



Arkansas Department of Human Services

Division of Medical Services

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TO: All Arkansas Medicaid Health Care Providers

DATE: June 1, 2005

SUBJECT: Provider Manual Update Transmittal

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REMOVE

INSERT

Section	Date	Section	Date
DMS-652	10/03	DMS-652	6/05
Authorization for Automatic Deposit	none	Authorization for Automatic Deposit	6/05
Vendor Performance Report	none	Vendor Performance Report	6/05
Address Change Form	none	Address Change Form	6/05

Explanation of Updates

Form DMS-652 has been revised to change the contact name and address, add new provider specialty categories and to rename an existing provider specialty category.

The explanation letter and form for Authorization for Automatic Deposit has been included to update the contact name and address.

The Vendor Performance Report has been included to update the contact information.

The Address Change Form has been included to update the contact name and address.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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.

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.

Claim Forms

Red-ink Claim Forms

The following is a listing of the red-ink claim forms required by Arkansas Medicaid. The forms below cannot be printed from this manual for use. Information on where to get the forms and links to samples of the forms are available below. To view a sample of the form click on the form name.

Claim type	Where to get them
Professional – CMS-1500	Business Form Supplier
Institutional – CMS-1450	Business Form Supplier
EPSDT – DMS-694	EDS - 1-800-457-4454
Visual Care – DMS-26-V	EDS - 1-800-457-4454
Outpatient Crossover – EDS-MC-003	EDS - 1-800-457-4454
Professional Crossover – EDS-MC-004	EDS - 1-800-457-4454
Inpatient Crossover – EDS-MC-001	EDS - 1-800-457-4454
Long Term Care Crossover – EDS-MC-002	EDS - 1-800-457-4454

Claim Forms

The following is a listing of the non-red-ink claim forms required by Arkansas Medicaid. Information on where to get a supply of the forms and links to samples of the forms are available below. To view a sample of the form click on the form name.

Claim type	Where to get them
Alternatives Attendant Care Provider Claim Form - AAS-9559	Client Employer
Dental – ADA-J510	Business Form Supplier
Hospice/INH Claim Form – DHS-754	EDS – 1-800-457-4454

Arkansas Medicaid Forms

The forms below can be printed from this manual for use.

Form Name	Form Number
Acknowledgement of Hysterectomy Information	DMS-2606
Address Change Form	None
Adjustment Request Form - Medicaid XIX	EDS-AR-004
AFMC CHMS Request for Prior Authorization	CHMS-PA
AFMC Personal Care Assessment and Service Plan for Medicaid Recipients Under Age 21	AFMC-201
AFMC Request For Bilaminare Skin Substitutes	AFMC-RBSS
AFMC Request for Occupational, Physical, and Speech Therapy Prior Authorization for Medicaid Recipients Under Age 21	AFMC-401
Agreement Between Parent(s) and Respite Caregiver	RC-A
Amplification/Assistive Technology Recommendation Form	DMS-686
Approval/Denial Codes for Inpatient Psychiatric Services	DMS-2687
Arkansas Early Intervention Infant & Toddler Program Intake/Referral/Application for Services	DDS/FS#0001.a

