

ARKANSAS PHYSICIAN MEDICAID UPDATE

Q2 SFY2024
(October–December 2023)



What's New for Arkansas Medicaid Providers

- New Official Notices
- New Provider Manual Updates
- New RA Messages

PASSE Disenrollment Information for Providers

As Arkansas Medicaid returns to normal operations, recipients will be transitioned from PASSE membership back into Medicaid if they do not receive their required annual Behavioral Health Independent Assessment. This does not mean they will lose their Medicaid insurance.

- Recipients can still get services from a Primary Care Provider, Counseling Services, Prescription Drugs, and Hospital services.
- If it is within 20 days from the recipient's Independent Assessment expiring, a new referral to Optum is not needed. They can contact Optum to get the Independent Assessment scheduled.
- If it has been more than 20 days since the recipient's Independent Assessment has expired, they can work with their current behavioral health provider to get a new Independent Assessment referral submitted.
- Completing a new Independent Assessment and receiving a Tier 2 or 3 is what will allow any Medicaid recipient disenrolled from a PASSE to be reenrolled and begin receiving those HCBS services again.
- If a recipient who has been disenrolled from the PASSE is in need of a Primary Care Provider, ConnectCare can assist with finding one. Their toll-free helpline is 1-800-275-1131, available Monday through Friday 8 a.m. to 4:30 p.m. Their website is www.seeyourdoc.org.

Reminder: if a recipient is disenrolled from the PASSE, it does not mean they have lost their Medicaid insurance. They will continue to receive traditional Medicaid. It does mean they will no longer be able to receive some of the services they did while enrolled in a PASSE. ■

Emotional/Behavioral Health Assessment

The following providers can administer a brief standardized emotional/behavioral assessment screening to an AR Medicaid beneficiary along with an office visit:

- Advanced Nurse Practitioner
- Physician
- Physician Assistant

Section II (292.741) of the AR Medicaid Physician Manual provides more information.

292.741 Behavioral Health Screen 1-1-23

A physician, physician's assistant, or advanced nurse practitioner may administer a brief standardized emotional/behavioral assessment screening to a client along with an office visit. The allowable screening is up to two (2) units per visit and is allowable up to four (4) times per state fiscal year without prior authorization. An extension of benefits may be requested if additional screening is medically necessary. If a client is under the age of eighteen (18), and the parent/legal guardian appears depressed, he or she can be screened as well, and the screening billed under the minor's Medicaid number. The provider cannot prescribe meds for the parent under the child's Medicaid number. A parent/legal guardian session will count towards the four (4) counseling screening limit. The physician must have the capacity to treat or refer the parent/guardian for further treatment if the screening results indicate a need, regardless of payor source.

Providers can access the AR Medicaid fee schedule for the appropriate provider type to determine the maximum amount allowed for CPT code 96127 – Brief Emotional/Behavioral Assessment. Fee schedules can be found [here](#). ■

Influenza (Flu) Vaccines

The best way to reduce the risk of flu and its potentially serious complications is by getting vaccinated each year. Flu & pneumonia tools are available on the AFMC website - <https://www.afmc.org/resource-library#32-64-flu-pneumonia-immunization> for use in your facility. The Flu & Pneumonia Immunization – Don't Be a Baby poster and postcards are available in English & Spanish and the Flu & Pneumonia immunization – Wash Your Hands poster is available in English.

Payable flu CPT codes can be found in the procedure code table and fee schedules for each provider type. Click [here](#) to access the procedure code table for providers. Click [here](#) to access the fee schedule table for providers. To be sure you're billing the correct CPT code for the correct age and benefit plan, refer to the appropriate provider type procedure code table.

Pregnant women can receive certain flu vaccines that are payable by Arkansas Medicaid. These codes are 90662, 90674, 90682, and 90756. For flu vaccines that are given through the Vaccines for Children program (VFC), providers are allowed to bill the administration fee for giving the injection.

The following injections related policy is in section II of the physician manual – https://humanservices.arkansas.gov/wp-content/uploads/PHYSICN_II.doc

- A. Providers billing the Arkansas Medicaid Program for covered injections should bill the appropriate CPT or HCPCS procedure code for the specific injection administered. The procedure codes and their descriptions may be found in the Current Procedure Terminology (CPT) and in the Healthcare Common Procedural Coding System Level II (HCPCS) coding books.

