

EXHIBIT G

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of Medical Services
DIVISION DIRECTOR Eugene Gessow
CONTACT PERSON Lisa Smith
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 682-8363 FAX NO. 682-2480 E-MAIL lisa.smith.dhs@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Jeffrey Wood
PRESENTER E-MAIL jeffrey.wood@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule?

Hospital 2-11

2. What is the subject of the proposed rule?

To inform providers of the correct billing protocol for procedure code S3620 in regards to Newborn Screenings.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ___ No X.
If yes, please provide the federal rule, regulation, and/or statute citation.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes ___ No X.

If yes, what is the effective date of the emergency rule?

When does the emergency rule expire?

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes ___ No ___.

5. Is this a new rule? Yes ___ No X If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes ___ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes X No ___. If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of the proposed rule is to ensure the appropriate billing of procedure code S3620 for Newborn screenings to ensure proper reimbursements in both inpatient and outpatient settings. All positive test results shall be sent immediately to the Arkansas Department of Health.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

9. Will a public hearing be held on this proposed rule? Yes ___ No X.
If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

July 12, 2011

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

September 15, 2011

12. Do you expect this rule to be controversial? Yes ___ No X If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Randy Helms

TELEPHONE NO. 682-1857 FAX NO. 682-2480 EMAIL: randy.helms@arkanas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE – Hospital 2-11

1. Does this proposed, amended, or repealed rule have a financial impact?

Yes _____ No X

2. Does this proposed, amended, or repealed rule affect small businesses?

Yes _____ No X

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total _____

Total _____

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year

Next Fiscal Year

None

None

Summary for
Hospital 2-11

Arkansas Code §20-15-302 states that all newborn infants shall be tested for phenylketonuria, hypothyroidism, galactosemia, cystic fibrosis and sickle cell anemia. Arkansas Medicaid shall reimburse the enrolled Arkansas Medicaid hospital provider that performs the tests required for the cost of the tests. On an inpatient basis the cost of the screen will be included in the interim per diem reimbursement rate and cost settlement. For babies brought to the hospital outpatient setting (retesting or baby not born in hospital), Arkansas Medicaid will reimburse the hospital directly for the screen performed. For the screens performed in the outpatient setting, the hospital will bill Medicaid using the procedure code S3620. All positive test results shall be sent immediately to the Arkansas Department of Health.



Division of Medical Services
Program Development & Quality Assurance

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



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

DATE: September 15, 2011

SUBJECT: Provider Manual Update Transmittal HOSPITAL-2-11

PROPOSED

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Row 1: 272.450, 5-17-10, 272.450, 9-15-11

Explanation of Updates

Section 272.450 is updated to move procedure code S3620 for Newborn Metabolic Screening Panels from the Genetic Testing category to a new category for newborn screening.

The paper version of this update transmittal includes revised pages that may be filed 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 have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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.

Eugene I. Gessow, Director

TOC not required

272.450 Special Billing Requirements for Laboratory and X-Ray Services

9-15-11

The following table lists other services covered by Medicaid that are not restricted to the malignant neoplasm or HIV diagnoses:

Radiation Therapy		
National Code	Required Modifier	Local Code Description
77417*	U2	Localization/verification - Film 1 port
77417*	U3	Localization/verification - Film 2 port
77417*	U1	Localization/verification - Film 3 port
77417*	U2	Localization/verification - Film 4 port

PROPOSED

* Arkansas Medicaid Description

The following codes have special billing requirements for laboratory and X-ray procedures.

A. CPT and HCPCS Lab Procedure Codes with Diagnosis Restrictions

The following CPT and procedure codes will be payable with a primary diagnosis as is indicated below.

Procedure Code	Required Primary Diagnosis
83951	571.5
88720	227.4, 774.2, 774.6, or 782.4
88740	986
88741	289.7 or 791.2

B. Genetic Testing

Procedure Code	Payment Method
S3831	Manually priced with no age or diagnosis restrictions
S3835	
S3837	
S3840	
S3843	
S3844	
S3846	
S3847	
S3848	
S3849	

S3850
 S3851
 S3853
 S3860
 S3861
 S3862

PROPOSED

S3800 Manually priced with no age or diagnosis restrictions; requires Prior Authorization. This procedure code requires prior authorization by AFMC based on the following criteria: (1) an ICD-9-CM diagnosis code of 335.20 and symptoms of muscle weakness, (2) documentation of muscle testing must be provided and (3) a completed evaluation by a neurologist to rule out other causes of muscle weakness.
 (See Section 241.00 regarding procedures for obtaining prior authorization by AFMC.)

C.

Procedure Code	Description
S3620	Newborn Metabolic Screening Panel

Arkansas Code §20-15-302 states that all newborn infants shall be tested for phenylketonuria, hypothyroidism, galactosemia, cystic fibrosis and sickle cell anemia. Arkansas Medicaid shall reimburse the enrolled Arkansas Medicaid hospital provider that performs the tests required for the cost of the tests. Newborn Metabolic Screenings performed inpatient are included in the interim per diem reimbursement rate and facility cost settlement. For Newborn Metabolic Screenings performed in the outpatient setting (due to retesting or as an initial screening), Arkansas Medicaid will reimburse the hospital directly. For the screenings performed in the outpatient hospital setting, the provider will submit a claim using procedure code S3620. All positive test results shall be sent immediately to the Arkansas Department of Health.

Mark Up

TOC not required

272.450 Special Billing Requirements for Laboratory and X-Ray Services

5-17-109-
15-11

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Procedure Code	Payment Method
S3620	Manually priced with no age or diagnosis restrictions
S3831	
S3835	
S3837	
S3840	
S3843	
S3844	
S3846	
S3847	
S3848	

S3849

S3850

S3851

S3853

S3860

S3861

S3862

S3800

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