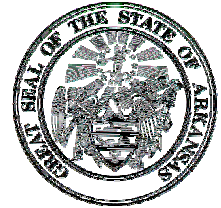




**Division of Medical Services  
Program Planning & Development**  
P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437  
501-682-8368 · Fax: 501-682-2480 · TDD: 501-682-6789



**TO:** Arkansas Medicaid Health Care Providers  
**DATE:** November 1, 2007  
**SUBJECT:** Section V Provider Manual Update Transmittal

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<b>REMOVE</b>		<b>INSERT</b>	
<b>Section</b>	<b>Date</b>	<b>Section</b>	<b>Date</b>
Section V text	Last issued 7-1-07	Section V text	Undated
Contacts and links	Last issued 4-1-07	Contacts and links	Undated
—	—	Form DMS-0688	7/07
DMS-2694	4/07	DMS-0685-14	7/07
—	—	DMS-0101	7/07
AFMC-201	4/07	—	—
DMS-671	4/07	DMS-671	11/07

**Explanation of Updates**

Section V has been updated with the following information:

Direct link access has been added to The Change of Ownership Information Form DMS-688 for Provider use.

Obsolete form DMS-2694 - Prescription Drug Prior Authorization and Extension of Benefits Request Form – has been replaced with updated form DMS -0685-14, Prescription Drug Prior Authorization Request for Extension of Benefits.

New form DMS-0101 – Contact Lens Prior Authorization Request Form – has been added with direct link access for use by appropriate provider types.

Obsolete form AFMC-201, AFMC Personal Care Assessment and Service Plan for Medicaid Beneficiaries Under Age 21, has been deleted. The correct version of the Personal Care Assessment and Service Plan (DMS-618) has previously been listed in Section V.

Form DMS-671, Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services, has been updated to remove obsolete information.

Clarification of telephone access numbers and office hours of the Arkansas Foundation for Medical Care (AFMC) has been updated within the contacts information section.

Effective 7/1/07 the Department of Health and Human Services has been divided into two separate Departments; The Department of Human Services and the Department of Health. Therefore, Division, Department, and acronym changes have been completed within the contact information section.

***The forms in this update are for information and future use only. Current authorizations or service plans on former versions of the forms do not require updating solely due to the availability of new versions of the forms. New requests, certifications/re-certifications, and service plans after this release date must be submitted on the newer versions of the indicated forms.***

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 (TDD only).

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

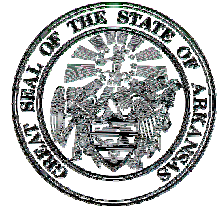
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Roy Jeffus, Director



Division of Medical Services
Program Planning & Development

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480 · TDD: 501-682-6789



Change of Ownership Information

All providers who are currently enrolled that have experienced a change in ownership or a change in tax number must complete the information below:

Effective date or anticipated date the change will occur or has occurred: \_\_\_\_\_

Organization name of the new owner: \_\_\_\_\_

Organization name of previous owner: \_\_\_\_\_

Arkansas Medicaid Provider number of previous owner: \_\_\_\_\_

Federal Tax Identification number of previous owner: \_\_\_\_\_

Type of Sale that occurred

Was this a purchase of Assets? \_\_\_\_\_

Was this a purchase of Stock? \_\_\_\_\_

Other — explain

Three horizontal lines for explaining other types of sales.

A copy of the sales agreement signed by all parties is required.

Name of Authorized Representative (typed or printed legibly) Title

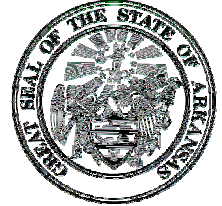
Signature Date





**Division of Medical Services  
Program Planning & Development**

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437  
501-682-8368 · Fax: 501-682-2480 · TDD: 501-682-6789