Injection administration code, is payable for beneficiaries of all ages. May be used for billing the administration of subcutaneous and/or intramuscular injections only. This procedure code cannot be billed when the medication is administered "ORALLY." No fee is billable for drugs administered orally.

Cannot be billed separately for Influenza Virus vaccines or Vaccines for Children (VFC) vaccines.

Cannot be billed to administer any medication given for family planning purposes. No other fee is billable when the provider decides not to supply family planning injectable medications.

Cannot be billed when the drug administered is not FDA approved.

[View or print the procedure codes for Physician/Independent Lab/CRNA/Radiation Therapy Center services.](#)

Covered drugs can be billed electronically or on paper. If requested, additional documentation may be required to justify medical necessity. Reimbursement for manually priced drugs is based on a percentage of the average wholesale price.

See Section 292.940 for coverage information of radiopharmaceutical procedure codes.

Arkansas Medicaid follows the billing protocol per the Federal Deficit Reduction Act of 2005 for drugs. See Section 292.910 for further information.

Administration of therapeutic agents is payable only if provided in a physician's office, place of service code "11." These procedures are not payable to the physician if performed in any other setting. Therapeutic injections should only be provided by physicians experienced in the provision of these medications and who have the facilities to treat patients who may experience adverse reactions. The capability to treat infusion reactions with appropriate life support techniques should be immediately available. Only one administration fee is allowed per date of service unless "multiple sites" are indicated in the "Procedures, Services, or Supplies" field in the CMS-1500 claim form. Reimbursement for supplies is included in the administration fee. An administration fee is not allowed when drugs are given orally.

Multiple units may be billed when applicable. Take-home drugs are not covered. Drugs loaded into an infusion pump are not classified as "take-home drugs." Refer to payable CPT code ranges for therapeutic and chemotherapy administration procedure codes.

See Section 292.940 for radiopharmaceutical drugs.

- B. For consideration of payable unlisted CPT/HCPCS drug procedure codes:
1. The provider must submit an electronic or paper claim that includes a description of the drug being represented by the unlisted procedure code on the claim form.
 2. Documentation that further describes the drug provided must be attached and must include justification for medical necessity.
 3. All other billing requirements must be met in order for payment to be approved.

C. Immunizations

Physicians may bill for immunization procedures on the CMS-1500 claim form. [View a CMS-1500 sample form](#). See Section 292.950 for covered vaccines and billing protocols.

Coverage criteria for all immunizations and vaccines are listed in the [Procedure Code Tables - Arkansas Department of Human Services](#).

Influenza virus vaccine through the Vaccines for Children (VFC) program is determined by the age of the beneficiary and obviously which vaccine is used.

The administration fee for all vaccines is included in the reimbursement fee for the vaccine CPT procedure code.

D. Vaccines for Children (VFC)

The Vaccines for Children (VFC) Program was established to generate awareness and access for childhood immunizations. Arkansas Medicaid established new procedure codes for billing the administration of VFC immunizations for children under the age of 19 years of age. To enroll in the VFC Program, contact the Arkansas Division of Health. Providers may also obtain the vaccines to administer from the Arkansas Division of Health. [View or print Arkansas Division of Health contact information](#).

Medicaid policy regarding immunizations for adults remains unchanged by the VFC Program.

Vaccines available through the VFC Program are covered for Medicaid-eligible children. Administration fee only is reimbursed. When filing claims for administering VFC vaccines, providers must use the CPT procedure code for the vaccine administered. Electronic and paper claims require modifiers EP and TJ. ARKids First-B beneficiaries are not eligible for the Vaccines for Children (VFC) Program; however, vaccines can be obtained to administer to ARKids First-B beneficiaries who are under the age of 19 by contacting the Arkansas Department of Health and indicating the need to order ARKids-B SCHIP vaccines. [View or print the Department of Health contact information](#).

