to correct code of V2025

PROPOSED

B. Section 243.110

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
92396				D	Z0159	APHAKIC LENS	*Z0159 is no longer mapped to 92326. Remove 92326 and add 92396.*

C. Section 243.140

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description	Notes for updating manuals
V2799				D	Z0156	UNSPECIFIED PROCEDURE	*Change 92307 to V2799 in the first paragraph as mapped to Z0156*

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If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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.**

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PROPOSED - OFFICIAL NOTICE

DMS-2003-E-8

TO: **Health Care Provider – Dental**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with

PROPOSED

applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Dental Program Procedure Code Changes

The following changes have been made in Section 262.100 of the Dental manual.

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
00170				7	Z0250	Inpatient Hospitalization (Z0250 Is No Longer Mapped To D9220. Remove D9220 And Add 00170.)
D4240 D4241 Delete both codes					04220	Gingival curettage, by report Code 04220 has been deleted and should not be cross-walked. Delete D4240 and D4241.

The following change has been made in Section 263.410.

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
D4220 - Delete					04220	Gingival curettage, by report. This code has been deleted.

The following change has been made in Section 263.420.

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
For Dates Of Service On Or After October 16, 2003, Local Code Will No Longer Be Payable.					Z9910	Surgical Field Avoidance

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If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211. Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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Division of Medical Services

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PROPOSED - OFFICIAL NOTICE

DMS-2003-G-3

TO: **Health Care Provider – EPSDT**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

PROPOSED

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. EPSDT Procedure Code Corrections

A. There have been several procedure codes, located in Section 242.100 of the EPSDT provider manual that have been revised.

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
99431	EP			6	Z1209	Newborn Care/EPSDT Screen in Hospital Including Physical Examination of Baby and Conference with Parents-Global Fee
99391-99395	EP	52		6	Z1638	EPSDT Comprehensive Health And Development History (Partial Medical Screen)
99381-99385	EP	52		6	Z1640	EPSDT Comprehensive Unclothed Physical Assessment (Partial Medical Screen)
99391-99395	EP	U1		6	Z1640	EPSDT Comprehensive Unclothed Physical Assessment (Partial Medical Screen)
V5008	EP			6	Z1643	EPDST Interperiodic Hearing Screen

B. The following procedure codes, located in Section 242.150, have been revised.

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
99381-99385	EP	52		6	Z1640	EPSDT Comprehensive Unclothed Physical Assessment (Partial Medical Screen)
99391-99395	EP	U1		6	Z1640	EPSDT Comprehensive Unclothed Physical Assessment (Partial Medical Screen)

PROPOSED

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PROPOSED - OFFICIAL NOTICE

DMS-2003-J-3

TO: **Health Care Provider – Prosthetics**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

PROPOSED

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary

Example – We have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

Procedure Code 99402 may be reimbursed at different rates for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

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III. Prosthetics Procedure Code Corrections

The following procedure codes have been modified or added to the Prosthetics Manual.

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
E0630	NU	KH		H	Z2374	Patient Lift, Hydraulic, With Seat Or Sling
E0730	NU	KH		H	Z2380	Tens, Four Lead, Larger Area/Multiple Nerve Stimulation
E0105	UE			U	Z2387	Cane, Quad Or Three Prong, Includes Canes Of All Materials, Adjustable Or Fixed, With Tips
E0143	UE			U	Z2395	Folding Walker wheeled Without Seat
E0180	UE			U	Z2410	Pressure Pad, Alternating With Pump
E0191	UE			U	Z2416	Heel Or Elbow Protector (Each)
E0192	UE			U	Z2417	Low Pressure And Positioning Equalization Pad For Wheel Chair
E0202	UE			U	A2419	Phototherapy (Bilrubin) Light With Photometer
E0779	NU	RR		H	Z1569	RO* Ambulatory Infusion Device
E0260	KH			I	Z2348	RO* Hospital Bed, with side rails, semi-electric, head and foot adjustment, with mattress
E0910	KH			I	Z2353	RP* Trapeze Bars Attached To Bed complete with grab bar
E1130	KH			I	Z2355	RP* Standard Wheelchair Fixed Full Length
A4335	EP	U3		6	Z2727	Under Garment (One Size Fits All)
E0250	EP			6	Z1892	PO* Hospital Bed With Side Rails, Fixed Height
E0250	EP	RR		6	E0250	RP* Hospital Bed, With Side rails Fixed
E0250	KH			I	Z2347	RP* Hospital Bed with Side Rails Variable Height
E0255	EP	RR		6	E0255	RP* Hospital Bed, With Side Rails, Variable
E0255	U1			H	Z1893	PO* Hospital Bed with Side Rails, Variable Height
E0250	NU			H	Z1893	PO* Hospital Bed with Side Rails, Variable Height

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
E0250	NU	RR		H	Z2346	RP* Hospital Bed with Side Rails, Fixed Height
E0250	NU			H	Z2347	RP* Hospital Bed, With Side Rails Variable Height
E1060	EP			6	Z1590	Full Reclining W/C, Fixed Arms, Detachable Foot
E1260	NU			H	Z1597	Lightweight Low Seat W/C, Detachable Arms, Detachable foot rests
E1086	NU			H	Z1599	Lightweight Hemi Height W/C, Detachable Arms, Detachable elevating leg rests
E1230				H	Z1604	Carrette (Outdoor) Rear Drive
K0038	NU			H	Z1609	Single Leg Strap (Each)
K0039	NU			H	Z1610	Double Leg Strap (Each)
K0040	NU			H	Z1611	Foot Plate Adj. Angle Part (Adj. Angle Foot Plate)
K0047	NU			H	Z1614	Leg Rest Panel Fabric, Hook On (Each)
K0059	NU			H	Z1615	Plastic Coated Hand Rims (Each)
K0108	NU			H	Z1616	Miscellaneous Equipment
E1340	NU			H	Z1619	Unlisted Repairs/Wheelchairs
K0071	NU			H	Z1625	Wheel Assembly With Pneumatic Tires, 22" (Pair) Rear wheels
K0064	NU			H	Z1628	Zero Pressure Tube Or Wheel Insert (Each) Rear Wheels
K0065	NU			H	Z1629	Spoke Guards 24" Each, Rear Wheels
K0074	NU			H	Z1630	Pneumatic Casters 8x1 1/4"(Each), Front Casters
K0074	NU			H	Z1631	Pneumatic Casters 8x1 3/4(Each), Front Casters
K0072	NU			H	Z1632	Polyurethane Casters 5"(Each) Front Casters
K0071	NU			H	Z1632	Polyurethane Casters 5"(Each) Front Casters
K0073	NU			H	Z1633	Caster Pin Locks (Pair.)
K0071	NU			H	Z1633	Caster Pin Locks (Pair.)
E1060	NU			H	Z1590	Full Reclining W/C, Fixed Arms, Detachable Foot Rest
L7520	EP			6	Z1683	Orthotic And Prosthetics Repairs

