EMERGENCY REGULATIONS

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
AMENDING ADMINISTRATIVE REGULATIONS

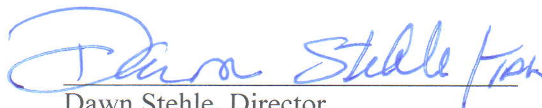
NUMBER AND TITLE: 001-17 CPT and 002-17 HCPCs Notices of Rulemaking

PROPOSED EFFECTIVE DATE: July 1, 2017

STATUTORY AUTHORITY: Arkansas Code 20-76-201 and 25-10-102; Act 218 of 1983; Act 348 of 1985

NECESSITY AND FUNCTION: In order to comply with federal regulation 45 CFR Subpart J, Section 162.1002 (HIPAA); these Notices of Rulemaking inform providers of the implementation of the annual Current Procedure Codes (CPT) and the annual Healthcare Common Procedure Codes (HCPCS) systems. These data sets are created and published by the American Medical Association and the Centers for Medicare and Medicaid respectively on an annual basis. This Rule is necessary for consistency with the utilization of procedure codes used by Medicare and other third party payers of medical claims; these data sets are standardized and are used nationally for claims processing. Criteria for emergency filing throughout the years of adhering to HIPAA is due to the fact that the information is not published in a timely manner; so that Medicaid can make disposition on the coverage therefore allowing providers to use the codes for billing. Providers normally have 365 days from the date of service to file a claim. This emergency notice will help expedite claims processing. All these codes will go into the provider fee schedules and also where special billing

PAGES FILED:



Dawn Stehle, Director
Division of Medical Services

Promulgation date:

Contact Person:

Lisa Smith (DHHS DMS)
P. O. Box 1437, Slot 4313
Little Rock, AR 72203-1437
(501) 320-6432

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

DEPARTMENT/AGENCY Department of Human Services

DIVISION Division of Medical Services

DIVISION DIRECTOR Dawn Stehle

CONTACT PERSON Cathy Coffman

ADDRESS PO Box 1437, Slot S295 Little Rock AR.72203

PHONE NO. 501-537-1670 **FAX NO.** 501-404-4619 **E-MAIL** Cathy.coffman@dhs.arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING Tami Harlan

PRESENTER E-MAIL tami.harlan@dhs.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
One Capitol Mall, 5th Floor
Little Rock, AR 72201

****

1. What is the short title of this rule? 001-17 CPT and 002-17 HCPCs Notices of Rulemaking

2. What is the subject of the proposed rule? To inform providers of the 2017 Healthcare Common Procedural Coding System (HCPCS) and the 2017 Current Procedural Codes (CPT)

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ☒ No ☐

   If yes, please provide the federal rule, regulation, and/or statute citation. 45 CFR Subpart A Section 162.1002 and the Health Insurance Portability and Accountability Act

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?

   Yes ☒ No ☐

   July 1, 2017

   When does the emergency rule expire? August 1, 2017

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 ☐
   If yes, please provide a brief summary explaining the regulation.

To inform providers of the 2017 Healthcare Common Procedural Coding System (HCPCS) and the 2017 Current Procedural Codes (CPT)

Does this repeal an existing rule? Yes ☐ No ☒
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 ☐ 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 the Arkansas Code citation. AR Statute 20-76-201

7. What is the purpose of this proposed rule? The purpose of the proposed rule is to comply with federal regulations 45 CFR and Part 45 Section 162.1002. These notices or rulemaking are prepared to inform Arkansas Medicaid enrolled providers of the implementation of the annual CPT and HCPCS coding conversion and make non-payable those deleted procedure codes from the 2017 code books. This rule is necessary for consistency with utilization procedures code used by Medicare and other third party payers of medical claims.

