

## 226.000

## Physician Services Benefit Limit

12-15-14

- A. Physician services in a physician's office, patient's home or nursing home for beneficiaries aged 21 or older are limited to 12 visits per state fiscal year (July 1 through June 30). Beneficiaries under age 21 in the Child Health Services (EPSDT) Program are not subject to this benefit limit.

The following services are counted toward the 12 visits per state fiscal year limit established for the Physician Program:

1. Physician services in the office, patient's home or nursing facility.
  2. Rural health clinic (RHC) encounters.
  3. Medical services provided by a dentist.
  4. Medical services furnished by an optometrist.
  5. Certified nurse-midwife services.
  6. Advanced nurse practitioner services.
- B. Extensions of this benefit are considered when documentation verifies medical necessity. Refer to Sections 229.100 through 229.120 of this manual for procedures on obtaining extension of benefits for physician services.
- C. The Arkansas Medicaid Program exempts the following diagnoses from the extension of benefit requirements when the diagnosis is entered as the primary diagnosis:
1. Malignant neoplasm ([View ICD Codes.](#)).
  2. HIV infection or AIDS ([View ICD Codes.](#)).
  3. Renal failure ([View ICD Codes.](#)).
  4. Pregnancy ([View ICD Codes.](#)).

When a Medicaid beneficiary's primary diagnosis is one of those listed above and the beneficiary has exhausted the Medicaid established benefit for physician services, outpatient hospital services or laboratory and X-ray services, a request for extension of benefits is not required.

If filing electronically, enter only the time points in the "Days or Units" field (Field 24G) in the CMS-1500 claim format. The system will automatically assign the correct number of base points and modifier points.