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
L4205 L4210 L7510 L7520	NU			H	Z1683	Orthotics And Prosthetic Repairs
L4205 L4210 L7510 L7520	NU			H	Z1683	Orthotics And Prosthetic Repairs
E1340	NU		Z0425	H	Z0425	DME Repairs
E0483	NU	RR	Z1705	H	Z1705	Bronchial Drainage System
E0483	NU	52	Z1706	H	Z1706	Vest For Bronchial Drainage System
L7500	NU		Z1719	H	Z1719	Maintenance For Capped Rental Item
E1340	NU		Z1758	H	Z1758	Labor Cost Only
K0532	NU		Z1983	H	Z1983	RO* BIPAP Device Nasal Bi-level Positive Airway
E0784	NU		Z2205	H	Z2205	Insulin Pump External
A4230	NU		Z2208	H	Z2208	Soft Set 25 Per Box (Non-Needle Infusion Set)
A4231	NU		Z2209	H	Z2209	Polyfin 30 Per Box (Needle Infusion Set)
	NU		Z2210	H	Z2210	Syringes/Reservoir 30 Per Box
A6020 A6021 A6022 A6023 A6024	NU		Z2212	H	Z2212	Polyskin Dressing
A4627	NU	52	Z2240	H	Z2240	Spacer Bag, Or Reservoir Without Mask
A4627	NU		Z2241	H	Z2241	Spacer Bag, Or Reservoir With Mask
E0779				I	Z1569	RO* Ambulatory Infusion Device
A7034	NU	RR		H	Z1579	RO* Nasal CPAP Device
K0183				I	Z1579	RO* Nasal CPAP Device
E0607	NU			H	Z2272	Home Blood Glucose Monitor Pregnant Women Only

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
A4253	NU			H	Z2285	Blood Glucose Test Strips Per Box Of 50
A4259	NU			H	Z2337	Lancets, (Per Box) For Pregnant Women
A6257	NU			H	Z1938	Transparent Film, Each (16 Sq. In. Or Less)
A6258	NU			H	Z1939	Transparent Film, Each (More Than 16, But Less than 48 Square Inches)
A6259	NU			H	Z1940	Transparent Film, Each (More Than 48 Sq. In.)
A6216	NU			H	Z1941	Gauze Pads, Medicated Or Non-Medicated, Each (16 Square Inches or Less)
A6220 A6229 A6403	NU			H	Z1942	Gauze Pads, Medicated Or Non-Medicated, Each (More than 16, but less than 48 Square Inches)
A6404 A6221 A6230	NU			H	Z1943	Gauze Pads, Medicated Or Non-Medicated, Each (More than 48 Square Inches)
A6421 A6422 A6424 A6426 A6428	NU			H	Z1944	Gauze, Non-Elastic, Per Roll (1 Linear Yard)
A6245 A6242	NU			H	Z1945	Hydrogel Dressing, Each (16 Square Inches Or Less)
A6243 A6246	NU			H	Z1946	Hydrogel Dressing, Each (More Than 16, But Less Than 48 Square Inches)
A6247 A6244	NU			H	Z1947	Hydrogel Dressing, Each (More Than 48 Square In)
A6248	NU			H	Z1948	Hydrogel Dressing, Each (1 Ounce)
A6237 A6234	NU			H	Z1949	Hydrocolloid Dressing, Each (16 Square In Or Less)
A6238 A6235	NU			H	Z1950	Hydrocolloid Dressing, Each (More Than 16, But Less than 48 Square Inches)
A6238 A6236 A6239	NU			H	Z1951	Hydrocolloid Dressing, Each (More Than 48 Square In)
A6196	NU			H	Z1952	Alginate Dressing, Each (16 Square Inches or Less)

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
A6197	NU	52		H	Z1953	Alginate Dressing, Each (More Than 16, But Less Than 48 Square Inches)
A6198	NU			H	Z1954	Alginate Dressing, Each (More Than 48 Square Inches)
A6197	NU			H	Z1955	Alginate Dressing, Each (1 Linear Yard)
A6212	NU			H	Z1956	Foam Dressing, Each (16 Square Inches Or Less)
A6213	NU			H	Z1957	Foam Dressing, Each (More Than 16, But Less Than 48 Square Inches)
A6211	NU			H	Z1958	Foam Dressing, Each (More Than 48 Square Inches)
A6203	NU			H	Z1959	Composite Dressing, Each (16 Square Inches Or Less)
A6204	NU			H	Z1960	Composite Dressing, Each (More Than 16, But Less than 48 Square Inches)
A6205	NU			H	Z1961	Composite Dressing, Each (More Than 48 Square Inches)
A4253	NU	52		H	Z1963	Blood Glucose Test Or Reagent Strips For Home Blood Glucose monitor, per 25 strips
A4353	NU			H	Z1964	Urinary Intermittent Catheter With Insertion Tray
A4394	NU			H	Z1965	Ostomy Deodorant, All Types, Per Ounce
A4365	NU			H	Z1966	Adhesive Remover Wipes, 50 Per Box
A4368	NU			H	Z1967	Ostomy Filters, Any Type, Each
A6430 A6432 A6434 A6436	NU			H	Z1969	Gauze, Elastic, All Types, Per Roll (1 Linear Yard)
A4483	NU			H	Z1993	Tracheotomy Vent-Heat Moisture Device
L8239	NU			H	Z2483	Jobst Stockings
A4554	NU			H	Z1721	Underpads
A4521	NU			H	Z1722	Small Adult Diaper
A4522	NU			H	Z1723	Medium Adult Diaper