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). www.medicaid.state.ar.us/general/comment/comment.aspx

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

   Date: ____________________

   Time: ____________________

   Place: ____________________

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

11. What is the proposed effective date of this proposed rule? (Must provide a date.)
    July 1, 2017

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice. N/A

13. Please provide proof of filing the rule with the Secretary of State and the Arkansas State Library

required pursuant to Ark. Code Ann. § 25-15-204(e). (see attached)

14. 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. All Medicaid providers will be required to implement.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Medical Services

PERSON COMPLETING THIS STATEMENT Brian Jones

TELEPHONE 501-537-2064 **FAX** 501-404-4619 **EMAIL:** Brian Jones @dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE 001-17 CPT and 002-17 HCPCs Notices of Rulemaking

1. Does this proposed, amended, or repealed rule have a financial impact? Yes ☒ No ☐

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes ☒ No ☐

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

   If an agency is proposing a more costly rule, please state the following:

   (a) How the additional benefits of the more costly rule justify its additional cost;

   (b) The reason for adoption of the more costly rule;

   (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

   (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

   (a) What is the cost to implement the federal rule or regulation?

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	

(b) What is the additional cost of the state rule?

Current Fiscal Year		**Next Fiscal Year**	
General Revenue	70,020	General Revenue	70,020
Federal Funds	167,983	Federal Funds	167,983
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	
Total	238,003	Total	238,003

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) 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 state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year $ 70,020

Next Fiscal Year $ 70,020

This is a required code conversion. Failure to implement these code changes would result in Arkansas Medicaid being out of compliance with HIPPA requirements.

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars ($100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No ☒

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:
 (a) justifies the agency's need for the proposed rule; and
 (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
   (a) the rule is achieving the statutory objectives;
   (b) the benefits of the rule continue to justify its costs; and
   (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

ARKANSAS STATE LIBRARY

Agency Certification Form

For Depositing Rules
At the Arkansas State Library

DOCUMENT SERVICES, ARKANSAS STATE LIBRARY
900 West Capitol Avenue, Suite 100
Little Rock, AR 72201
Phone: 501-682-1969 Fax: 501-682-1532

For Office Use Only

Classification Number:

Name of Agency:	**Division/Department/Office:**
Department of Human Services	Division of Medical Services
Contact Person:	**Telephone:**
Lisa Smith	501-320-6432

Statutory Authority for Promulgating Rules:

Arkansas Code Annotate 20-76-201

Title of Rule:

001-17 CPT Notice of Rule-making
002-17 HCPCs Notice of Rule-making

Rule Status	Date Adopted by Agency	Effective Date
Emergency *(Use drop down to select different status)*	07/01/2017 MM/DD/YYYY	○ 10 Days After Filing ◉ Other: 07/01/2017 *(if other, specify date)*

☑ **Rule above is proposed and will be replaced by final version**

☑ **Financial and/or Fiscal Impact Statement Attached**

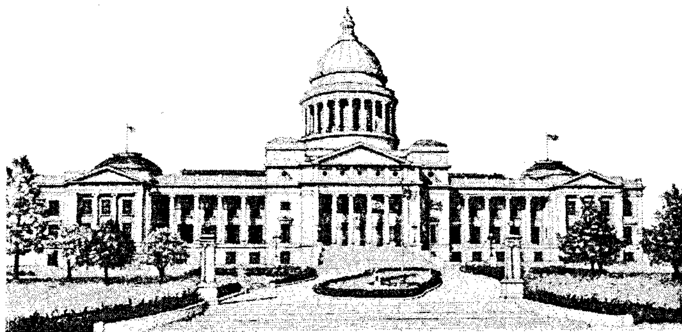
Certification of Authorized Officer

I hereby certify that the attached rules were adopted in compliance with Act 434 of 1967 as amended.

Signature: [signature] /AH **Date:** 6/12/17

Title: Director, Division of Medical Services

ARKANSAS REGISTER



Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**

Secretary of State
Mark Martin
500 Woodlane, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-5070
www.sos.arkansas.gov

For Office Use Only:
Effective Date ______ Code Number ______

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Lisa Smith E-mail lisa.smith@dms.dhs.arkansas.gov Phone 501-320-6432

Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201

Rule Title: 001-17 CPT and 002-17 HCPC's Notices of Rulemaking

Intended Effective Date
(Check One)

☑ Emergency (ACA 25-15-204)
☐ 10 Days After Filing (ACA 25-15-204)
☐ Other ______ (Must be more than 10 days after filing date.)