**Contact Lens Prior Authorization Request Form**

1. Patient's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Medicaid ID Number: \_\_\_\_\_
2. Date of Service: \_\_\_\_\_
3. Patient Complaint: \_\_\_\_\_  
\_\_\_\_\_
4. Diagnosis and Pathology: \_\_\_\_\_  
\_\_\_\_\_
5. Visual Acuities Without Correction: \_\_\_\_\_
6. Power of Patient's Most Recent Spectacle Prescription: \_\_\_\_\_
7. Medical Justification for Prescribing Contact Lenses: \_\_\_\_\_  
\_\_\_\_\_
8. Type of Contacts Requested: RGP/SDW/**SEW**/PR/DISP/OTHER \_\_\_\_\_
  - a. Lens Specification: \_\_\_\_\_
  - b. Readings: \_\_\_\_\_
9. Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Provider Identification Number: \_\_\_\_\_ Taxonomy Code: \_\_\_\_\_

## REQUEST FOR EXTENSION OF BENEFITS FOR CLINICAL, OUTPATIENT, LABORATORY AND X-RAY SERVICES

Arkansas Foundation for Medical Care, Inc.  
Attn: EOB Review  
P O Box 180001  
Fort Smith, AR 72918-0001

DATE: \_\_\_/\_\_\_/\_\_\_

**Important: If all required information is not completed, the form will be returned to provider.**

(1) <b>PERFORMING PROVIDER</b>	(2) <b>PROVIDER ID#/TAXONOMY CODE</b>
(3) <b>MAILING ADDRESS</b>	(4) <b>GROUP PROVIDER ID #</b>
<b>CITY</b>	<b>STATE</b>
<b>CODE</b>	<b>ZIP</b>
(5) <b>PERFORMING PROVIDER SIGNATURE &amp; CREDENTIALS</b>	

(6) <b>BENEFICIARY NAME [LAST]</b>	[FIRST]	[M.I.]
(7) <b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>
		<b>ZIP CODE</b>
(8) <b>MEDICAID BENEFICIARY ID</b> (10 digits)	(9) <b>DOB</b> MM/DD/YY	<b>SEX</b>
_____	___/___/___	_____

**To file a Request for Extension of Benefits, the following information is required:**

							Request Disposition		
							Completed By AFMC		
(10) SERVICE FROM DATE	(11) SERVICE TO DATE	(12) DIAGNOSIS CODE	(13) DIAGNOSIS CODE DESCRIPTION	(14) PROCEDURE CODE	(15) PROCEDURE CODE DESCRIPTION	(16) UNITS	DECISION		DATE OF REVIEW
							APPROVED	DENIE D	

Benefit Extension Control # \_\_\_\_\_  
Completed by AFMC

Note: Attach copies of Medical Records/Supporting Documentation substantiating **medical necessity** of requested services/procedures.  
[Instructions for requesting extension of benefits and completion of this form are included on the reverse side of this form.]

Comments:

## **Requirements for Requests for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services**

### **Procedural Policy**

**To reduce delays in processing requests and to avoid returning requests due to incomplete and/or lack of documentation, the following procedures must be followed.**