When vaccines are administered to beneficiaries of ARKids First-B services, only modifier SL must be used for billing. Any additional billing and coverage protocols are listed under the specific procedure code in the tables section of this manual. See Part F of this section. ■

Medicaid Quality Improvement

Long-Acting Reversible Contraception

Almost half of all live births in the United States are unintended. A pregnancy that is unintended may contribute to a delay in onset or absence of prenatal care which could potentially put mom and/or baby at risk for unfavorable health outcomes including low birthweight, shorter time breastfeeding, mental health issues, and abuse. Most unintended pregnancies occur because a person is either not using birth control or not using it correctly. Goals for Healthy People 2030 include increasing the proportion of women and girls who use effective birth control.

The American College of Obstetricians and Gynecologists (ACOG) Committee on Adolescent Health Care reports adolescents who choose LARC are more satisfied and more likely to continue use. ACOG recognizes immediate postpartum LARC insertion as a best practice and acknowledges its benefits in avoiding unintended pregnancy and short interpregnancy intervals (less than 18 months).

As reported by the American Academy of Pediatrics (AAP) the safety and efficacy of

LARC for the adolescent population is well established. LARC is not only the most effective contraception at preventing pregnancy it can also help to decrease heavy bleeding and painful cramping associated with menstrual periods. Lowering unintended pregnancy rates requires a multi-faceted approach. Pediatricians, OB/GYN's, Family Practice Physicians, and Healthcare Providers can play a significant role in increasing the use of LARC by discussing sexual health at select well visits and providing contraception counseling.

Effective January 1, 2023, the Division of Medical Services Director revised the Medicaid State Plan to update the rate methodology for long-acting reversible contraceptives. Claims with a date of service on and after January 1, 2023, are based on Wholesale Acquisition Cost plus 6%.

Healthcare providers interested in training programs for LARC insertion may contact mqi@afmc.org ■

Keeping You
Informed

Open Enrollment - 2024 PCMH Performance Period

October 2, 2023 – November 10, 2023

New for 2024:

- The 2024 Arkansas Medicaid Patient-Centered Medical Home (PCMH) Program enrollment period is open - October 2, 2023 - November 10, 2023.
- **Attribution:** The minimum attribution required to qualify for the PCMH program has been dropped from 150 to 125.
- **Program Enrollment Portal:** Re-enrollment applications can now be submitted electronically through the QualityCare Insight portal.

Satellite Clinics:

- Satellite clinics are required to enroll using their own Medicaid ID and are unable to use their PCMH's Medicaid ID. Additionally, providers enrolled in a satellite clinic must also have a Section IV affiliation form on file with Arkansas Medicaid for the corresponding satellite clinic.

Pooling Information and Forms:

- Performance-Based Incentive Payment attribution requirement: A Shared Performance Entity must have a minimum of 1,000 attributed beneficiaries after exclusions are applied.
- All signatures must be included on one pooling form, and all PCMH leads must be copied on the submission email. If additional space is required, please use multiple forms. Pooling forms must not be altered from the original in any way. A cover letter with details for each member of the pool may be submitted with multiple pooling forms, though this is not required.

Submitting Applications:

- Re-enrolling PCMHs can now submit their application electronically through the QualityCare Insight portal via the following link: <https://qci.mmis.arkansas.gov>. PCMHs who do not wish to use the new QualityCare Insight Program Enrollment application may submit their re-enrollment application via email to ARKPCMH@gainwelltechnologies.com. **PCMHs who choose to submit their application via email**

can download a blank copy of the Practice Participation Agreement (DMS-844).

- New PCMHs enrolling in the program are not eligible to submit an application through the QualityCare Insight portal and must submit a completed Practice Participation Agreement (DMS-844) via email to ARKPCMH@gainwelltechnologies.com.
- Pooling forms for re-enrolling PCMHs should be submitted via the QCI portal, but they will also be accepted via email to the PCMH Enrollment Unit at ARKPCMH@gainwelltechnologies.com. Pooling forms for new enrollments must be submitted via email.

Faxed enrollment applications or pooling forms will not be accepted.

Please monitor your email for additional information regarding the 2024 PCMH enrollment period. Below, you will find links to the PCMH Provider Manual and supplemental materials on the Department of Human Services (DHS) website, the QualityCare Insight portal, as well as a link to AFMC's Practice Transformation services.