	Date
Legal Notice Published	N/A
Final Date for Public Comment	N/A
Reviewed by Legislative Council	TBA
Adopted by State Agency	07/01/2017

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Contact Person	E-mail Address	Date
Lisa Smith	lisa.smith@dms.dhs.arkansas.gov	05/15/2017

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Dawn Stehle /TAH
Signature

(501)683-4997 — Phone Number
dawn.stehle@dhs.arkansas.gov — E-mail Address

Director
Title

______
Date

Revised 7/2015 to reflect new legislation passed in the 2015 Regular Session (Act 1258). This act changed the effective date from 30 days to 10 days after filing the rule.

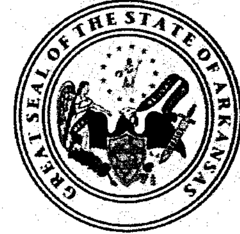
001-17 CPT and 002-17 HCPCs Notices of Rulemaking Summary

The purpose of the proposed rule is to comply with federal regulations 45 CFR and Part 45 Section 162.1002. These notices or rulemaking are prepared to inform Arkansas Medicaid enrolled providers of the implementation of the annual CPT and HCPCS coding conversion and make non-payable those deleted procedure codes from the 2017 code books. This rule is necessary for consistency with utilization procedures code used by Medicare and other third party payers of medical claims.

Division of Medical Services

Program Development & Quality Assurance

P.O. Box 1437, Slot S295 Little Rock, AR 72203-1437
501-320-6428 · Fax: 501-404-4619
TDD/TTY: 501-682-6789



REVISED NOTICE OF RULE MAKING

TO: **Health Care Providers – All Providers**

DATE: **July 1, 2017**

SUBJECT: **2017 Healthcare Common Procedure Coding System Level II (HCPCS) Code Conversion and Code on Dental Procedures and Nomenclature (CDT) Conversion**

I. General Information

A review of the 2017 HCPCS procedure codes has been completed and the Arkansas Medicaid Program will begin accepting updated Healthcare Common Procedure Coding System Level II (HCPCS) procedure codes on claims with dates of service on and after July 1, 2017. Drug procedure codes require National Drug Code (NDC) billing protocol. Drug procedure codes that represent radiopharmaceuticals, vaccines and allergen immunotherapy are exempt from the NDC billing protocol.

Procedure codes that are identified as deletions in 2017 HCPCS Level II and 2017 Current Dental Terminology (CDT) will become non-payable for dates of service on and after July 1, 2017.

Please NOTE: The Arkansas Medicaid website fee schedules will be updated soon after the implementation of the 2017 CPT and HCPCS conversions.

II. 2017 HCPCS Payable Procedure Codes Tables Information

Procedure codes are in separate tables. Tables are created for each affected provider type (i.e., Prosthetics, Home Health, etc.).

The tables of payable procedure codes for all affected programs are designed with seven columns of information. All columns may not be applicable for each covered program, but are devised for ease of reference.

Please NOTE: An asterisk indicates that the procedure code requires a paper claim.

1. The **first** column of the list contains the HCPCS procedure codes. The procedure code may be on multiple lines on the table, depending on the applicable modifier(s) based on the service performed.
2. The **second** column indicates any modifiers that must be used in conjunction with the procedure code, when billed, either electronically or on paper.
3. The **third** column indicates that the coverage of the procedure code is restricted based on the beneficiary's age in number of years.
4. Certain procedure codes are covered only when the primary diagnosis is covered within a specific ICD diagnosis range. This information is used, for example, by physicians and hospitals. The **fourth** column, for all affected programs, indicates the

beginning and ending range of ICD CM diagnoses for which a procedure code may be used.

5. The **fifth** column contains information about the diagnosis list for which a procedure code may be used. (See Section IV of this notice for more information about diagnosis range and lists.)
6. The **sixth** column indicates whether a procedure is subject to medical review before payment. The column is titled "Review." The word "Yes" or "No" in the column indicates whether a review is necessary or not. Providers should consult their program manual to obtain the information that is needed for a review.
7. The **seventh** column shows procedure codes that require Prior Authorization (PA) before the service may be provided. The column is titled "PA." The word "Yes" or "No" in the column indicates if a procedure code requires Prior Authorization. Providers should consult their program manual to ascertain what information should be provided for the Prior Authorization process.