- I. Requests for extension of benefits will be considered after a claim has been denied for exceeding the benefit limit.
- II. The Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services (Form DMS-671) must be filed within 90 calendar days of the date of denial. Any request filed beyond the 90 calendar day deadline will be denied.
- III. Extension of benefits will be denied if the original claim was denied for untimely filing (12 months beyond the date of service).
- IV. AFMC EOB Review will consider extending benefits if *all* of the following documentation is received with request.
  - A. All fields of form DMS-671 must be correctly completed by entering the following information:**
    - (1) Enter performing provider's name.
    - (2) Enter the provider ID # and taxonomy code of performing provider.
    - (3) Enter the address provider will use to receive correspondence regarding this extension.
    - (4) If the provider is a member of a group, enter the group provider ID #.
    - (5) Performing provider's signature and credentials must be entered in this field.
    - (6) Enter the beneficiary's full name.
    - (7) Enter the beneficiary's complete address.
    - (8) Enter the beneficiary's Medicaid ID #.
    - (9) Enter the beneficiary's date of birth and sex.
    - (10) Enter the service from date.
    - (11) Enter the service to date.
    - (12) Enter the diagnosis code.
    - (13) Enter the diagnosis code description.
    - (14) Enter the procedure code and applicable modifier(s). (If there are more than 4 procedures, additional procedures must be added to a separate completed form.)
    - (15) Enter the procedure code description.
    - (16) Enter the number of units.
  - B. Copy of the Medical Assistance Remittance and Status Report stating benefits are exhausted for date of service. Do not send the claim form.**
  - C. Clinical records must:**
    1. Be legible and include records supporting the specific request
    2. Be signed by the performing provider
    3. Include clinical, outpatient and/or emergency room records for dates of service in chronological order
    4. Include related diabetic and blood pressure flow sheets
    5. Include current medication list for date of service
    6. Include obstetrical record related to current pregnancy
  - D. Laboratory and radiology reports must include:**
    1. Clinical indication for lab and x-ray ordered
    2. Signed orders for laboratory and radiology
    3. Results signed by performing provider
    4. Current and all previous ultrasound reports, including biophysical profiles and fetal non-stress tests
  - E. The Arkansas Medicaid Program automatically extends benefits when one of the following diagnoses exists and is entered as the primary diagnosis in both header and detail fields:**
    1. Malignant neoplasm (code range 140.0 – 208.91)
    2. HIV, including AIDS (code 042)
    3. Renal failure (code range 584 – 586)
  - F. Requests for reconsideration must be received within 30 calendar days of AFMC denial. Only one reconsideration will be allowed.**
  - G. AFMC reserves the right to request further clinical documentation as deemed necessary to complete medical review.**



### **American Hospital Association**

Telephone: (312) 422-3390  
Mailing Address: American Hospital Association  
National Uniform Billing Committee  
One North Franklin, 29<sup>th</sup> Floor  
Chicago, IL 60606  
Website: <http://www.nubc.org>

### **Americans with Disabilities Act Coordinator**

TDD: (501) 682-6789  
Local (501) 682-8317  
In-State Toll Free (800) 482-1141  
Out-of-State Toll Free (800) 482-5850

### **APS Healthcare Midwest (APS)**

Toll Free: (800) 721-4925  
Local: (501) 372-2970  
Fax: (888) 468-9318  
Address: APS Healthcare  
225 S. Pulaski  
Little Rock, AR 72203

### **Arkansas Department of Education, Special Education**

Direct: (501)-682-4221

### **Arkansas Department of Human Services, Accounts Receivable**

Telephone: 501-682-6502  
Fax: 501-682-1855  
Mailing Address: DHS Accounts Receivable  
PO Box 8181, Slot WG2  
Little Rock, AR 72203-8181

### **Arkansas Department of Human Services, Appeals and Hearings Section**

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



**Arkansas Department of Human Services, Children's Services**

In-State WATS: 1-800-482-5850, ext. 22277  
Mailing Address: **Arkansas Department of Human Services**  
Children's Services  
P.O. Box 1437, Slot S380  
Little Rock, AR 72203-1437

**Arkansas Department of Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Unit**

Direct: (501) 682-8590.  
Mailing Address: **Arkansas Department of Human Services**  
Division of Child Care and Early Childhood Education  
Child Care Licensing Unit  
P. O. Box 1437, Slot S150  
Little Rock, AR 72203-1437

**Arkansas Department of Human Services, Division of Children and Family Services, Contracts Management Unit**

Mailing Address: **Arkansas Department of Human Services**  
Division of Children and Family Services  
Contracts Management Unit  
P. O. Box 1437-Slot S561  
Little Rock, AR 72203-1437

**Arkansas Department of Health**

In-State WATS: 1-800-574-4040  
Direct: (501) 661-2723

**Arkansas Department of Health, Health Facility Services**

In-State WATS: (501) 661-2201  
Mailing Address: HCFA CLIA Program  
Arkansas Division of Health  
Health Facility Services  
5800 W. 10<sup>th</sup>, Suite 400  
Little Rock, AR 72204

**Arkansas Department of Human Services, Division of Medical Services**

Mailing Address: **Arkansas Department of Human Services**  
Division of Medical Services  
P.O. Box 1437, Slot S413  
Little Rock, AR 72203-1437

**Arkansas Department of Human Services, Division of Medical Services, Provider Reimbursement Unit**

Direct: (501) 682-8308  
Fax: (501) 682-3889  
Mailing Address: **Arkansas Department of Human Services**  
Division of Medical Services  
Provider Reimbursement Unit  
P.O. Box 1437, Slot S416  
Little Rock, AR 72203-1437  
Hours 8:00 AM through 4:30 PM, Monday through Friday,  
except for holidays.

