



Arkansas Department of Human Services

Division of Medical Services

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TO: Health Care Provider – ARKids First-B

DATE: April 1, 2003

SUBJECT: Update Transmittal No. 11

REMOVE		INSERT	
<u>Page</u>	<u>Date</u>	<u>Page</u>	<u>Date</u>
Table of Contents	5-1-02	Table of Contents	4-1-03
II-2	5-1-02	II-2	4-1-03
II-8	5-1-02	II-8	4-1-03
II-11 through II-13	5-1-02	II-11 through II-13	4-1-03
II-15 and II-16	5-1-02	II-15 and II-16	4-1-03
III-22	5-1-02	III-22	4-1-03

Explanation of Updates

Page II-2, section 211.000, is included to clarify that ARKids First-B participants do not receive the same benefits as children in regular Medicaid.

Page II-8, sections 212.310 and 212.400, are included to explain that all Preventative Dental Screens are exempt from co-payments and to change the vision care benefit limit for one routine eye exam from 1 per state fiscal year to 1 per 12 months to be consistent with instructions on pages II-4 and II-5.

Page II-11 is included to provide an updated copy of Request for Extension of Benefits – Form DMS-699.

Page II-12, section 214.000, is included to update the cost sharing information and to remind providers of the importance of checking AEVCS at each visit.

Page II-13, section 214.220, is included to move information from page II-12.

Explanation of Updates (Continued)

Page II-15, section 240.300, is included to add the address and fax number for First Health of Arkansas, which was inadvertently omitted in the last update.

Page II-16, section 240.300, is included to delete procedure codes Z1547 and Z1548 from the list of procedure codes that require prior authorization.

Page III-22, section 303.320, is included to clarify that a PCP must provide preventive health screens or refer ARKids First-B participants to a qualified Medicaid provider.

A change bar in the left margin denotes a revision.

Attached are updated pages to file in your provider manual.

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 transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Interim 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.

ARKids First-B

PROVIDER MANUAL

Page:	II-1
Effective Date:	9-1-97
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200 PROGRAM POLICY

201 Provider Participation Requirements

| ARKids First-B providers must be enrolled in the Arkansas Medicaid Program. Refer to section 201 in the Arkansas Medicaid Provider Manual for provider participation requirements.

| The ARKids First-B Provider Manual is provided to explain the services that are provided in the ARKids First-B Waiver Program, with some differences in requirements from the services provided to the regular Medicaid population. If a service is not addressed in this manual, the information provided in the appropriate provider manual applies.

ARKids First-B

PROVIDER MANUAL

Page:	II-2
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210 COVERAGE

211.000 Scope

Refer to section 211.100 of this manual for a listing of ARKids First-B Medical Care Benefits. Covered services provided to ARKids First-B participants are within the same scope of services provided to Arkansas Medicaid recipients, but may be subject to different benefit limits and cost sharing amounts. Refer to the Arkansas Medicaid provider manual for the scope of each service covered under the ARKids First-B Program.

ARKids First-B participants receive preventive health care treatment options limited to covered benefits. ARKids First-B participants do not receive the same benefits as children under the Arkansas Medicaid Child Health Services (EPSDT) Program.

ARKids First-B

PROVIDER MANUAL

Page:	II-7
Effective Date:	9-1-97
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| 212.000 Benefit Limits - ARKids First-B

212.100 Medical Supplies Benefit Limit

Only Prosthetics Program and Home Health Program providers may bill for items in the medical supplies category. Refer to section 303.100 of this manual for a listing of medical supplies covered for ARKids First-B participants. Medical supplies are limited to \$125.00 per month, per participant. The \$125.00 may be provided by the Home Health Program, the Prosthetics Program, or a combination of the two. However, an ARKids First-B participant may not receive more than a total of \$125.00 of supplies per month unless an extension has been granted. An extension of the \$125.00 per month benefit limit may be considered when medically necessary. Refer to section 213.000 of this manual for procedures for extension of benefits for medical supplies.

212.200 Durable Medical Equipment (DME) Benefit Limit

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

| Refer to section 303.200 of this manual for a listing of DME items covered by the ARKids First-B Program.

212.300 Dental Services Benefit Limit

| Dental services for ARKids First-B participants are limited to one (1) initial oral exam, bite-wings, scalings, and prophylaxis/fluoride treatments per state fiscal year (July 1-June 30). Procedure codes 01110, 01120, 01201 and 01205 may be billed for the prophylaxis/fluoride.