III. Contact Information for Obtaining Prior Authorization

When obtaining a Prior Authorization from the Arkansas Foundation for Medical Care, please send your request to the following:

In-state and out-of-state toll free for inpatient reviews, Prior Authorizations for surgical procedures and assistant surgeons only	1-800-426-2234
General telephone contact, local or long distance – Fort Smith	(479) 649-8501 1-877-650-2362
Fax for CHMS only	(479) 649-0776
Fax for Molecular Pathology only	(479) 649-9413
Fax – General	(479) 649-0799
Fax – Physician Drug Reviews Only (PDR)	(501) 212-8663
Web portal	https://afmc.org.reviewpoint/
Mailing address	Arkansas Foundation for Medical Care, Inc. P.O. Box 180001 Fort Smith, AR 72918-0001
Physical site location	5111 Rogers Avenue, Suite 476 Fort Smith, AR 72903
Office hours	8:00 a.m. until 4:30 p.m. (Central Time), Monday through Friday, except holidays

IV. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), Diagnosis Range and Diagnosis Lists

Diagnosis is documented using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Certain procedure codes are covered only for a specific primary diagnosis or a particular diagnosis range. **Diagnosis list 103** is specified here (**View ICD Codes.**). For any other diagnosis restrictions, reference the table for each individual program.

V. Dental

A. The following 2017 American Dental Association (ADA) Dental procedure codes **are not covered** by Arkansas Medicaid:

D0414	D0600	D6081	D6085	D9311	D9991	D9992
D9993	D9994					

B. American Dental Association procedure code **D1575** is covered for beneficiaries ages 0y-20y. A prior authorization is required.

C. American Dental Association procedure code **D4346** is covered for beneficiaries who require a comprehensive cleaning and are in the age range of 10y-20y, with a benefit limit of one per a six month period.

D. American Dental Association procedure code **D4346** can also be applied to the adult benefit limit every six months.

VI. HCPCS Procedure Codes Payable to End-Stage Renal Disease Providers

The following information is related to procedure codes payable to End-Stage Renal Disease Providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA
J0883	No	No	No	No	No	Yes
J0884	No	No	No	No	No	Yes

VII. HCPCS Procedure Codes Payable to Home Health Providers

The following information is related to procedure codes payable to Home Health Providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA
A4224	No	0y & up	No	No	No	No
A4225	No	0y & up	No	No	No	No
J0883	No	No	No	No	No	Yes
J0884	No	No	No	No	No	Yes

VIII. HCPCS Procedure Codes Payable to Hospitals

The following information is related to procedure codes payable to Hospital Providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA
A9515	No	18y&up	**View ICD**	No	No	No
A9587	No	No	No	**View ICD**	No	No
A9588	No	18y&up	**View ICD**	No	No	No
A9597	No	No	No	No	No	No
A9598	No	No	No	No	No	No
C9140	No	No	No	No	No	Yes
C9482	No	18y&up	No	No	No	No
C9483	No	No	No	No	No	Yes
C9744	No	No	No	No	No	No
Note: Technical component only						
J0883	No	No	No	No	No	Yes
J0884	No	No	No	No	No	Yes
J1130	No	18y&up	No	No	No	No
J1942	No	18y&up	No	**View ICD**	No	No
J2182	No	12y& up	No	No	No	Yes
J2840	No	No	No	No	No	Yes
J7175	No	No	No	No	No	Yes
J7179	No	No	No	No	No	Yes
J7202	No	No	No	No	No	Yes
J7207	No	No	No	No	No	Yes
J7209	No	No	No	No	No	Yes
J7320	No	No	No	No	No	Yes
J7322	No	No	No	No	No	Yes
J9034	No	No	No	No	No	Yes
J9145	No	No	No	No	No	Yes
J9176	No	No	No	No	No	Yes
J9205	No	No	No	No	No	Yes
J9295	No	No	No	No	No	Yes
J9325	No	No	No	No	No	Yes
J9352	No	No	No	No	No	Yes
Q5102	No	No	No	No	No	Yes

IX. HCPCS Procedure Codes Payable to Independent Radiology

The following information is related to procedure codes payable to Independent Radiology Providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA
A9515	No	18y&up	**View ICD**	No	No	No
A9587	No	No	No	**View ICD**	No	No
A9588	No	18y&up	**View ICD**	No	No	No
A9597	No	No	No	No	No	No
A9598	No	No	No	No	No	No
C9744	No	No	No	No	No	No
Note: Technical component only						