**Arkansas DHS, Division of Medical Services, Benefit Extension Requests Section**

Mailing Address: **DHS** Division of Medical Services  
Benefit Extension Requests - *\*Insert type from list at left*  
\*Home Health  
\*Incontinence Supplies  
\*Personal Care  
\*Private Duty Nursing  
\*Supplies for Under Age 21 yrs  
\*Wheelchairs and Repairs  
P.O. Box 1437, Slot S413  
Little Rock, AR 72203-1437

**Arkansas DHS, Division of Medical Services, Dental Care Unit**

In-State WATS 1-800-482-1141  
Out-of-State WATS 1-800-482-5850, extension 28336  
Direct: (501) 682-8336  
(501) 682-8332  
(501) 682-8297.  
Mailing Address: **DHS** Division of Medical Services  
Dental Care Unit  
P.O. Box 1437, Slot S410  
Little Rock, AR. 72203-1437

**Arkansas DHS, Division of Medical Services, Director**

Direct: (501) 682-8292  
Mailing Address: **DHS** Division of Medical Services  
Director  
P.O. Box 1437, Slot S401  
Little Rock, AR 72203-1437

**Arkansas Division of Medical Services, EDS Provider Enrollment Unit**

In-State WATS: 1-800-457-4454  
Local and out of state: (501) 376-2211  
Fax: (501) 374-0746  
Mailing Address: Medicaid Provider Enrollment Unit  
EDS  
P.O. Box 8105  
Little Rock, AR 72203-8105

**Arkansas DHS, Division of Medical Services, Financial Activities Unit**

Mailing Address: DHS Division of Medical Services  
Financial Activities Unit  
P.O. Box 1437, Slot S416  
Little Rock, AR 72203-1437

**Arkansas DHS Division of Medical Services, Hearing Aid Consultant**

Mailing Address: DHS Division of Medical Services  
Hearing Aid Consultant  
P.O. Box 1437; Slot S413  
Little Rock, AR 72203

**Arkansas DHS, Division of Medical Services, Medical Assistance Unit**

In-State WATS: 1-800-482-1141  
Direct: 501-682-8301  
Mailing Address: DHS Division of Medical Services  
Medical Assistance Unit  
P.O. Box 1437, Slot S410  
Little Rock, AR 72203-1437

**Arkansas DHS Division of Medical Services, Pharmacy Unit**

In-state and Out-of-state: (501) 683-4120  
(501) 682-8334

**Arkansas DHS, Division of Medical Services, Program Communications Unit**

In-State WATS: 1-800-482-1141  
Out-of-State WATS 1-800-482-5850  
Mailing Address: DHS Division of Medical Services  
Program Communications Unit  
P. O. Box 1437, Slot S410  
Little Rock, AR 72203-1437  
Hours 8:00 AM through 4:30 PM, Monday through Friday,  
except for holidays.

**Arkansas DHS, Division of Medical Services, Third-Party Liability Unit**

Fax Number: (501) 682-1644

**Arkansas DHS, Division of Medical Services, Utilization Review Section**

In-State WATS:  
Direct: (501) 682-8340  
Voice Mail: 1-800-482-1141  
Fax: (501) 682-8013  
Mailing Address: Arkansas DHS Division of Medical Services  
Utilization Review Section  
P. O. Box 1437, Slot S413  
Little Rock, AR 72203-1437

**Arkansas DHS, Division of Medical Services, UR/Home Health Extensions**

Fax: (501) 501-682-8013  
Mailing Address: DHS Division of Medical Services  
UR/Home Health Extensions  
P.O. Box 1437, Slot S413  
Little Rock, Arkansas 72203-1437