- DHS PCMH web page – PCMH Provider Manual, Program Policy Addendum, enrollment information, PCMH-PCP list: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/patient-centered-medical-home/>
- QualityCare Insight Portal: <https://qci.mmis.arkansas.gov>
- Arkansas Foundation for Medical Care – Practice Transformation information: <https://afmc.org/programs/practice-transformation>

If you have any questions, please contact your [AFMC Outreach Specialist](#) or the PCMH Enrollment Unit at ARKPCMH@gainwelltechnologies.com or call 501-301-8311. ■

Attention all:

- Psychiatrists
- Neurologists
- Neurosurgeons
- Physical Medicine and Rehab Physicians
- Endocrinologists
- Cardiologists
- Gastroenterologists
- Urologists
- Orthopedic Surgeons
- Oncologists

Learn more at:

review.afmc.org/

[physician-reviewers](https://review.afmc.org/physician-reviewers)

Email review@afmc.org,

or call 479-573-7764.



We need your expertise!

Join our team of Arkansas licensed and board-certified physicians for periodic electronic medical reviews.

- Work remotely on your own schedule
- Determine the amount of time you want to devote — average review case is 30 minutes
- Earn extra income



241.000 Activities Tracked for Practice Support

2023 PCMH Program Policy Addendum

Activities for the 2023 Performance Period

All PCMHs must meet all activities by the following deadlines, must complete the attestations and submit supporting documentation in the Quality Care Insight (QCI) provider portal order to be eligible for practice support.

- 3-month activities by 3/31/2023
- 6-month activities by 6/30/2023
- **12-month activities by 12/31/2023**

Activity	3-Month	6-Month	12-Month
A. Identify top 10% of high-priority patients	✓		
B. Make available 24/7 access to care.		✓	
C. Capacity to receive direct e-messaging from patients.		✓	
D. Childhood / Adult Vaccination Practice Strategy.		✓	
E. Join SHARE or participate in a network that delivers hospital discharge information to practice within 48 hours.		✓	
F. Track third available appointment			✓
G. Care Plans for High Priority Patients			✓
H. Patient Literacy Assessment Tool			✓
I. Patient and Family Engagement			✓
J. Care instructions for High Priority Patients			✓
K. Social Determinants of Health			✓

Developmental Screening CPT Code 96110

Centers for Medicare & Medicaid (CMS) required mandatory reporting of CPT code 96110 for all states begins in 2024. To aid in reporting, Arkansas Medicaid has activated CPT code 96110 for providers to use when performing developmental screenings utilizing a validated standardized tool.

Effective January 1, 2024, Medicaid will reimburse CPT code 96110 when billed in conjunction with an EPSDT/Wellness screen one time between ages 9-12 months and two times between ages 12-48 months. Developmental Screenings must be performed utilizing a validated standardized tool. This measure includes three age-specific indicators assessing whether children are screened before or on their first, second or third birthdays.

Documentation in the medical record must include the following: a note indicating the date on which the test was performed, the standardized tool used, and evidence of a screening result or screening score. Please feel free to contact mqi@afmc.org for additional information or questions. ■

DMS-640 Prescription/Referral form for Occupational, Physical, and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21

The DMS-640 form is completed by the primary care provider (PCP) to make a prescription/referral for occupational, physical, and speech evaluations and/or therapy for Medicaid eligible beneficiaries under age 21. The form is in Section V of all Provider Manuals and detailed instructions on completing the form are located on page two of the form and excerpts have been included below.

The PCP name and signature on the form should match the PCP name listed on the beneficiary's MMIS Medicaid eligibility page. The PCP will also need to write their individual Medicaid identification number on the form. If the PCP is unavailable to sign the referral (i.e., illness, vacation) a PCP within the same Medicaid provider group is allowed to sign on behalf of the PCP. The signing PCP must write on the referral form the reason they are signing for the assigned PCP and sign and write their individual Medicaid identification number on the referral form. This will allow the referred to specialist to verify the assigned PCP listed on the beneficiary's MMIS eligibility page. If a PCP is a solo practitioner, their substitute physician will complete the referral/prescription form in the same way. PCP substitute provider policy can be found in Sections 171.601, 171.610 and 171.620 of all Medicaid manuals.

