



Arkansas Department of Health and Human Services

Division of Medical Services



P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789 & 1-877-708-8191

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Home Health

DATE: December 5, 2005

SUBJECT: Provider Manual Update Transmittal #70

REMOVE

Section	Date
242.120	7-1-05

INSERT

Section	Date
242.120	12-5-05

Explanation of Updates

Section 242.120 is included in this update to revise the effective date for using the **UB** modifier. Effective for claims received on and after *December 5, 2005*, modifier **UB** must be used instead of modifier **52**.

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.

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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

242.120

Home Health Physical Therapy

12-5-05

Procedure Code	Modifier	Description
97110	UB	Home Health Physical Therapy by a Qualified Physical Therapy Assistant
97110		Home Health Physical Therapy by a Qualified Licensed Physical Therapist



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Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Hospital/Critical Access Hospital (CAH)/End-Stage Renal Disease (ESRD)

DATE: December 5, 2005

SUBJECT: Provider Manual Update Transmittal #85

REMOVE

Section	Date
272.132	7-1-05

INSERT

Section	Date
272.132	12-5-05

Explanation of Updates

Section 272.132 is included in this update to revise the effective date for using the **UA** and **UB** modifiers. Effective for claims received on and after *December 5, 2005*, modifier **UA** must be used instead of modifier **22** and modifier **UB** must be used instead of modifier **52**.

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272.132 Procedure Codes Requiring Modifiers

12-5-05

Procedure Code	Modifier	Description
T1015	U1	Outpatient Hospital Clinic Room Charge. This room charge includes supplies and non-physician staffing.
77417	U1	Therapeutic Radiology Port Film(s)
77417	U2	Therapeutic Radiology Port Film(s)
77417	U3	Therapeutic Radiology Port Film(s)
92507	UB	Individual Speech Therapy by SLPA
92508	UB	Group Speech Therapy by SLPA
97110	UB	Individual Physical Therapy by Physical Therapy Assistant
97150	U1, UB	Group Occupational Therapy by Occupational Therapy Assistant
97150	UB	Group Physical Therapy by Physical Therapy Assistant
97530	UB	Individual Occupational Therapy by Occupational Therapy Assistant
99401	UA	Outpatient Hospital Clinic Room Charge—Periodic Family Planning Visit
99402	UA	Outpatient Hospital Clinic Room Charge—Basic Family Planning Visit



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Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Rehabilitative Hospital

DATE: December 5, 2005

SUBJECT: Provider Manual Update Transmittal #54

REMOVE

Section	Date
242.122	7-1-05

INSERT

Section	Date
242.122	12-5-05

Explanation of Updates

Section 242.122 is included in this update to revise the effective date for using the **UA** and **UB** modifiers. Effective for claims received on and after *December 5, 2005*, modifier **UA** must be used instead of modifier **22** and modifier **UB** must be used instead of modifier **52**.

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Roy Jeffus, Director

242.122 Procedure Codes Requiring Modifiers**12-5-05**

Treatment and therapy procedure codes may not be billed in conjunction with revenue code T1015. Medicaid reimbursement for a treatment/therapy room is included in the therapy reimbursement.

Procedure Code	Modifier	Description
T1015	U1	Outpatient Hospital Clinic Room Charge. This room charge includes supplies and non-physician staffing.
92507	UB	Individual Speech Therapy by SLPA
92508	UB	Group Speech Therapy by SLPA
97110	UB	Individual Physical Therapy by Physical Therapy Assistant
97150	U1, UB	Group Occupational Therapy by Occupational Therapy Assistant
97150	UB	Group Physical Therapy by Physical Therapy Assistant
97530	UB	Individual Occupational Therapy by Occupational Therapy Assistant