**Arkansas DHS, Division of Medical Services, Visual Care Coordinator**

In-State WATS: 1-800-482-1141  
Direct: (501) 682-8342  
Fax: (501) 682-8304

### Arkansas Foundation for Medical Care

In-State and Out-of-State Toll Free for Inpatient Reviews Only: 1-877-650-2362  
General Telephone Contact (479) 649-8501  
Local or Long Distance - Fort Smith:  
Fax Number: (479) 649- 0776  
Fax for Pre-approvals: (479) 649-0776  
Mailing Address: Arkansas Foundation for Medical Care, Inc.  
PO Box 180001  
Fort Smith, AR 72918-0001  
Physical Site Location: 2201 Brooken Hill Drive  
Fort Smith, AR 72908  
Office Hours. 8:30 a.m. until 5:00 p.m. (Central Time), Monday through Friday, except holidays

### Arkansas Hospital Association

Mailing Address: Arkansas Hospital Association  
419 Natural Resources Drive  
Little Rock, Arkansas 72205.

### ARKids First-B

In-State WATS: 1-888-474-8275  
Direct: (501) 682- 8310

### Central Child Health Services Office

In-State WATS: 1-800-482-1141  
Direct:  
Out-of-State WATS  
Fax:  
Mailing Address:  
Hours

### Children's Services

In-State WATS: 1-800-482-5850  
(501) 682-2277  
(501) 682-2270 extension 22277

Direct: (501) 682-2270  
(501) 682-2277

Fax: (501) 682-8247

Mailing Address: Arkansas Department of Human Services  
Children's Services  
P.O. Box 1437, Slot S380  
Little Rock, Arkansas 72203-1437

### ConnectCare Helpline

Toll Free: 1-800-275-1131

TDD: 1-800-285-1131

### CPT Ordering

Order the CPT online at <http://www.ingenixonline.com/> or contact Ingenix using the information below.

Telephone: 1-877-464-3649

Fax: 1-800-982-4033

Mailing Address: Ingenix  
P.O. Box 27116  
Salt Lake City, UT 84127-0116

Website: <http://www.ingenixonline.com/>

### Division of Aging and Adult Services

Adults with Physical Disabilities  
Waiver Provider Certification Mailing  
Address: Division of Aging and Adult Services  
Adults with Physical Disabilities Waiver Provider  
Certification  
P.O. Box 1437, Slot S530  
Little Rock, AR 72203-1437

ElderChoices Provider Certification  
Mailing Address: Division of Aging and Adult Services  
ElderChoices Provider Certification  
P.O. Box 1437, Slot 1412  
Little Rock, AR 72203-1437

Living Choices Assisted Living  
Application Request Phone  
Number: 501-682-2441



## Division of County Operations, Customer Assistance Section

In-State WATS: 1-800-482-8988  
TDD: 1-501-682- 8933  
Mailing Address: **DHS** Division of County Operations  
P.O. Box 1437 Slot S301  
Little Rock, AR 72203-1437

## EDS Claims Department

### Claim Type

Inpatient, Outpatient, Nursing Home Cross-over, Home Health, Dental, Vision	EDS Claims P.O. Box <b>8033</b> Little Rock, AR 72203
Physician (CMS - 1500), EPSDT, Hearing, and Professional Cross-over	EDS Claims P.O. Box <b>8034</b> Little Rock, AR 72203
Claims addressed to attention of Communication's Analyst, Medicaid Request and Adjustment claims.	EDS Claims P.O. Box <b>8036</b> Little Rock, AR 72203

## EDS EDI Support Center (formerly AEVCS Help Desk)

Toll free within Arkansas:	1-800-457-4454
Locally and out-of-state:	(501) 376-2211
Hours	8:00 am to 5:00 pm Monday through Friday except for holidays.
EDS Observed Holidays	New Year's Day Memorial Day Independence Day Labor Day Veterans Day Thanksgiving Day The Friday After Thanksgiving Christmas Eve Christmas Day
After hours, report "continuous busy" and "9999 Host System Error" messages at:	(501) 374-6609, extension 290 Monday through Friday, 5 pm to 8 am, and on weekends and holidays If you do not leave a message, no problem report will be registered. <b>Do not</b> use this number to report claim rejections.