The Attending Physician line on the form should only be signed if the Medicaid eligible beneficiary is exempt from PCP requirements. The beneficiary's attending physician will sign their name and write their individual Medicaid identification number on the form. This will indicate to the referred to specialist that the beneficiary isn't required to have an assigned PCP and when the beneficiary's Medicaid eligibility is checked it should show "No PCP required." ■

The **Primary Care Physician (PCP)** or attending physician must use this form to make a referral for evaluation or prescribe medically necessary Medicaid therapy services. The PCP or attending physician must check the appropriate box or boxes indicating the modality. Providers of therapy services are responsible for obtaining renewed PCP referrals every 6 months in compliance with Section I 171.400 and Section II 214.00 of the Arkansas Medicaid Therapy services provider manual.

_____ Primary Care Physician (PCP) Name <i>(Please Print)</i>	_____ Provider ID Number/Taxonomy Code
_____ Attending Physician Name <i>(Please Print)</i>	_____ Provider ID Number/Taxonomy Code
<p><i>By signing as the PCP or Attending Physician, I hereby certify that I have carefully reviewed each element of the therapy treatment plan, that the goals are reasonable and appropriate for this patient, and in the event that this prescription is for a continuing plan I have reviewed the patients progress and adjusted the plan for his or her meeting or failure to meet the plan goals.</i></p>	
_____ Physician Signature <i>(PCP or attending Physician)</i>	_____ Date
Return To (name of provider): _____	

- Primary Care Physician (PCP) Name and Provider ID Number and/or Taxonomy Code – Print the name of the prescribing PCP and his or her provider identification number and/or taxonomy code.
- Attending Physician Name and Provider ID Number and/or Taxonomy Code – If the Medicaid-eligible child is exempt from PCP requirements, print the name of the prescribing attending physician and his or her provider identification number and/or taxonomy code.
- Physician Signature and Date – The prescribing physician must sign and date the prescription for therapy in his or her original signature.
- Arkansas Medicaid's criteria for electronic signatures as stated in Arkansas Code 25-31-103 must be met. For vendor's EHR systems that are not configurable to meet the signature criteria, the provider should print, date and sign the DMS-640 form. Providers will be in compliance if a scanned copy of the original document is kept in a format that can be retrieved for a specific beneficiary. Most electronic health record systems allow this type of functionality.
- Return To – To be completed by requesting provider to include therapy provider/address/fax/secure email.

Keeping You Informed

Updated Beneficiary Aid Category Listing

Most Medicaid categories provide the full range of Medicaid services as specified in the Arkansas Medicaid State Plan. However, certain categories offer a limited benefit package. The updated beneficiary aid category listing including the range of coverage for each can be viewed using this link which is found in sections 124.000 and 124.100. [View or print the Client Aid Category list.](#) ■

Keeping You Informed

MyARMedicaid Mobile App


The MyARMedicaid mobile app is available for beneficiaries to electronically access their Medicaid ID card. It also lets users share Medicaid health information directly with providers. The MyARMedicaid app can help them keep track of their providers, medical records, and other Medicaid information in one secure place. As appropriate, please share the following information with beneficiaries who may benefit from the MyARMedicaid app. Beneficiaries can download the MyARMedicaid app from the Apple App Store or Google Play Store. They will create an account and log in to:



- See their digital Medicaid ID card
- Search for providers
- Receive important notifications
- See their paid Medicaid claims
- See the names of doctors or providers they've seen
- See the medical visits or procedures they've had
- See their prescriptions and immunization records

MyARMedicaid App

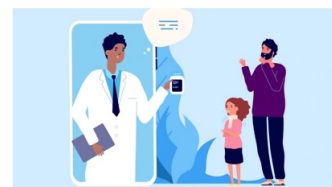
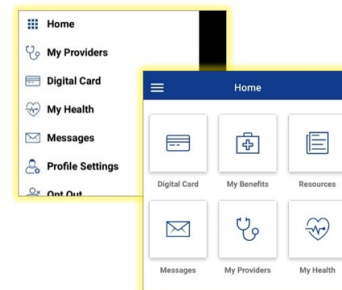
HOW TO SIGN UP

- **On your smartphone**
 - Go to the Apple App Store or Google Play and download the MyARMedicaid app.
 - Create an account and log in to see the benefits.



- **Through the web**
 - Go to the MyARMedicaid website at <https://mdp.mmis.arkansas.gov/>.
 - Create an account and log in to see the benefits.



