

Messages for Remittance Advices dated – May 22, 2014 – May 29, 2014

TO: ASC, AHEC, HOSPITAL, INDEPENDENT RADIOLOGY, PHYSICIAN, REHABILITATIVE HOSPITAL PROVIDERS **RE: PROCEDURE CODE 77417**

Arkansas Medicaid will continue to cover CPT procedure code 77417, based on its national description. HCPCS Level II "U1 through U4" modifiers are no longer utilized for reimbursement of 77417. NCCI protocols apply to 77417.

TO: ALL PROVIDERS **RE: NCCI AUDITING OF EPSDT/SICK VISIT RENDERED SAME DATE OF SERVICE**

Due to a change in CMS NCCI (National Correct Coding Initiative) auditing, Arkansas Medicaid is no longer able to process both a sick visit and EPSDT/ARKids-First B preventative screening when performed on the same date of service without the appropriate NCCI modifier (Modifier 25). Modifier 25 must be indicated in the first position of the second billed service. This NCCI change surpasses the Medicaid policy to not bill modifiers on a sick visit when performed on the same date of service as an EPSDT screening/ARKids-First B preventative screening. Medicaid policy will be corrected to reflect this change in a provider manual update. Please resubmit the denied claims with the required modifiers along with Modifier 25 in the first modifier position.

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.

Thank you for your participation in the Arkansas Medicaid Program. If you have questions regarding these messages, please contact the HP Provider Assistance Center at 1-800-457-4454 (toll-free) within Arkansas or locally and out-of-state at (501) 376-2211.

Remittance Advices cannot be forwarded. Notify the Arkansas Medicaid Program of any address change, indicating all provider numbers affected by the change. This notification must include the provider's original signature (no facsimiles accepted).