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
A4523	NU			H	Z1724	Large Adult Diaper
A4524	NU			H	Z2719	Extra Large Adult Diaper(Over 170 Lb)
A4527	NU			H	Z2720	Over-Night Brief (33-41" Waist/Hip 110-170 Lbs)
A4528	NU			H	Z2721	Over-Night Brief (42-54"Waist/Hip Over 170 Lbs)
A4335	NU	52		H	Z2722	Panty liners/Bladder pads/Diaper doublers
A4335	NU			H	Z2727	Under Garment (One Size Fits All)
A4670				H	Z1906	RO* Electronic Blood Pressure Monitor
				H	Z1501 Z1502 Z1503 Z1504 Z1505 Z1506 Z1507 Z2264 Z2273 Z2500	These codes must be billed on paper.
				6	Z1509 Z1510 Z1525	These codes must be billed on paper.
S8105	NU			H	Z1588	RO* Pulse Oximeter Plus 4 Disposable Probes
E0245	NU			H	Z1822	Bath Aid (Lg)
S8096	NU			H	Z1828	Peak Flow Meter
E0163	UE			U	Z2344	PO* Commode Chair Stationary With Fixed Arms
E0910	UE			U	Z2353	RP* Trapeze Bars Attached To Bed Complete With Grab Bar
E1221	U1			H	Z2356	RP* Footrest Wheelchair with Detachable Arms
E1224	UE			U	Z2356	RP* Footrest Wheelchair With Detachable Arms
E0146	UE			U	Z2359	RP* Walker, Wheeled, With Seat
E0105	UE			U	Z2387	PO* Cane, Quad Or Three Prong, Includes Canes Of All materials, adjustable or fixed, with tips

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
E0143	UE			U	Z2395	PO* Folding Walker, Wheeled Without Seat
E0180	UE			U	Z2410	PO* Pressure Pad, Alternating With Pump
E0191	UE			U	Z2416	PO* Heel Or Elbow Protector, Each
E0192	UE			U	Z2417	PO* Low Pressure And Positioning Equalization Pad for Wheelchair
E0202	UE			U	Z2419	RP* Phototherapy (Bilirubin) Light With Photometer
L3649	NU			H	Z1645	Unlisted Prosthetic Devices Or Orthotic Appliances
L4205 L4210 L7510 L7520	NU			H	Z1683	Orthotics And Prosthetic Repairs
L2040	NU	U1		H	Z1732	Night "A" Frame-Kafo, Torsion Control, Bilateral Night "A" Frame
L3140	NU			H	Z1735	Bebox Foot Orthosis Clubfoot Abduction Orthosis
L3140	NU			H	Z1736	Don Joy Knee Orthosis
L3649	NU			H	Z1738	Orthopedic Footwear, Wooden Sole Shoe, Each
L3206 L3207 L3217 L3222 L3204	NU			H	Z1739	Straight Last High Top Shoe Each, Size 2-8
L3206 L3207 L3217 L3204	NU			H	Z1740	Straight Last High Top Shoe Each, 8 1/2 - 12
L3222	NU	U1		H	Z1740	Straight Last High Top Shoe Each, 8 1/2 - 12
L3206 L3207 L3217 L3222 L3204	NU			H	Z1741	Regular Last High Top Shoe Each, Sizes 3-6

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
L3206 L3207 L3217 L3222 L3204	NU			H	Z1743	Regular Last High Shoe, Each, 8 1/2-12
L3206 L3207 L3217 L3222 L3204	NU			H	Z1744	Reverse Last Closed Toe
L3206 L3207 L3204	NU			H	Z1745	Orthopedic Shoe, High Top, Normal Last, Each Size
L2755	NU	U1		H	Z1747	Carbon Composite Ankles (Addition To AFO)
L1499 L2999 L3999 L5999 L7499 L8499	NU			H	Z1645	Unlisted Prosthetic Devices Or Orthotic Appliances
L3649	NU	U1		H	Z1645	Unlisted Prosthetic Devices Or Orthotic Appliances
L7510	NU			H	Z1748	Twister Cables Repair/Replace
E1060	NU			H	Z1592	Fully Reclining W/C, Detachable Arms, Detachable Elevating Leg Rest
E1260	U1			H	Z1597	Lightweight Low Seat W/C, Detachable Arms, Detachable foot rests
K0016	U1			H	Z2194	Height Adj. Arms (Replacement)
E0192	U2			H	Z2161	Low Pressure And Positioning Air And Foam Floatation Cushion
L3206	EP	U1		6	Z1746	Orthopedic Shoe, High Top, Normal Last, Each; 81/2-12
L3207	EP	U1		6	Z1746	Orthopedic Shoe, High Top, Normal Last, Each; 81/2-12
K0116	U2			H	Z1599	Lightweight Hemi height W/C, Detachable Arms
E1340	U1			H	Z1619	Unlisted Repairs/Wheelchairs