BENEFITS

- View claims that Medicaid has paid for you
- View doctors or providers you have seen
- View medical visits or procedures you have had
- View your prescriptions and immunization records
- Access your digital Medicaid Card
- Search for providers
- Receive important notifications

Beneficiaries can show their health care providers their records on their phone, which will give a more complete view of their health and a better way to support them as a beneficiary. This [flyer](#) is available for printing and circulation in your office, to make beneficiaries aware of the MyARMedicaid app benefits. ■

What's New for Arkansas Medicaid Providers

Official notices posted from July 1, 2023 – September 30, 2023. Please click [here](#) to view details for each notice and other helpful information for Arkansas Medicaid providers.

Title	Posted Date	Category
2023/2024 Season Respiratory Syncytial Virus (RSV)Vaccines	09/29/2023	Procedure Codes
2024 ICD10-CM/PCS Revisions Effective 10/1/2023	09/29/2023	Procedure Codes
New COVID-19 Vaccine and Vaccine Admin codes	09/25/2023	COVID-19
Procedure Code A7508	09/25/2023	Procedure Codes
2024 NUBC/UB04 changes	09/19/2023	NUBC Changes
Coverage for Q0222	09/19/2023	Procedure Codes
FQHC Provider Rate for G2025	09/15/2023	Rates
Prior Authorization (PA) Removed from Prosthetic Codes for Under 21	08/30/2023	Procedure Codes
COVID Procedures Being End Dated	08/25/2023	Procedure Codes
Prior Authorization Required on J9021	08/18/2023	Procedure Codes
2023 Quarter 3 Healthcare Common Procedure Coding System Level II (HCPCS) Code, Current Procedural Terminology (CPT)	08/16/2023	Procedure Codes
Arkansas Foundation for Medical Care Address Change	08/11/2023	Contact Information
Arkansas Department of Human Services Reimbursement Change for Procedure Code B4162	08/04/2023	Procedure Codes
Happy Valley Nursing and Rehabilitation Center Notice of Termination	08/02/2023	Medicaid
340B Medical Billing Changes	07/28/2023	Billing Instruction
Arkansas Department of Human Services Covering Procedure Code 81529	07/21/2023	Procedure Codes
Diagnostic and Evaluation Services	07/21/2023	Procedure Codes
Rate Change for Procedure Code 87631	07/15/2023	Procedure Codes

TO: Health Care Providers – All Providers
DATE: September 29, 2023
SUBJECT: 2023/2024 Season Respiratory Syncytial Virus (RSV) Vaccines

I. General Information

Effective 10/1/2023, Arkansas Department of Human Services will cover the below RSV procedure codes for eligible members during the 2023/2024 season.

- For infants in their 1st RSV season, providers are to bill 90380 or 90381.
- If an infant requires a vaccination for their 2nd RSV season, providers are to:
 - › Bill 90380 U1 or 90381 U1.
 - › Please refer to the ACIP recommendations.
- For seniors (60+), providers are to bill procedure code 90678 or 90679.
- For pregnant women (32-36 weeks gestation) providers are to bill procedure code 90678.

Proc Code	Mod	Description	Contract(s)	Age	Gender	DX Group	Limit	Rate
90678		RSV VACC PREF BIVALENT IM	MEDSV, CNMW, NURSP, OUTPA, & PHARM	60+			One per 12 months	\$336.30
90678		RSV VACC PREF BIVALENT IM	MEDSV, CNMW, NURSP, OUTPA, & PHARM	19-999	F	2023	One per 12 months	\$336.30
90678	EP-TJ or SL	RSV VACC PREF BIVALENT IM	MEDSV, CNMW, NURSP, OUTPA, & PHARM	10-18	F	2023	One per 12 months	\$13.14
90679		RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	MEDSV, CNMW, NURSP, OUTPA, & PHARM	60+			One per 12 months	\$319.20
90380	EP-TJ or SL	RSV MONOCLONAL ANTIB SEASONAL DOSE 0.5ML IM USE - Admin	MEDSV, CNMW, NURSP, & OUTPA	0-24 months			One per 12 months	\$13.14
90380	EP-TJ-U1 or SL-U1	RSV MONOCLONAL ANTIB SEASONAL DOSE 0.5ML IM USE – Admin – 2ND RSV SEASON	MEDSV, CNMW, NURSP, & OUTPA	0-24 months			One per 12 months	\$13.14
90381	EP-TJ or SL	RSV MONOCLONAL ANTIB SEASONAL DOSE 1 ML IM USE - Admin	MEDSV, CNMW, NURSP, & OUTPA	0-24 months			One per 12 months	\$13.14
90381	EP-TJ-U1 or SL-U1	RSV MONOCLONAL ANTIB SEASONAL DOSE 1 ML IM USE – Admin – 2ND RSV SEASON	MEDSV, CNMW, NURSP, & OUTPA	0-24 months			One per 12 months	\$13.14