X. HCPCS Procedure Codes Payable to Nurse Practitioners

The following information is related to procedure codes payable to Nurse Practitioner Providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA
C9190	No	No	No	No	No	Yes
C9483	No	No	No	No	No	Yes
C9744	No	No	No	No	No	No
Note: Technical component only						
J0883	No	No	No	No	No	Yes
J0884	No	No	No	No	No	Yes
J1130	No	18y&up	No	No	No	No
J1942	No	18y&up	No	**View ICD**	No	No
J2182	No	12y&up	No	No	No	Yes
J2840	No	No	No	No	No	Yes
J7175	No	No	No	No	No	Yes
J7179	No	No	No	No	No	Yes
J7202	No	No	No	No	No	Yes
J7207	No	No	No	No	No	Yes
J7209	No	No	No	No	No	Yes
J7320	No	No	No	No	No	Yes
J7322	No	No	No	No	No	Yes
J9034	No	No	No	No	No	Yes

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA
J9145	No	No	No	No	No	Yes
J9176	No	No	No	No	No	Yes
J9205	No	No	No	No	No	Yes
J9295	No	No	No	No	No	Yes
J9325	No	No	No	No	No	Yes
J9352	No	No	No	No	No	Yes
Q5102	No	No	No	No	No	Yes

XI. HCPCS Procedure Codes Payable to Physicians and Area Health Education Centers (AHECs)

The following information is related to procedure codes payable to Physician and AHEC Providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA
A9515	No	18y&up	**View ICD**	No	No	No
A9587	No	No	No	**View ICD**	No	No
A9588	No	18y&up	**View ICD**	No	No	No
A9597	No	No	No	No	No	No
A9598	No	No	No	No	No	No
C9140	No	No	No	No	No	Yes
C9483	No	No	No	No	No	Yes
C9744	No	No	No	No	No	No
Note: Technical component only						
J0883	No	No	No	No	No	Yes
J0884	No	No	No	No	No	Yes
J1130	No	18y&up	No	No	No	No
J1942	No	18y&up	No	**View ICD**	No	No
J2182	No	12y&up	No	No	No	Yes
J2840	No	No	No	No	No	Yes
J7175	No	No	No	No	No	Yes
J7179	No	No	No	No	No	Yes
J7202	No	No	No	No	No	Yes
J7207	No	No	No	No	No	Yes
J7209	No	No	No	No	No	Yes

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA
J7320	No	No	No	No	No	Yes
J7322	No	No	No	No	No	Yes
J9034	No	No	No	No	No	Yes
J9145	No	No	No	No	No	Yes
J9176	No	No	No	No	No	Yes
J9205	No	No	No	No	No	Yes
J9295	No	No	No	No	No	Yes
J9325	No	No	No	No	No	Yes
J9352	No	No	No	No	No	Yes
Q5102	No	No	No	No	No	Yes

XII. HCPCS Procedure Codes Payable to Prosthetic Providers

The following information is related to procedure codes payable to Prosthetic Providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA
A4224	No	0y & up	No	No	No	No
A4225	No	0y & up	No	No	No	No
L1851	EP	0y-20y	No	No	No	Yes
L1852	EP	0y-20y	No	No	No	Yes
L1851	NU	21y & up	No	No	No	Yes
L1852	NU	21y & up	No	No	No	Yes

XIII. Miscellaneous Information

A. Existing code **A4648** will be made payable effective July 1, 2017 and will require a Prior Authorization. **A4648** will be allowed if **55876** "Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple" is billed on the same date of service.

B. Existing HCPCS procedure code **J1300** will require Prior Authorization.

C. HCPCS procedure code **C9349** is an existing code, whose description was changed in 2017. **C9349** will not be covered by Arkansas Medicaid.