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
E1260	U1			H	Z1597	Lightweight low seat W/C detachable arms, detachable foot rests
K0116	EP	U2		6	Z1682	Modular Or Special Design Seat Or Back
K0054	EP	U1		6	Z2567	Seat Width 20
K0054	U1			H	Z2567	Seat Width 20
E1060	NU			H	Z1592	Fully Reclining W/C, Detachable Arms, Detachable Elevating Leg Rest
K0102	NU			H	Z1653	Crutch Holder
E0972	NU	U1		H	Z1654	Wood Transfer Board
E0972	NU			H	Z1655	Plastic Transfer Board
K0104	NU			H	Z1656	E Oxygen Tank Carrier
K0082	NU			H	Z1658	22NF Deep Cycle Battery (Ea.)
K0084	NU			H	Z1659	Group 24 Deep Cycle Battery (Ea.)
K0086	NU			H	Z1660	V-1 Lead Acid Battery (Ea.)
K0105	NU			H	Z1657	IV Hanger
K0087	NU			H	Z1661	U-1 Gel Cell Battery (Ea.)
K0083	NU			H	Z1662	22F Gel Cell Battery (Ea.)
E0700	NU	U2		H	Z1669	Travel Restraint Auto Safe Harness (E-Z On Vest) (no known comparable product)
E0700	EP	U2		6	Z1669	Travel Restraint Auto Safe Harness (E-Z On Vest) (No Known Comparable Product)
E0962 E0963 E0964 E0965	NU			H	Z1672	Special Cushions
K0112	NU			H	Z1677	Trunk Support For Any W/C (Other Than Travel) W/Hardware

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
K0055	EP	U4		6	Z1678	Seating And Positioning Components For All Types of Chairs
K0054 K0056 K0057 K0058	NU			H	Z1678	Seating And Positioning Components For All Types of Chairs
K0055	NU	U4		H	Z1678	Seating And Positioning Components For All Types of Chairs
				H	Z1679	Active Manual Chair Tilt-In-Space Action
K0004	NU			H	Z1680	High Performance Manual W/C Adult
E1150	NU	U1		H	Z1681	High Performance Manual W/C With Growth Justability-Child
K0116	EP	U2		6	Z1682	Modular Or Special Design Seat Or Back
K0116	NU			H	Z1682	Modular Or Special Design Seat Or Back
E1340	EP	U1		6	Z1758	Labor Cost Only
E1340	NU			H	Z1758	Labor Cost Only
K0116	EP	U1		6	Z1765	Foam-In-Place Back (Pindot Contour)
K0116	NU	U1		H	Z1765	Foam-In-Place Back (Pindot Contour)
K0116	EP	U1		6	Z1766	Foam-In-Place Seat (Pindot Quick Foam Contour System)
K0116	NU	U1		H	Z1766	Foam-In-Place Seat (Pindot Quick Foam Contour System)
K0030	EP	U3		6	Z1768	Foam And Plywood Seat, MPI Like
K0030	NU	U3		H	Z1768	Foam And Plywood Seat, MPI Like
K0030	EP	U2		6	Z1769	Foam And Plywood Flat Side
K0030	NU	U2		H	Z1769	Foam And Plywood Flat Side
K0023	EP	U2		6	Z1771	Foam And Plywood Back, MPI Like
K0023	NU	U2		H	Z1771	Foam And Plywood Back, MPI Like
K0025	NU			H	Z1783	Headrest / Fixture, O.B. (46-Lg 45-Sm)

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
K0038	NU	U2		H	Z1790	Foot Straps (Pair)
E0980	NU			H	Z1797	Foot Straps (Pair)
E0978	NU			H	Z1799	Belt, Safety Or Chest, W/Pad
K0038	EP	U1		6	Z1802	Knee strap
E0980	EP	U1		6	Z1803	Shoulder Retractors
E0980	NU	U1		H	Z1803	Shoulder Retractors
E0950	EP	U2		6	Z1804	Abs Tray (4-Sm 5-Lg)
E0950	NU	U2		H	Z1804	Abs Tray (4-Sm 5-Lg)
E0950	EP	U2		6	Z1805	Clear Upper Ex Support System
E0950	NU	U2		H	Z1805	Clear Upper Ex Support System
E0950	EP	U4		6	Z1807	Tray, Customized
E0950	NU	U4		H	Z1807	Tray, Customized
E0950	NU			H	Z1810	Tray For W/C
K0019	NU			H	Z1813	Arm Pad For Wheelchair
K0066	NU			H	Z1992	20-26c" Tires For Manual W/C (Each) (Replacement)
E1212	NU			H	Z2108	Motorized Folding Frame DA Swing Away Foot Rests
E1210	NU			H	Z2109	Motorized Folding Frame DA Swing Away ELR
E1212	EP	U1		6	Z2110	Motorized Standard Frame DA Swing Away Foot Rests
E1212	NU	U1		H	Z2110	Motorized Standard Frame DA Swing Away Foot Rests
E1210	EP	U1		6	Z2111	Motorized Standard Frame DA Swing Away ELR
E1210	NU	U1		H	Z2111	Motorized Standard Frame DA Swing Away ELR
K0014	EP	U3		6	Z2112	Motorized Power Base Or Conventional Frame W/C DA/Swing Away Foot Rests, Programmable Electronics and Custom Options

