

**Title 23. Public Utilities and Regulated Industries**  
**Chapter I. State Insurance Department, Department of Commerce**  
**Subchapter B. Life, Health, and Accident**  
**Part 139. Orthotic and Prosthetic Reimbursement**

**Codification Notes.** This part as promulgated prior to codification into the Code of Arkansas Rules provided as follows:

"Section 1. Authority

This Rule is issued pursuant to the authority granted the Arkansas Insurance Commissioner ("Commissioner") under Ark. Code Ann. § 23-99-417(a)(1) and by Ark. Code Ann. § 23-99-417(e) to promulgate a rule governing payment standards by health benefit plans for orthotic devices, orthotic services, prosthetic devices, and prosthetic services."

"Section 6. Effective Date

The effective date of this Rule is October 19, 2015."

**Subpart 1. Generally**

**23 CAR § 139-101. Purpose.**

(a) The purpose of this part is to require health benefit plans that are subject to Arkansas Code § 23-99-417 to update coverage for eligible charges for prosthetic and orthotic devices and services to no less than eighty percent (80%) of the Medicare allowable rates for such devices and services as of January 1 of each year in which the health benefit plan is issued or renewed.

(b) The current statutory requirement in Arkansas Code § 23-99-417(a)(1) ties the coverage requirements for such devices and services to January 1, 2009, Centers for Medicare & Medicaid Services Medicare coverage amounts under its Healthcare Common Procedure Coding System (CPT).

(c) The Insurance Commissioner intends in this part to establish the requirement that such coverage at least equal eighty percent (80%) of Centers for Medicare & Medicaid Services CPT allowable amounts as established by Centers for Medicare & Medicaid Services as of January 1 of each year in which the health benefit plan is issued or renewed, rather than promulgating an amendment to this part each year to require the adjustment.

**Authority.** Arkansas Code §§ 23-61-108, 23-99-417.

**23 CAR § 139-102. Applicability and scope.**

This part applies to all health benefit plans as defined in Arkansas Code § 23-99-403(4).

**Authority.** Arkansas Code §§ 23-61-108, 23-99-417.

**23 CAR § 139-103. Reimbursement requirements.**

Health benefit plans shall provide coverage for eligible charges for prosthetic and orthotic devices and services of no less than eighty percent (80%) of Centers for Medicare & Medicaid Services CPT allowable amounts for such devices and services, as established by Centers for Medicare & Medicaid Services, as of January 1 of each year in which the health benefit plan is issued or renewed.

**Authority.** Arkansas Code §§ 23-61-108, 23-99-417.

**Codification Notes.** "CPT" means Current Procedural Terminology.

**23 CAR § 139-104. Penalties.**

The Insurance Commissioner is permitted to impose penalties for violations of Arkansas Code § 23-99-417 et seq., under Arkansas Code § 23-99-415 for provisions

governed under the Arkansas Health Care Consumer Act, Arkansas Code § 23-99-401 et seq., as amended.

**Authority.** Arkansas Code §§ 23-61-108, 23-99-417.