D. The description for some existing HCPCS procedure codes was changed to the National description and was updated as such. However; those with the symbol: ⁂ (denotes a unique Arkansas Medicaid description) should be billed with the appropriate modifier. The following table represents 2017 updates to the Prosthetics Manual:

Procedure Code	Modifier 1	Modifer2	New Description	PA
E0740	NU EP UE		Non-implanted pelvic floor electrical stimulator complete system	No
E1020	NU EP		Residential limb support system for wheelchair, any type	No
E2200	NU EP	UI	⁂Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	No
E2220	NU EP	U1	⁂Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	No
E2221	NU EP	UI	⁂Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	No
E2222	NU EP	UI	⁂Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size replacement only, each.	No
E2224	NU EP	UI	⁂Manual wheelchair accessory, propulsion wheel excludes tire, any size , replacement only each	No
K0019	NU EP	U1	⁂Arm pad, each	No
K0037	NU EP		High mount flip-up footrest replacement only each	No
K0042	NU EP		Standard size footplate, replacement only, each	No

Procedure Code	Modifier 1	Modifer2	New Description	PA
K0043	NU EP		Footrest, lower extension tube, replacement only, each	No
K0044	NU EP		Footrest , upper hanger bracket, replacement only, each	No
K0045	NU EP		Footrest , complete assembly, replacement only each	No
K0047	NU EP	U1	⁂Elevating leg rest, upper hanger bracket, each	No
K0070	NU EP		Rear wheel assembly, complete, with pneumatic, spokes or molded replacement only, each	No
K0071	EP NU	U1 U1	⁂(Wheel assembly with pneumatic tires, 22", pair, rear wheels) Front caster assembly, complete, with pneumatic tire, each	No
K0071	EP NU	U2 U2	⁂(Polyurethane casters, 5", pair, front casters) Front caster assembly, complete, with pneumatic tire, each	No
K0072	NU EP	U1 U1	⁂(Polyurethane casters, 5", pair, front casters) Front caster assembly, complete, with semi pneumatic tire, each	No
K0077	NU EP	U1	⁂Front caster assembly, complete, with solid tire, each	No
L1906	NU EP	U1	⁂ AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	No

E. DDS Alternative Community Services (ACS) Waiver:

The following table represents an existing HCPCS code with an Arkansas Medicaid description and requires Prior Authorization from DDS.

Procedure Code	Modifier 1	New Description	PA
K0108	U1	⁂Environmental modification	Yes

F. The following table of existing HCPCS codes are covered and requires a Prior Authorization from AFMC.

A4648	C9140	C9483	J0883	J0884	J1300	J2182
J2840	J7175	J7179	J7202	J7207	J7209	J7320
J7322	J9034	J9145	J9176	J9205	J9295	J9325
J9352	Q5102					

XIV. Non-Covered HCPCS Procedure Codes

The following 2017 HCPCS procedure codes **are not covered** by Arkansas Medicaid:

A4467	A4553	A9285	A9286	C1889	G0490	G0491
G0492	G0493	G0494	G0495	G0496	G0498	G0499
G0500	G0501	G0502	G0503	G0504	G0505	G0506
G0507	G0508	G0509	G9481	G9482	G9483	G9484
G9485	G9486	G9487	G9488	G9489	G9490	G9678
G9679	G9680	G9681	G9682	G9683	G9684	G9685
G9686	G9687	G9688	G9689	G9690	G9691	G9692
G9693	G9694	G9695	G9696	G9697	G9698	G9699
G9700	G9701	G9702	G9703	G9704	G9705	G9706
G9707	G9708	G9709	G9710	G9711	G9712	G9713
G9714	G9715	G9716	G9717	G9718	G9719	G9720
G9721	G9722	G9723	G9724	G9725	G9726	G9727
G9728	G9729	G9730	G9731	G9732	G9733	G9734
G9735	G9736	G9737	G9738	G9739	G9740	G9741
G9742	G9743	G9744	G9745	G9746	G9747	G9748
G9749	G9750	G9751	G9752	G9753	G9754	G9755
G9756	G9757	G9758	G9759	G9760	G9761	G9762
G9763	G9764	G9765	G9766	G9767	G9768	G9769
G9770	G9771	G9772	G9773	G9774	G9775	G9776
G9777	G9778	G9779	G9780	G9781	G9782	G9783
G9784	G9785	G9786	G9787	G9788	G9789	G9790
G9791	G9792	G9793	G9794	G9795	G9796	G9797
G9798	G9799	G9800	G9801	G9802	G9803	G9804
G9805	G9806	G9807	G9808	G9809	G9810	G9811
G9812	G9813	G9814	G9815	G9816	G9817	G9818