### **EDS Inquiry Unit**

Address: EDS Inquiry Unit  
P.O. Box 8036  
Little Rock, AR 72203

### **EDS Manual Order**

Address: EDS  
Manual Order  
PO Box 8036  
Little Rock, AR 72203-8036

### **EDS Pharmacy Help Desk**

Toll free within Arkansas: 1-800-707-3854  
Local or out-of-state: 501-374-6609, ext. 500  
Hours 8:00 AM to 5:00 PM  
Monday through Friday except for holidays.

EDS Observed Holidays  
New Year's Day  
Memorial Day  
Independence Day  
Labor Day  
Veteran's Day  
Thanksgiving Day  
The Friday After Thanksgiving  
Christmas Eve  
Christmas Day

Voice Response System (VRS) 1-800-806-6181  
Available 24 hours every day

### **EDS Provider Assistance Center (PAC)**

Within Arkansas: 1-800-457-4454  
Locally or out-of-state: (501) 376-2211  
PAC Mailing Address: EDS Provider Assistance Center  
P. O. Box 8036  
Little Rock, AR 72203-8036  
Hours 8:00 AM and 4:30 PM  
Monday through Friday except for holidays.  
EDS Observed Holidays New Year's Day  
Memorial Day  
Independence Day  
Labor Day  
Veteran's Day  
Thanksgiving Day  
The Friday After Thanksgiving  
Christmas Eve  
Christmas Day

### **First Connections Infant & Toddler Program, Developmental Disabilities Services**

Mailing Address: First Connections Infant & Toddler Program  
Developmental Disabilities Services  
P. O. Box 1437, Slot N503  
Little Rock, Arkansas 72203-1437

### **First Health**

In-State WATS: 1-800-770-3084 or (615) 256-3400  
Fax: 1-800-639-8982 or (615) 256-0772  
Prior Authorization (PA) for Outpatient Mental Health Services for 21 and over Mailing Address: First Health Services  
4300 Cox Road  
Glen Allen, VA 20360  
In-State WATS: 1-800-266-8846  
Fax: 1-800-266-9247  
Prior Authorization (PA) for Outpatient Mental Health Services for under 21 Mailing Address: First Health of Arkansas  
650 S. Shackelford Suite 241  
Little Rock, AR 72211

### **Health and Nursing Services Specialist**

Telephone Number: (501) 324-9740  
Address: Arkansas Department of Education  
Health and Nursing Services Specialist  
2020 West Third, Suite 320  
Little Rock, AR 72205

### **ICD-9-CM, CPT, and HCPCS Reference Book Ordering**

You can order the ICD-9-CM, CPT, and the HCPCS reference books online at <http://www.ingenixonline.com/> or contact Ingenix using the information below.

Telephone: 1-877-464-3649  
Fax: 1-800-982-4033  
Mailing Address: Ingenix  
P.O. Box 27116  
Salt Lake City, UT 84127-0116  
Website: <http://www.ingenixonline.com/>

### **Immunizations Registry Help Desk**

In-state and Out-of-state Toll Free: 1-800-574-4040  
Fax Number:  
Mailing Address:  
Hours:

### **Medicaid Reimbursement Unit Communications Hotline**

Toll Free: 1-800-482-5431  
Local or out of state: (501) 682-8321

### **National Supplier Clearinghouse**

Toll Free: 1-803-754-3951  
Address: National Supplier Clearinghouse  
P.O. Box 100142  
Columbia, SC 29202-3142

### **Primary Care Physician (PCP) Enrollment Voice Response System**

VRS: 1-800-805-1512

### **Provider Qualifications, Division of Mental Health Services**

Fax: (501) 686-9035  
Mailing Address: Provider Qualifications  
Division of Mental Health Services  
4313 West Markham, Slot 4313  
Little Rock, Arkansas 72205-4096

### Select Optical

Toll Free: 1-800-282-6960  
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