NOTE: Provider Contracts are as follows - MEDSV = Medical Services, CNMW = Certified Nurse Midwife, NURSP = Nurse Practitioner, OUTPA = Outpatient and PHARM = Pharmacy

NOTE: Modifiers EP -TJ (billed together) are for Vaccines for Children (VFC). Modifier SL is for SCHIP.

TO: Health Care Providers – All Providers
DATE: September 29, 2023
SUBJECT: 2024 ICD10-CM/PCS Revisions Effective 10/1/2023

I. General Information

Effective for claims with dates of service on or after October 1, 2023, Arkansas Medicaid will implement the revisions included in the 2024 International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). Providers must enter the updated diagnosis code and/or procedure code, if applicable, on claims with dates of service on or after October 1, 2023.

TO: Health Care Providers – All Providers
DATE: September 25, 2023
SUBJECT: New COVID-19 Vaccine & Vaccine Admin Codes

I. General Information

Per CMS direction, Arkansas Department of Human Services has added coverage for new COVID-19 vaccine and vaccine administration codes effective 9/11/2023.

II. New COVID Vaccine and Administration Codes

Proc Code	Description	Current Rate	Effective Date
90480	ADMN SARSCOV2 VACC 1 DOSE	\$40.00	9/11/2023
91318	SARSCOV2 VAC 3MCG TRS-SUC	\$65.36	9/11/2023
91319	SARSCV2 VAC 10MCG TRS-SUC IM	\$87.78	9/11/2023
91320	SARSCV2 VAC 30MCG TRS-SUC IM	\$131.10	9/11/2023
91321	SARSCOV2 VAC 25 MCG/.25ML IM	\$145.92	9/11/2023
91322	SARSCOV2 VAC 50 MCG/0.5ML IM	\$145.92	9/11/2023

III. Claims Analysis and Recoupment

Claims analysis will be performed to identify and reprocess any claims that may have denied prior to coverage being added.

TO: Health Care Providers – Federally Qualified Health Center (FQHC)
DATE: September 15, 2023
SUBJECT: FQHC Provider Rate for G2025

I. General Information

To comply with CMS mandate, telehealth visits are to be paid the same as a face-to-face encounter visit for FQHC providers. The following procedure codes have had the rates updated to match their encounter rate:

Procedure	Description	Effective Date	End Date
G2025	DIS SITE TELE SVCS RHC/FQHC	7/1/2023	12/31/2299

If you have questions regarding this notice, please contact the Provider Assistance Center at (800) 457-4454 toll-free or locally at (501) 376-2211. If you need this material in an alternative format, such as large print, please contact the Office of Rules Promulgation at (501) 320-6428. Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making, and remittance advice (RA) messages are available for download from the [Division of Medical Services website](#).

Thank you for your participation in the Arkansas Medicaid Program.

20
23

ARKANSAS MEDICAID EDUCATIONAL CONFERENCE

FOR PHYSICIANS, NURSES, OFFICE MANAGERS, BILLERS AND HOSPITALS

December 5, 2023

BENTON EVENT CENTER
IN-PERSON AND VIRTUAL EVENT

REGISTRATION LINK COMING SOON

afmc.org/medicon



SAVE THE DATE!



Provider Relations Outreach Specialists Information Sheet

1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • Toll free: 1-877-650-2362 • Transportation Helpline: 1-888-987-1200

AFMC OUTREACH SPECIALISTS

Refer to the map and the color key below to find your representative.