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
K0014	NU	U3		H	Z2112	Motorized Power Base Or Conventional Frame W/C DA/Swing Away Foot Rests, Programmable Electronics and Custom Options
K0014	EP	U4		6	Z2113	Motorized Power Base Or Conventional Frame W/C DA/Swing Away Elevated Foot Rests, Programmable Electronics and Custom Options
K0014	NU	U4		H	Z2113	Motorized Power Base Or Conventional Frame W/C DA/Swing Away Elevated Foot Rests, Programmable Electronics and Custom Options
K0014	NU			H	Z2115	Power Tilt In Space
K0115	NU			H	Z2116	Power Tilt And Recline System With Zero Sheer
K0017	EP	U1		6	Z2117	Dual Post And Adjustable
K0017	NU	U1		H	Z2117	Dual Post And Adjustable
K0107	EP	U1		6	Z2119	Removable Hinged Overlay For Tray
K0107	NU	U1		H	Z2119	Removable Hinged Overlay For Tray
E0993	NU			H	Z2120	Standard Back Upholstery
K0024	NU			H	Z2121	Solid Seat/Back Insert With Attaching Hardware
K0045	NU			H	Z2122	Padded Custom Foot Box
K0062	NU			H	Z2123	Vertical Oblique Projection Hand Rims 8-10-12
E0959	NU			H	Z2124	Amputee Adapters For Conventional Chair
K0100	NU			H	Z2125	Amputee Axle Plate For High Performance Manual W/C
K0070	NU			H	Z2126	Wheel Assembly Complete With Pneumatic Tires 20"12
K0097	NU			H	Z2127	Zero Pressure Insert For Front Caster For Manual or Power (Each)
K0093	NU			H	Z2128	Zero Pressure Insert For Rear Wheel For Power W/C (each)
K0074	NU	U2		H	Z2129	9 X 2 3/4 Pneumatic Caster For Power Base

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
K0074	EP	U2		6	Z2129	9 X 2 3/4 Pneumatic Caster For Power Base
K0099	NU			H	Z2130	9 X 2 3/4 Foam Filled Caster For Power Base W/C
K0064	NU	U1		H	Z2131	12 Or 14 Flat Free Insert For Power Base
K0064	EP	U1		6	Z2131	12 Or 14 Flat Free Insert For Power Base
K0089	NU			H	Z2132	24 Volt Battery Charger-Dual Mode
K0088	NU			H	Z2133	24 Volt Battery Charger Standard
E1091	NU			H	Z2134	Youth Positioning Stroller
K0112	NU	U1		H	Z2136	Lateral Trunk Supports
K0112	EP	U1		6	Z2136	Lateral Trunk Supports
E1161	NU			H	Z2146	Adult Active Manual Tilt And Space Action W/C
E0178	NU			H	Z2147	Sm 10-14 Gel Low Pressure And Positioning Cushion
E0178	NU	U1		H	Z2148	Md 14-18 Gel Low Pressure And Positioning Cushion
E0178	EP	U1		6	Z2148	Md 14-18 Gel Low Pressure And Positioning Cushion
E0178	NU	U2		H	Z2149	Large Over 18 Gel Width Or Depth
E0176	NU			H	Z2150	11 Low No Maintenance Low Pressure And Positioning
E0178	NU	U3		H	Z2151	Gel Growth Adj. Low Pressure And Positioning Cushion
K0114	NU			H	Z2152	Positioning Back Standard Height
E1228	NU	U2		H	Z2153	Positioning Tall Back
E1228	EP	U2		6	Z2153	Positioning Tall Back
K0030	NU			H	Z2155	Adj. Solid Standard Seat W/Hardware
K0030	NU	U1		H	Z2156	Large Adj. Solid Seat W/Hardware
K0030	EP	U1		6	Z2156	Large Adj. Solid Seat W/Hardware
E0192	NU	U1		H	Z2160	Low Pressure And Positioning Air Flotation Cushion

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
E0192	EP	U1		6	Z2160	Low Pressure And Positioning Air Flotation Cushion
E0192	NU	U2		H	Z2161	Low Pressure And Positioning Air And Foam Floatation
K0068	NU			H	Z2162	20-26 Tubes For Manual W/C
K0074	NU	U1		H	Z2163	6-8 Tires For Manual W/C
K0074	EP	U1		6	Z2163	6-8 Tires For Manual W/C
K0078	NU			H	Z2164	6-8 Tubes For Manual W/C
E0953	NU			H	Z2165	8x2tires For Manual W/C
K0078	NU	U1		H	Z2166	8x2 Tubes For Manual W/C
K0078	EP	U1		6	Z2166	8x2 Tubes For Manual W/C
K0094	NU			H	Z2167	20x2 1/8 Tires For Power W/C
K0091	NU	U1		H	Z2168	20x21/8 Tubes For Power W/C
K0091	EP	U1		6	Z2168	20x21/8 Tubes For Power W/C
K0076	NU	U1		H	Z2169	10/3 Rear Wheel Caster Tire For Power W/C
K0076	EP	U1		6	Z2169	10/3 Rear Wheel Caster Tire For Power W/C
K0091	NU			H	Z2170	10x3 Rear Wheel Caster Tube For Power W/C
K0076	NU			H	Z2171	9x3 Caster Tire For Power W/C
K0078	NU	U2		H	Z2172	9x3 Caster Tube For Power W/C
K0078	EP	U2		6	Z2172	9x3 Caster Tube For Power W/C
K0452	NU	U1		H	Z2173	Rear Wheel Stem Bearing
K0452	EP	U1		6	Z2173	Rear Wheel Stem Bearing
K0452	NU			H	Z2174	Caster Bearing
K0452	NU	U2		H	Z2176	Power Base Wheel Bearing
K0452	EP	U2		6	Z2176	Power Base Wheel Bearing

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
K0044	NU			H	Z2177	SWFR Hanger Bracket
K0081	NU			H	Z2179	High Push Or Pull Wheel Lock
K0043	NU			H	Z2182	SWFR Extension Tube
K0076	NU	U2		H	Z2193	Polyurethane 5 Casters
K0076	EP	U2		6	Z2193	Polyurethane 5 Casters
K0016	NU			H	Z2194	Height Adj. Arms
K0016	EP	U1		6	Z2194	Height Adj. Arms
K0017	NU	U1		H	Z2195	Receiver For Height Adj. Arms
K0452	NU	U2		H	Z2193	Polyurethane 5 Casters
K0076	EP	U2		6	Z2193	Polyurethane 5 Casters
K0016	NU			H	Z2194	Height Adj. Arms
K0016	EP	U1		6	Z2194	Height Adj. Arms
K0017	NU			H	Z2195	Receiver For Height Adj. Arms
K0112	NU	U2		H	Z2201	MP Chest Panel
K0112	EP	U2		6	Z2201	MP Chest Panel
E1235	NU			H	Z2204	Snug Seat Mobility System
E1070	NU	U1		H	Z2520	RO* Full Reclining W/C, Fitted Arms, Detachable
E1070	EP	U1		6	Z2520	RO* Full Reclining W/C, Fitted Arms, Detachable
K0093	NU	U1		H	Z2553	Mag. Airless Insert (Drive Wheel)
K0093	EP	U1		6	Z2553	Mag. Airless Insert (Drive Wheel)
K0054	NU	U1		H	Z2555	Frame Width 14" - 15"
K0054	EP	U1		6	Z2555	Frame Width 14" - 15"
K0054	NU	U1		H	Z2556	Frame Width 17"