Arkansas Medicaid Provider Application and Contract	<u>DMS-652</u>
ARKids First Mental Health Services Provider Qualification Form	<u>DMS-612</u>
Assisted Living Waiver Plan of Care	<u>AAS-9565</u>
Authorization for Payment for Services Provided	<u>MAP-8</u>
Certification of Need - Medicaid Inpatient Psychiatric Services for Under Age 21	<u>DMS-2633</u>
Certification of Schools to Provide Comprehensive EPSDT Services	<u>CSPC-EPSDT</u>
Certification Statement for Abortion	<u>DMS-2698</u>
CHMS Benefit Extension for Diagnosis/Evaluation or Specified Treatment Procedures	<u>CHMS-DET</u>
CHMS Benefit Extension for Diagnosis/Evaluations or Treatment	<u>DMS-625</u>
CHMS Benefit Extension for Occupational, Physical and Speech Therapy Services	<u>DMS-629</u>
Claim Correction Request	<u>DMS-2647</u>
Children's Services Respite Care Waiver Level of Functioning Survey for the Mentally Retarded/Developmentally Disabled Summary Sheet	<u>DMS-666</u>
Children's Services Respite Care Waiver Level of Functioning Survey for the Physically Disabled Summary Sheet	<u>DMS-667</u>
Consent for Release of Information	<u>DMS-619</u>
DDTCS Transportation Log	<u>DMS-638</u>
DDTCS Transportation Survey	<u>DMS-632</u>
Dental Treatment Additional Information	<u>DMS-32-A</u>
Disproportionate Share Questionnaire	<u>DMS-628</u>
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Prescription/Referral For Medically Necessary Services/Items Not Specifically Included in the Medicaid State Plan	<u>DMS-693</u>
Early Childhood Special Education Referral Form	<u>ECSE-R</u>
EPSDT Provider Agreement	<u>EPSDT-PA</u>
Evaluation Form Lower-Limb	<u>DMS-646</u>
Explanation of Check Refund	<u>EDS-CR-002</u>
Family Friends Children's Services Respite Care Waiver Freedom of Choice and Fair Hearing	<u>DMS-669</u>
Family Friends Children's Services Respite Care Waiver Plan of Care	<u>DMS-661</u>
Family Friends Respite Care Application Form For Families	<u>DMS-851</u>
Gait Analysis Full Body	<u>DMS-647</u>
Home Health Certification and Plan of Care	<u>CMS-485</u>
Hospital/Physician/Certified Nurse Midwife Referral for Newborn Infant Medicaid Coverage	<u>DCO-645</u>
Inpatient Psychiatric Medicaid Agency Review Team Transmittal Sheet	<u>DMS-2685</u>
Lower-Limb Prosthetic Prescription	<u>DMS-651</u>
Media Selection/E-Mail Address Change Form	<u>None</u>
Medicaid Claim Inquiry Form	<u>EDS-CI-003</u>
Medicaid Form Request	<u>EDS-MFR-001</u>

Medical Assistance Dental Disposition	DMS-2635
Medical Equipment Request for Prior Authorization & Prescription	DMS-679
Medical Transportation and Personal Assistant Verification	DMS-616
Mental Health Services Provider Qualification Form for LCSW, LMFT and LPC	DMS-633
Notice Of Noncompliance	DMS-635
Occupational, Physical and Speech Therapy for Medicaid Eligible Recipients Under Age 21 Prescription/Referral	DMS-640
Personal Care Assessment and Service Plan	DMS-618
Primary Care Physician Managed Care Program Referral Form	DMS-2610
Primary Care Physician Selection and Change Form	DMS-2609
Prosthetic-Orthotic Lower-Limb Amputee Evaluation	DMS-650
Prosthetic-Orthotic Upper-Limb Amputee Evaluation	DMS-648
Provider Communication Form	AAS-9502
Referral for Certification of Need Medicaid Inpatient Psychiatric Services for Under Age 21	DMS-2634
Referral for Medical Assistance	DMS-630
Request for Approval	DMS-617
Request for Authorization of Child Health Management Services	DMS-624
Request for Extension of Benefits	DMS-699
Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services	DMS-671
Request for Extension of Benefits for Medical Supplies for Medicaid Recipients Under Age 21	DMS-602
Request For Orthodontic Treatment	DMS-32-0
Request for Prior Authorization and Prescription for Hyperalimentation	DMS-2615
Request for Private Duty Nursing Services Prior Authorization and Prescription - Initial Request or Recertification	DMS-2692
Request for Speech Therapy Prior Authorization for ARKids First-B Participants	DMS-623
Request for Targeted Case Management Prior Authorization for Recipients Under Age 21	DMS-601
Service Agreement and Certification/Delegation of Children's Services Respite Caregiver	DMS-852
Sterilization Consent Form	DMS-615
Sterilization Consent Form - Information for Men	PUB-020
Sterilization Consent Form - Information for Women	PUB-019
Upper-Limb Prosthetic Prescription	DMS-649
Verification of Medical Services	DMS-2618

Arkansas Medicaid Contacts and Links

Click on the name to view the needed information.