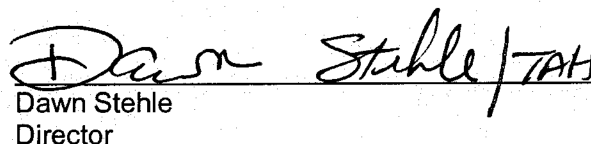
G9819	G9820	G9821	G9822	G9823	G9824	G9825
G9826	G9827	G9828	G9829	G9830	G9831	G9832
G9833	G9834	G9835	G9836	G9837	G9838	G9839
G9840	G9841	G9842	G9843	G9844	G9845	G9846
G9847	G9848	G9849	G9850	G9851	G9852	G9853
G9854	G9855	G9856	G9857	G9858	G9859	G9860
G9861	G9862	J0570	J2786	J7342	J8670	Q4166
Q4167	Q4168	Q4169	Q4170	Q4171	Q4172	Q4173
Q4174	Q4175	Q9982	Q9983	S0285	T1040	T1041
S0311						

If you have questions regarding this notice, please contact the 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 the Program Development and Quality Assurance Unit at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for download from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.



Dawn Stehle
Director

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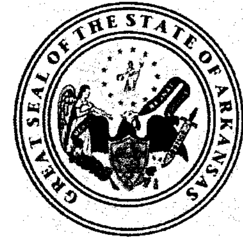

NOTICE OF RULE MAKING

TO: **Health Care Providers – All Providers**

DATE: **July 1, 2017**

SUBJECT: **2017 Current Procedural Terminology (CPT®) Code Conversion**

I. General Information

A review of the 2017 Current Procedural Terminology (CPT®) procedure codes has been completed, and the Arkansas Medicaid Program will begin accepting CPT® 2017 procedure codes for dates of service on and after July 1, 2017.

Procedure codes that are identified as deletions in CPT® 2017 (Appendix B) are **non-payable** for dates of service on and after July 1, 2017.

For the benefit of those programs impacted by the conversions, the Arkansas Medicaid website fee schedules will be updated soon after the implementation of the 2017 CPT® and Healthcare Common Procedure Coding System Level II (HCPCS) conversions.

II. Process for Obtaining Prior Authorization

When obtaining a Prior Authorization (PA) from the Arkansas Foundation for Medical Care (AFMC), please send your request to the following:

In-state and out-of-state toll free for inpatient reviews, Prior Authorizations for surgical procedures and assistant surgeons only	1-800-426-2234
General telephone contact, local or long distance – Fort Smith	(479) 649-8501 1-877-650-2362
Fax for CHMS only	(479) 649-0776
Fax for Molecular Pathology only	(479) 649-9413
Fax	(479) 649-0799
Web portal	https://afmc.org/reviewpoint/
Mailing address	Arkansas Foundation for Medical Care, Inc. P.O. Box 180001 Fort Smith, AR 72918-0001
Physical site location	5111 Rogers Avenue, Suite 476 Fort Smith, AR 72903
Office hours	8:00 a.m. until 4:30 p.m. (Central Time), Monday through Friday, except holidays

III. Non-Covered 2017 CPT® Procedure Codes

A. Effective for dates of service on and after July 1, 2017, the following CPT® procedure codes are non-covered:

22867	22868	22869	22870	28291	33340	36456	36473
36474	43284	43285	58674	62380	81327	81422	81539
90674	90682	90750	96160	96161	97164	97168	97169
97170	97171	97172					

B. All 2017 CPT® procedure codes listed in **Category II** (supplemental tracking for performance codes) and **Category III** (a set of temporary codes for emerging technology) are not recognized by Arkansas Medicaid; therefore, they are non-covered.

C. The following new 2017 CPT® procedure codes are not payable to Outpatient Hospitals because these services are covered by another CPT® procedure code, another HCPCS code or a revenue code:

22853	22854	22859	37907	36908	36909
37247	37249	97161	97162	97165	97166

D. The following new 2017 CPT® procedure codes are not payable to Outpatient Hospitals because these services are inpatient only CPT® procedure codes:

33390	33391

IV. CPT® Lab and Molecular Pathology Procedure Codes

Molecular Pathology procedure codes in this section listed in points A and B below, require Prior Authorization (PA). Providers are to acquire Prior Authorization before a claim for Molecular Pathology is filed for payment. Providers may request the PA from Arkansas Foundation for Medical Care (AFMC) before or after the procedure is performed as long as it is acquired within the 365-day filing deadline. Providers of these procedures may submit Molecular Pathology requests and medical record documentation to AFMC via mail, fax or electronically through a web portal. See additional contact information for AFMC in Section II of this notice.