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
K0054	EP	U1		6	Z2556	Frame Width 17"
K0054	NU	U2		H	Z2557	Frame Width 19" - 20"
K0054	EP	U2		6	Z2557	Frame Width 19" - 20"
K0056	NU	U1		H	Z2559	Seat Height 19.5"5
K0056	EP	U1		6	Z2559	Seat Height 19.5"5
E1225	NU			H	Z2560	Folding Backrest 8 Degree Bend Low 15-16
E1228	NU			H	Z2561	Folding Back Tall 19-20
E1228	NU			H	Z2562	Folding Straight Backrest Low 15-16
E1228	NU			H	Z2563	Folding Straight Backrest Tall 19-20
E0990	NU			H	Z2564	Elevating Foot (Leg) Rest
K0048	NU			H	Z2565	Elevating Leg Rest 90 Degree (12"-16" Width)
K0055	NU	U3		H	Z2566	Seat Depth 19-20
E0700	NU			H	Z2601	Chin Guard For Safety Helmet (Sm.)
E0700	NU	U1		H	Z2602	Chin Guard For Safety Helmet (Lg.)
E0700	EP	U1		6	Z2602	Chin Guard For Safety Helmet (Lg.)
E0700	NU	U2		H	Z2603	Face Guard For Safety Helmet
E0700	EP	U2		6	Z2603	Face Guard For Safety Helmet
				6	Z2605	Diverter Valve For Handheld Shower
				6	Z2606	Independent Power Elevating Leg Rest
E1228	NU	U1		H	Z2610	High Back Contour Seat
E1228	EP	U1		6	Z2610	High Back Contour Seat
				H	Z2611	Rigid W/C Frame
E1235	EP	U1		6	Z2611	Rigid W/C Frame

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
K0014	NU	U1		H	Z2614	Center Drive Power Base
K0014	EP	U1		6	Z2614	Center Drive Power Base
E0950	NU	U3		H	Z2617	W/C Tray (Custom)
E0950	EP	U3		6	Z2617	W/C Tray (Custom)
K0057	NU	U1		H	Z2567	Seat Width 20
K0057	EP	U1		6	Z2567	Seat Width 20
K0055	NU			H	Z2568	Seat Depth 15"
K0055	NU	U1		H	Z2569	Seat Depth 17" - 18"
K0055	EP	U1		6	Z2569	Seat Depth 17" - 18"
K0108	NU	U1		H	Z2570	Ventilator Tray With Battery Tray
K0108	EP	U1		6	Z2570	Ventilator Tray With Battery Tray
K0106	NU			H	Z2572	Arm Troughs
K0020	NU			H	Z2575	Adjustable Locking Flip Up Arm Rest
K0074	NU	U3		H	Z2575	Adjustable Locking Flip Up Arm Rest
K0074	EP	U3		6	Z2575	Adjustable Locking Flip Up Arm Rest
K0067	NU			H	Z2579	Pneumatic Caster 8x2 With Airless Insert
K0062	NU	U1		H	z2583	Projection Vertical Or Oblique
K0062	EP	U1		6	Z2583	Projection Vertical Or Oblique
K0113	NU			H	Z2584	Chest/Thoracic Supports
				H	Z2585	C Growing Seat Pan
E1013	NU			H	Z2587	Deep Contour Back 14" - 19" Width
E1013	EP	U2		6	Z2587	Deep Contour Back 14" - 19" Width

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
E1020	NU			H	Z2590	Adjustable Contour Lateral Thigh Support
K0085	NU			H	Z2593	Group 24 Gel Batteries
E1013	NU			H	Z2594	Adjustable Contour Seat 10-12 Frame
				H	Z2595	Adjustable Contour Seat 14-16 Frame
E1013	EP	U1		6	Z2595	Adjustable Contour Seat 14-16 Frame
				H	Z2597	Adjustable Contour Back 10-12 Frame
				H	Z2598	Adjustable Contour Back 14-16 Frame
E1086	NU			H	Z1599	Lightweight Hemi height W/C, Detachable Arms, Detachable Elevating Leg Rests
E1086				6	Z1599	Lightweight Hemi height W/C, Detachable Arms, Detaching Elevating Leg Rests
E1086	NU			H	Z1599	Lightweight Hemi height W/C, Detachable Arms, Detaching Elevating Leg Rests
E1086				6	Z1599	Lightweight Hemi height W/C, Detachable Arms, Detaching Elevating Leg Rests
K0016	NU			H	Z1605	Adjustable Height Detachable Arms (Each)
K0023	NU			H	Z1606	Solid Black Insert No Attachable Hardware (Each)
K0116	NU			H	Z1608	Customized Contour Kit Back Bead Seat
K0038	NU			H	Z1609	Single Leg Strap (Each)
K0039	NU			H	Z1610	Double Leg Strap (Each)
K0040	NU			H	Z1611	Foot Plate Adj. Angle Part (Adj. Angle Foot Plate)
K0047	NU			H	Z1614	Leg Rest Panel Fabric, Hook On (Each)
K0059	NU			H	Z1615	Plastic Coated Hand Rims (Each)
K0108	NU			H	Z1616	W/C Miscellaneous Equipment
E1340	NU			H	Z1619	Unlisted Repairs/Wheelchairs