[American Hospital Association](#)
[Americans with Disabilities Act Coordinator](#)
[APS Healthcare Midwest \(APS\)](#)
[Arkansas Benefit Limits Review Committee Utilization Review Section](#)
[Arkansas Department of Education Special Education](#)
[Arkansas Department of Health](#)
[Arkansas Department of Health Division of Health Facility Services](#)
[Arkansas Department of Human Services Accounts Receivable](#)
[Arkansas Department of Human Services Children's Medical Services Family Friends
CMS Respite Care](#)
[Arkansas Department of Human Services Division of Medical Services](#)
[Arkansas Department of Human Services Division of Medical Services, Provider
Reimbursement Unit](#)
[Arkansas Department of Human Services, Division of Child Care and Early Childhood
Education, Child Care Licensing Unit](#)
[Arkansas Department of Human Services, Division of Children and Family Services,
Contracts Management Unit](#)
[Arkansas Division of Medical Services Benefit Extension Requests Section](#)
[Arkansas Division of Medical Services Director](#)
[Arkansas Division of Medical Services Financial Activities Unit](#)
[Arkansas Division of Medical Services Hearing Aid Consultant](#)
[Arkansas Division of Medical Services Medical Assistance Unit](#)
[Arkansas Division of Medical Services Program Communications Unit](#)
[Arkansas Division of Medical Services Third-Party Liability Unit](#)
[Arkansas Division of Medical Services UR/Home Health Extensions](#)
[Arkansas Division of Medical Services Utilization Review Section](#)
[Arkansas Division of Medical Services Visual Care Coordinator](#)
[Arkansas Foundation For Medical Care](#)
[Arkansas Hospital Association Contact Information](#)
[Arkansas Medicaid Provider Enrollment Unit](#)
[ARKids First-B ID Card Example](#)
[ARKids First-B Telephone Number](#)
[Central Child Health Services Office](#)
[Children's Services](#)
[Classical Optical](#)
[ConnectCare Helpline](#)
[County Codes](#)
[CPT Ordering Information](#)
[Department of Human Services – Appeals and Hearings Section](#)
[Division of Aging and Adult Services](#)

[Division of County Operations - Customer Assistance Section](#)

[Division of Medical Services Dental Care Unit](#)

[Division of Medical Services Pharmacy Unit-Utilization Review Section](#)

[EDS Claims Department](#)

[EDS EDI Support Center \(formerly AEVCS Help Desk\)](#)

[EDS Inquiry Unit](#)

[EDS Manual Order Address](#)

[EDS Pharmacy Help Desk](#)

[EDS Provider Assistance Center \(PAC\)](#)

[EDS Supplied Forms](#)

[Example of Recipient Notification of Denied ARKids First-B Claim](#)

[Example of Recipient Notification of Denied Medicaid Claim](#)

[First Connections Infant & Toddler Program Developmental Disabilities Services](#)

[First Health](#)

[Flow Chart of Intake and Prior Authorization Process For Intervention/Treatment](#)

[Health and Nursing Services Specialist](#)

[Health Care Declarations](#)

[ICD-9-CM Ordering Information](#)

[Immunizations Data Entry Office](#)

[Medicaid ID Card Example](#)

[Medicaid Reimbursement Unit Communications Hotline](#)

[Medicaid Tooth Numbering System](#)

[National Supplier Clearinghouse](#)

[Primary Care Physician \(PCP\) Enrollment Voice Response System](#)

[Provider Qualifications Division of Mental Health Services](#)

[Standard Register](#)

[Table of Desirable Weights](#)

[U.S. Government Printing Office](#)

[Vendor Performance Report](#)