Periapical X-rays are limited to four per recall visit. Panoramic X-rays and intraoral complete series are limited to one every five years.

ARKids First-B

PROVIDER MANUAL

Page:	II-8
Effective Date:	9-1-97
Revised Date:	4-1-03

212.300 Dental Services Benefit Limit (Continued)

Refer to Section III of the Dental Provider Manual for a complete listing of covered dental services. **Orthodontia Services are not covered for ARKids First-B participants.**

Procedure codes for treatment services that are not shown as payable may be requested on treatment plans subject to review and approval by the Division of Medical Services dental consultants if such treatment is deemed medically necessary.

212.310 Preventive Dental Screens

A. Initial/Periodic Preventive Dental Screens

Procedure code **Z2473** must be billed for an initial/periodic preventive dental screening. ARKids First-B participants are limited to one (1) dental screen (initial oral exam) per state fiscal year (July 1-June 30).

B. Interperiodic Preventive Dental Screens

Effective for dates of service on or after July 1, 2000, ARKids First-B participants may receive interperiodic preventive dental screening. There is no limit on this service. However, prior authorization must be obtained in order to receive reimbursement. See section 240.200 for prior authorization information.

Procedure code **Z2671** must be billed for an interperiodic preventive dental screen.

| All Preventive Dental Screens are exempt from co-payment.

212.400 Vision Care Benefit Limit

| One routine eye exam (refraction) every twelve months is covered for ARKids First-B participants. Procedure codes **V0100 and **Z0100** are subject to the benefit limit.**

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

Request for Extension of Benefits

Provider
Address
Address

City _____ State _____ Zip Code _____

Patient's Name _____

Address _____

City _____ State _____ Zip Code _____

Medicaid ID Number _____ Birthdate _____ Sex _____

Diagnoses _____

Benefit Extensions Requested

Procedure Code	Type of Service Code	Service From Date	Service To Date	Units

Attach a summary and medical records as needed to justify medical necessity.

Medicaid Provider Number _____

Provider's Signature _____ Date _____

Request Disposition *(To be completed by reviewer)*

Approved _____ Denied _____ Control Number _____

Procedure Code	Type of Service Code	Service From Date	Service To Date	Units

ARKids First-B

PROVIDER MANUAL

Page:	II-12
Effective Date:	9-1-97
Revised Date:	4-1-03

214.000 Cost Sharing

Copayment/coinsurance will apply to all ARKids First-B covered services with the exception of immunizations, preventive health screenings, family planning, prenatal care, dental well-health services, eyeglasses and medical supplies. Copayments/coinsurance range from \$5.00 per prescription to 20% of the first day's hospital Medicaid per diem.

It is very important that providers check the AEVCS System each time an ARKids First-B participant receives a service in order to verify whether the family has a co-payment for the particular service.

214.100 Copayment

Refer to section 211.100 of this manual for services that require a copayment. Copayments for ARKids First-B participants are \$5.00 per prescription, \$10.00 per visit for outpatient services and \$10.00 per trip for Emergency Ambulance Services.

214.200 Coinsurance

Refer to section 211.100 of this manual for services that require coinsurance.

214.210 Durable Medical Equipment Coinsurance

Durable Medical Equipment (DME) will require a coinsurance amount equal to 20% of the Medicaid allowed amount per item.

ARKids First-B

PROVIDER MANUAL

Page:	II-13
Effective Date:	9-1-97
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214.220 Inpatient Hospital Coinsurance

The coinsurance charge per inpatient hospital admission for ARKids First-B participants is 20% of the hospital's Medicaid per diem, applied on the first covered day. For example:

An ARKids First-B participant is an inpatient for 4 days in a hospital with an Arkansas Medicaid per diem of \$500.00. When the hospital files a claim for 4 days, ARKids First-B will pay \$1900.00; the participant will pay \$100.00.

Four (4 days) times \$500.00 (the hospital per diem) = \$2000.00 (hospital allowed amount).

Twenty percent (20% ARKids First-B coinsurance rate) of \$500.00 = \$100.00 coinsurance.

Two thousand dollars (\$2000.00 hospital allowed amount) minus \$100.00 (coinsurance) = \$1900.00 (ARKids First-B payment).

The ARKids First-B participant is responsible for paying a coinsurance amount equal to 20% of the per diem for 1 day, which is \$100.00 in the foregoing example.