PROPOSED

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
K0071	NU			H	Z1625	Wheel Assembly With Pneumatic Tires, 22"(Pair.) Rear Wheels
K0064	NU			H	Z1628	Zero Pressure Tube Or Wheel Insert (Ea) Rear Wheel
K0065	NU			H	Z1629	Spoke Guards 24" Each Rear Wheels
K0074	NU			H	Z1630	Pneumatic Casters 8x1 1/4"(Each) Front Casters
K0074	NU			H	Z1631	Pneumatic Casters 8x1 3/4(Ea) Front Casters
K0072	NU			H	Z1632	Polyurethane Casters 5"(Each) Front Casters
K0071	NU			H	Z1632	Polyurethane Casters 5"(Each) Front Casters
K0073	NU			H	Z1633	Caster Pin Locks (Pair)
K0071	NU			H	Z1633	Caster Pin Locks (Pair)
E1060	NU			H	Z1590	Full Reclining W/C, Fixed Arms, Detachable Foot
E1050	EP			6	Z1590	Full Reclining W/C, Fixed Arms, Detachable Foot
E1031	EP	U1		6	Z2037	Low Back Activity Chair
E1031	EP			6	Z2041	Transition Toddler Chair Sm.
E1031	EP	U2		6	Z2042	Transition Toddler Chair Lg
E0701	NU			H	Z2053	Soft Shell Helmets
E0701	NU	U1		H	Z2054	Hard Shell Helmets
E0701	EP	U1		6	Z2054	Hard Shell Helmets
E0701					Z2601	Chin Guard For Safety Helmet (Sm.)
E0701					Z2603	Face Guard For Safety Helmet
E1035	EP	U1		6	Z2056	Carrier Seat Elementary
E1035	EP	U2		6	Z2057	Carrier Seat Jr.
E1035	NU	U3		H	Z2058	Carrier Seat Sm. Adult
E1035	EP	U3		6	Z2058	Carrier Seat Sm. Adult

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National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
E1031	EP	U1		6	Z2059	Corner Chair W/Tray & Casters Sm.
E1031	EP	U3		6	Z2060	Corner Chair W/Tray & Casters Lg.
E1031	EP	U4		6	Z2061	Bolster Chair W/Tray Chest Support & Casters Sm.
E0245	NU	U3		H	Z2063	30" Bath Chair
E0245	EP	U3		6	Z2063	30" Bath Chair
E0245	NU	U4		H	Z2064	38" Bath Chair
E0245	EP	U4		6	Z2064	38" Bath Chair
E0245	NU	U5		H	Z2065	Bath Chair
E0245	EP	U5		6	Z2065	Bath Chair
E0245	NU	U6		H	Z2066	56" Bath Chair
E0245	EP	U6		6	Z2066	56" Bath Chair
E0163				6	Z2067	Potty-Chair, Sm.
E0166	EP	U1		6	Z2068	Potty-Chair, Lg.
E0245	NU	U2		H	Z2078	Padded Tub Transfer Bench
E0245	EP	U2		6	Z2078	Padded Tub Transfer Bench
E0245	NU			H	Z2080	Adj. Bath Chair W/Back
E0241	NU			H	Z2081	Bolt-On Sm. Grab Bar
E0241	NU	U1		H	Z2082	Bolt-On Lg. Grab Bar
E0241	EP	U1		6	Z2082	Bolt-On Lg. Grab Bar
E0241	NU	U2		H	Z2083	Bolt-On Med. Grab Bar
E0241	EP	U2		6	Z2083	Bolt-On Med. Grab Bar
E0246	NU			H	Z2084	Clamp-On Tub Grab Bar
E0168	NU			H	Z2085	Rehab Shower/Commode Chair

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National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
E0168	NU			H	Z2088	Adaptive Commode Chair
E0168	EP	52		6	Z2088	Adaptive Commode Chair
E0149	NU			H	Z2098	4 Wheel Reverse Walker
E0950				H	Z2600	Tray For Gait Trainer
E0149	NU			H	Z2098	4 Wheel Reverse Walker
E1399				H	Z2605	Diverter Valve For Handheld Shower
K0547				H	Z1972	Switches
K0541				H	Z1974	Light Tech Communications Aids
K0542				H	Z1975	Simple Voice Output Communication Aids
K0543				H	Z1976	More Advanced Voice Output Communication Aids
K0544	EP			6	Z1977	Higher Technology Voice Output Communication Aids
K0544				H	Z1977	Higher Technology Voice Output Communications Aids
K0544				H	Z1978	State Of The Art Voice Output Communications Aids
K0545				H	Z1979	Software
				H	Z1980	Accessories
V5336				H	Z2260	Augmentative Communication Device Repairs Parts Only
V5337				H	Z2261	Augmentative Communication Device Repair Labor Only

*Please Note: The acronyms RO, RP or PO, when placed in the beginning of an item description have the following meaning:

RO=Rental Only

RP=Rent to Purchase

PO=Purchase only

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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 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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PROPOSED - OFFICIAL NOTICE

DMS-2003-V-1

TO: **Health Care Provider – Ventilator Equipment**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your specific program, use the codes in this notice.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

Example – we have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

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The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – we have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22, has been assigned to be billed with the new national code so that the same time unit as the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

Example – we have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with

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applicable modifiers) will be the same as Z0625 and the daily maximum units for 99402 will be the same as Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Ventilator Procedure Code Corrections

The following changes have been made in Section 242.100 of the Ventilator Equipment Program.

National Code	Modifier 1	Modifier 2	Modifier 3	Type Of Service	Local Code	Local Code Description
E0450	U1			9	Z0433	Positive Pressure Ventilator And Accessories (Used Equipment)
G0237	EP	22		6	Z1649	Respiratory Therapy Services For Ventilator-Dependent Patients
G0238	EP	22		6	Z1649	Respiratory Therapy Services For Ventilator-Dependent Patients

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Thank you for your participation in the Arkansas Medicaid Program.