Molecular Pathology PA requests must be submitted by the performing provider with submission of a completed Arkansas Medicaid Request for Molecular Pathology Laboratory Services (Form DMS-841) and the attachment of all pertinent clinical documentation needed to justify the procedure. If the request is approved, a Prior Authorization number will be assigned and the provider will receive notification of the approval in writing by mail. If the request does not meet the medical necessity criteria and is denied, the requesting provider will receive notification of the denial in writing by mail. Reconsideration is allowed if new or additional information is received by AFMC within 30 days of the initial denial. A sample copy of Form DMS-841 is found in Section V of the provider manual. Copies may be made of this form.

Molecular Pathology procedure codes must be submitted on a redline paper claim form with the PA listed on the claim and the itemized invoice attached that supports the charges for the test billed.

The following 2017 CPT® Molecular Pathology codes require a Prior Authorization from the Arkansas Foundation for Medical Care (AFMC):

81413	81414	81439

V. Independent Laboratory Providers

The following 2017 CPT® procedure codes are payable to Independent Laboratory Providers:

80305	80306	80307	81413	81414	81439

VI. Independent Radiology

The following 2017 CPT® procedure codes are payable to Independent Radiology Providers:

76706	77065	77066	77067

VII. Nurse Practitioner

The payment for Laboratory codes listed on the **Nurse Practitioner Fee Schedule** is based on Clinical Laboratory Improvement Amendments (C.L.I.A.) certification. Note that only C.L.I.A.-certified providers may bill for lab procedures performed in the provider's office, place of service 11. Nurse Practitioner Providers that bill C.L.I.A.-required Laboratory procedure codes must have the current C.L.I.A. certification on file with the Arkansas Medicaid Provider Enrollment Unit.

*The **technical** component of Radiology procedure codes listed on the **Nurse Practitioner Fee Schedule** is payable when performed in the office place of service (11) if the Nurse Practitioner Provider owns the equipment. The technical component must be billed on the claim with modifier **TC** added to the procedure code on the claim detail.

The following 2017 CPT® procedure codes are payable to Nurse Practitioner Providers:

76706	77065	77066	77067	80305	80306	80307	81413
81414	81439	84410	87483	96377			

VIII. Oral Surgeons

The following 2017 CPT® procedure codes are payable to Oral Surgeon Providers:

99151	99152	99153	99155	99156	99157

IX. Vaccines

A. The following 2017 CPT® procedure code is payable to ARKids A Providers:

Procedure Code	Required Modifiers	Age Restriction in Years	Special Instructions
90674	EP TJ	4y-18y	(Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use)

B. The following 2017 CPT® procedure code is payable to ARKids B Providers:

Procedure Code	Required Modifiers	Age Restriction in Years	Special Instructions
90674	SL	4y-18y	(Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use)

C. The following 2017 CPT® procedure code is payable to Certified Nurse Midwife, Hospital, Nurse Practitioner, Physicians and Rehabilitative Hospital Providers:

Procedure Code	Required Modifiers	Age Restriction in Years	Special Instructions
90674	None	19y & up	(Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use)

X. Miscellaneous Information

A. Effective for dates of service on or after July 1, 2017 existing CPT® procedure 87389 will no longer have diagnosis restrictions.

B. Effective July 1, 2017, existing CPT® 77387 is payable and no longer requires Prior Authorization.

C. Effective July 1, 2017, existing CPT® 81410 will require a Prior Authorization from AFMC.

D. Arkansas Medicaid providers should continue to use procedure codes 97001 and 97003 when billing for therapy evaluations. Providers will be alerted via separate notification when the new codes to be utilized for billing therapy evaluations are updated and ready for use.

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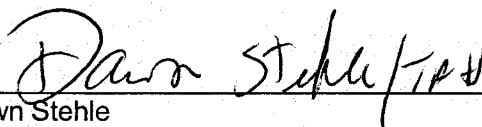

Dawn Stehle
Director