ARKids First-B

PROVIDER MANUAL

Page:	II-14
Effective Date:	9-1-97
Revised Date:	5-1-02

240.000 PRIOR AUTHORIZATION

Procedures requiring prior authorization (PA) in the Arkansas Medicaid Program also require PA for ARKids First-B participants. Refer to your Arkansas Medicaid Provider Manual for details.

Prior authorization is also required for interperiodic preventive dental screens. Refer to section 240.200 for details.

240.100 Inpatient Hospital Medicaid Utilization Management Program (MUMP)

Pre-certification of inpatient hospital stays applies to ARKids First-B-covered admissions in exactly the same manner as it applies to Medicaid-covered admissions. Refer to the Physician/ Independent Lab/ CRNA/ Radiation Therapy Center Provider Manual and the Hospital/ End Stage Renal Disease Provider Manual for the pre-certification procedures.

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

To request prior authorization for an interperiodic preventive dental screen, the provider must submit a brief narrative to:

Department of Human Services
Medicaid Dental Unit
P.O. Box 1437, Slot S410
Little Rock, AR 72203-1437

Refer to section 212.310 of this manual for coverage and billing information.

ARKids First-B

PROVIDER MANUAL

Page:	II-15
Effective Date:	9-1-97
Revised Date:	4-1-03

240.300 Prior Authorization (PA) for Outpatient Mental Health Services

Certain outpatient mental health services require prior authorization. Requests for PA must be sent to:

Through June 2003

First Health of Arkansas
650 S. Shackelford Road
Suite 241
Little Rock, AR 72211

Fax: (800) 266-9247

Beginning July 1, 2003

APS Healthcare
225 S. Pulaski
Little Rock, AR 72203

Phone: (800) 721-4925
or (501) 372-2970

Fax: (888) 468-9318

The services listed below require prior authorization:

PROCEDURE CODE	DESCRIPTION
Z0568	Individual Outpatient - Therapy Session
Z0571	Marital/Family Therapy
Z0574	Group Outpatient - Group Therapy
Z0577	Therapeutic Day - Acute Day Treatment - 8 units minimum
Z1538	Crisis Stabilization Intervention, Mental Health Professional
Z1539	Crisis Stabilization Intervention, Mental Health Paraprofessional
Z1540	On-Site Intervention, Mental Health Professional
Z1541	On-Site Intervention, Mental Health Paraprofessional

ARKids First-B

PROVIDER MANUAL

Page:	II-16
Effective Date:	9-1-97
Revised Date:	4-1-03

240.300 Prior Authorization (PA) for Outpatient Mental Health Services
(Continued)

PROCEDURE CODE	DESCRIPTION
Z1542	Off-Site Intervention, Mental Health Professional
Z1543	Off-Site Intervention, Mental Health Paraprofessional
Z1545	Medication Maintenance by a Physician
Z1549	Rehabilitative Day Service, 192 units per week maximum

241.000 Recipient Appeal Process

When an adverse decision is received, the recipient may request a fair hearing of the denial of services decision.

The appeal request must be in writing and received by the Appeals and Hearings Section of the Department of Human Services within thirty days of the date on the letter explaining the denial. Appeal requests must be submitted to:

Department of Human Services
Appeals and Hearings Section
P.O. Box 1437, Slot N401
Little Rock, AR 72203-1437

ARKids First-B

PROVIDER MANUAL

Page:	III-21
Effective Date:	9-1-97
Revised Date:	5-1-02

| 303.310 Billing Procedures for Preventive Health Screens

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

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

- | A. File claims for ARKids First-B preventive health screenings in the HCFA-1500 claim format. **Do not use the DMS-694 claim format.**
- | B. Use **Type of Service (TOS) code 1** with ARKids First-B preventive health screening procedure codes.

NOTE: Certified nurse-midwives are restricted to performing the preventive health screen, Newborn (Z2338). They may not bill procedure code Z2339.

ARKids First-B

PROVIDER MANUAL

Page:	III-22
Effective Date:	9-1-97
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| 303.320 Primary Care Physician Referral Requirements for Preventive Health Screens

Effective for dates of service on or after April 1, 2002, all Preventive Health Screens (**Z2339**) for ARKids First-B participants must be provided by the Primary Care Physician (PCP) of the participant or referred by the PCP to a Medicaid provider qualified to provide screens.

Preventive Health Screening newborn services billed to procedure code **Z2338** are exempt from the PCP referral requirement.

Immunizations for childhood diseases are exempt from the PCP referral requirement.