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PROPOSED - OFFICIAL NOTICE

DMS-2003-II-8

TO: **Health Care Provider – Federally Qualified Health Center**

DATE:

SUBJECT: **HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003**

I. General Information

The purpose of this Official Notice is to notify providers of procedure code corrections and additional modifiers that will be required for correct billing. When the procedure codes and/or modifiers in the manual differ from those in this notice for your provider type (e.g. hospital, home health etc.) use the codes and modifiers in this notice.

Please note that the procedure codes used in the examples in part II of this notice may not apply to any Medicaid-covered services that you provide. The examples are identical in all official notices to all providers. Provider-specific information begins with section III of this notice and is labeled by provider type.

II. Modifiers

Some of the local codes were cross-walked to new national codes that had different time-units. Listed below are explanations stating how we have adjusted for the differences.

A. The National Code Has No Assigned Time-Unit

The Arkansas Medicaid time-unit for the new national code will be the same time-unit as the old local code when the new national code description does not specify a time-unit. For these codes, the reimbursement rate for the new national code will be the same as the reimbursement rate for the old local code and the daily unit maximums will be the same. Modifiers may also now be necessary in addition to the new national billing code.

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

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Example – We have assigned new national code 97003 to replace local code Z1936. The national code description of 97003 has no time-unit but Z1936 has a 30-minute time-unit. For Arkansas Medicaid, providers will continue to bill per 30 minute billing units but will now bill this service using procedure code 97003 instead of Z1936.

The reimbursement rate for replacement code 97003 (with applicable modifiers) will be the same as Z1936 and the daily maximum units for 97003 will be the same as Z1936.

Keep in mind that 97003 may be reimbursed for other services at a different rate using different modifiers. This example is for the crosswalk of old local code Z1936 only.

B. The National Code Assigned Time-Unit is Less Than the Time-Unit Specified for the Old Local Code

When a new national code's time-units, expressed in minutes, are less than the time-unit minutes of the local code being replaced, the new reimbursement rates and daily maximums have been converted proportionately to maintain the correct reimbursement, i.e., reimbursement rates have been proportionately decreased and daily maximums have been proportionately increased. Additional Modifiers may also be necessary.

Example – We have assigned new national code 97802 to replace Z2537. The national code has a time-unit of 15 minutes but Z2537 has a time-unit of 30 minutes. Arkansas Medicaid providers will now bill 2 units of 97802 for every 30 minutes they would have billed as one unit using Z2537. The reimbursement rate has been adjusted accordingly. The daily maximum for Z2537 was 1 but the new daily maximum for 97802 is now 2.

Keep in mind that 97802 may be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z2537 only.

C. The National Code and Old Local Code Have Assigned Time-Units That Do Not Correspond

The national description of the time-unit for some codes could not be reconciled for reimbursement purposes with the old local code time-units. For these codes, a new Unusual Service Modifier 22 has been assigned for use with the new national code so that the time unit associated with the old local code can be billed using the new national code. Modifier 22 is used to reconcile the time unit differences. Other Modifiers may also now be necessary.

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Example – We have assigned new national code 99402 to replace old local code Z0625. The national code has a time-unit of 30 minutes but Z0625 has a billing unit of per visit. For Arkansas Medicaid, providers will continue to bill this service on a per visit basis using procedure code 99402 with Modifier 22. The reimbursement rate for 99402 (with applicable modifiers) will be the same as for Z0625 and the daily maximum units for 99402 will be the same as for Z0625.

Keep in mind that 99402 may also be reimbursed at a different rate for other services using different modifiers. This example is for the crosswalk of old local code Z0625 only.

III. Corrections

The tables below include references to appropriate sections of the provider manual and illustrate the mapping of the national HCPCS procedure codes and modifiers to local HCPCS procedure codes and type of service codes.

A. Provider Manual Reference: section 262.110

In the text of the first paragraph, include the information that modifier **U5** is to be used with T1015 (the national HCPCS procedure code mapped to local HCPCS procedure code Z1650.

National Procedure Code	Modifiers			*TOS	Local Procedure Code	Description
	1	2	3			
T1015	U5			9	Z1650	FQHC Encounter Service

*TOS = Type of Service code used in conjunction with a local procedure code.

B. Provider Manual Reference: section 262.141

Add modifiers **52** and **22**, in addition to **FP**, to 99402. Add modifier **22**, in addition to **FP** and **52**, to 99401.

National Procedure Code	Modifiers			*TOS	Local Procedure Code	Description
	1	2	3			
99402	FP	52	22	A	Z0847	Basic Family Planning Visit
99401	FP	22	52	A	Z0848	Periodic Family Planning Visit

*TOS = Type of Service code used in conjunction with a local procedure code.

C. Provider Manual Reference: section 262.140 through 262.152

The modifier **FP** is required for all family planning-related procedures, services and supplies.

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D. Provider Manual Reference: section 262.144

The correct HCPCS Level II procedure code for "Injection, medroxyprogetserone acetate for contraceptive use, 150 mg" (Depo-Provera), is J1055 (modifier **FP**).

E. Provider Manual Reference: section 262.120 (Telemedicine)

In the first paragraph, include the information that modifier **22** is to be used with T1014 (the national HCPCS procedure code mapped to local HCPCS procedure code Z2632).

National Procedure Code	Modifiers			*TOS	Local Procedure Code	Description
	1	2	3			
T1014	22			Y	Z2632	FQHC Telemedicine Services

*TOS = Type of Service code used in conjunction with a local procedure code.

F. Provider Manual Reference: section 262.200 (Place of Service and Type of Service Codes)

The correct place of service for a Federally Qualified Health Center (FQHC) is **50.**

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