Manager

Tabitha Kinggard 501-804-3277
tkinggard@afmc.org

Supervisor, Provider Relations

 Kellie Cornelius 501-804-2501
kcornelius@afmc.org

Outreach Specialists

 Emily Alexander 501-804-0184
ealexander@afmc.org

 Shawna Branscum 501-804-2373
sbranscum@afmc.org

 Kimberly Breedlove ... 501-553-7642
kbreedlove@afmc.org

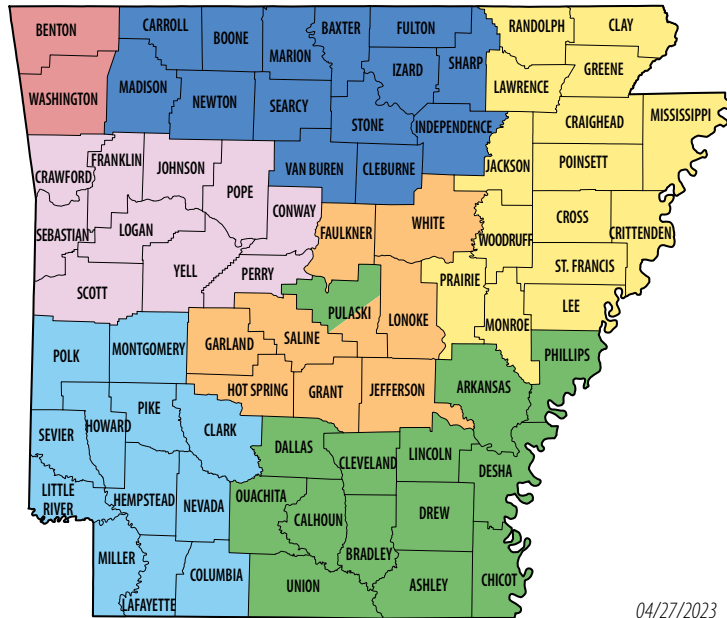
 Jackie Clarkson 501-553-7665
jclarkson@afmc.org

 Carla Hestir 501-804-2901
chestir@afmc.org

 Connie Riley 501-545-7873
criley@afmc.org

Supervisor, Outreach Logistics

Tonya Long 501-212-8686
tlong@afmc.org



04/27/2023

ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES



ARKIDS FIRST/MEDICAID MEDICAL ASSISTANCE

<https://humanservices.arkansas.gov>
• ARKids First Enrollment Information **888-474-8275**

CONNECTCARE

• Toll free **800-275-1131**

MEDICAID FRAUD CONTROL UNIT (PROVIDERS)

• Central Arkansas **501-682-8349**

VOICE RESPONSE SYSTEM

• Toll free **800-805-1512**

AFMC SERVICE CENTER (CLIENTS)

• Toll free **888-987-1200**

PCMH QUESTIONS PCMH@afmc.org

MAGELLAN MEDICAID ADMINISTRATION

• Pharmacy Help Desk. **800-424-7895**
Prescribers, Option 2

THIRD PARTY LIABILITY

• Local **501-537-1070**
• Fax **501-682-1644**
DHS Division of Medical Services,
TPL Unit • P.O. Box 1437, Slot S296
Little Rock, AR 72203-1437

GAINWELL TECHNOLOGIES (CLAIMS PROCESSING)

Gainwell Provider Assistance Center

In-state toll free **800-457-4454**
Local & out-of-state **501-376-2211**

Gainwell Provider Services Manager
Cynthia Bogard **469-830-6768**

Gainwell Technologies Services

Provider Enrollment
P.O. Box 8105
Little Rock, AR 72203
Fax: **501-374-0746**

IN THIS ISSUE OF



ARKANSAS PHYSICIAN MEDICAID UPDATE

Q2 SFY2024
(October–December 2023)

- Beneficiary Aid Categories
- DMS-640
- Influenza (Flu) Vaccine
- Long Acting Reversible Contraceptives (LARC)
- MyAR App
- PASSE Disenrollment

Additional resources can be found at www.afmc.org/providerrelations

- Educational Outreach Updates
- PCP Update Packets/Archived PCP Update Packets
- Webinars

If you have any questions or if you would like additional information regarding any Medicaid topic, please contact the AFMC Provider Relations team:

- ProviderRelations@afmc.org
- 501-212-8686