ARKANSAS DEPARTMENT OF HUMAN SERVICES

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: **August 26, 2016**

SUBJECT: **2016 Current Procedural Terminology (CPT®) Code Conversion**

I. General Information

A review of the 2016 Current Procedural Terminology (CPT®) procedure codes has been completed, and the Arkansas Medicaid Program will begin accepting CPT® 2016 procedure codes for dates of service on and after August 26, 2016.

Procedure codes that are identified as deletions in CPT® 2016 (Appendix B) are **non-payable** for dates of service on and after August 26, 2016.

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 2016 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/review/iexchange/
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 2016 CPT® Procedure Codes

A. Effective for dates of service on and after August 26, 2016, the following CPT® procedure codes are non-covered:

43210	50705	61645	61650	61651	65785	77767	77768
78265	78266	81219	81273	81311	81490	81493	81525
81528	81535	81536	81538	81540	81545	90625	90697
93050	96931	96932	96933	96934	96935	93636	99177

B. All 2016 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 2016 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:

10036	45742	47543	47544	50606	50706	64462

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 attached. This form may be found in Section V of the provider manual. Copies may be made of this form. The enclosed form is for informational purposes only. **Please do not complete the enclosed form unless you are submitting a Molecular Pathology PA request.**

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.

A. The following 2016 CPT® Molecular Pathology codes require a Prior Authorization from the Arkansas Foundation for Medical Care (AFMC):

81162	81170	81218	81272	81276	81314	81412	81422*
81432*	81433*	81434*	81437*	81438*			

*Requires paper claim submission.

B. The following 2016 CPT® Laboratory codes with special coverage criteria include the following:

Procedure Code	Age Restriction in Years	Diagnosis	Special Instructions	Requires Prior Authorization
81412	No	No	Panel testing is only covered when the panel would replace and would be of similar or lower cost than individual gene testing including CF carrier testing.	Yes
81595	No	No	Generic testing for cardiac transplant rejection (CPT 81595) included only for patients at least (1) one year post transplant who are without clinical signs of rejections.	Yes

V. Hearing Providers

The following 2016 CPT® procedure codes are payable to Hearing Providers:

92537	92538

VI. Hospital Providers

The following 2016 CPT® procedure code is payable to Hospital Providers with special instructions:

Procedure Code	Required Modifiers	Age Restriction in Years
49185	No	No

NOTE: Requires paper billing and documentation attached that describes that sclerotherapy of fluid collections is indicated for the treatment of cysts, seromas or lymphoceles which are causing bleeding, infection, severe pain, organ torsion or organ dysfunction.

VII. Independent Radiology Providers

The following 2016 CPT® procedure codes are payable to Independent Radiology Providers:

72081	72082	72083	72084	73501	73502	73503	73521
73522	73523	73551	73552	74712	74713	77770	77771
77772							

Procedure Code	Required Modifiers	Age Restriction in Years
74712	No	No
74713	No	No

NOTE: Fetal MRI is covered when all of the following conditions are met: 1) Abnormalities are found on fetal ultrasound performed by an experienced sonologist which cannot be adequately further evaluated by 2D or 3D ultrasound. 2) The information obtained by fetal MRI is necessary for decisions about fetal or neonatal therapy, delivery planning or to advise a family about prognosis. 3) The fetus is 18 weeks gestational age or older. 4) The MRI is performed and interpreted at a center with technicians and radiologists who are either trained or highly experienced on fetal MRI and which has appropriate MRI equipment.

VIII. 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.

Procedure Code	Required Modifiers	Age Restriction in Years
74712	No	No
74713	No	No

NOTE: Fetal MRI is covered when all of the following conditions are met: 1) Abnormalities are found on fetal ultrasound performed by an experienced sonologist which cannot be adequately further evaluated by 2D or 3D ultrasound. 2) The information obtained by fetal MRI is necessary for decisions about fetal or neonatal therapy, delivery planning or to advise a family about prognosis. 3) The fetus is 18 weeks gestational age or older. 4) The MRI is performed and interpreted at a center with technicians and radiologists who are either trained or highly experienced on fetal MRI and which has appropriate MRI equipment.

The following 2016 CPT® procedure codes are payable to Nurse Practitioner Providers:

69209	72081	72082	72083	72084	73501	73502	73503
73521	73522	73523	73551	73552	74712	74713	77770
77771	77772	80081	81162	81170	81218	81272	81276
81412	81432	81433	81434	81437	81438	81442	88350
99188							

IX. Oral Surgeons

The following 2016 CPT® procedure codes are payable to Oral Surgeon Providers:

99415	99416

X. Physicians

The 2016 CPT® procedure code **33477** is payable to Physicians with Prior Authorization from the Arkansas Foundation for Medical Care (AFMC).

XI. Miscellaneous Information

A. Effective for dates of service on or after August 26, 2016 – sterilization procedure **58565** (hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants) and the supply of the implant will no longer be covered by Arkansas Medicaid for any provider program.

B. Existing CPT® procedure codes **43775 and 43843** are now payable to Physicians:

Procedure Code	Required Modifiers	Age Restriction in Years	Special Instructions
43775	No	18y - 64y	Requires Prior Authorization
43843	No	18y - 64y	Requires Prior Authorization

C. Existing CPT® procedure code **99188** is now payable to Physicians and Nurse Practitioners:

Procedure Code	Required Modifier	Age Restriction in Years
99188	No	0 - 20y

NOTE: Dental prophylaxis and a fluoride treatment are preventive treatments covered by Medicaid. Prophylaxis, in addition to application of topical fluoride and/or fluoride varnish, is covered every six (6) months plus one (1) day for beneficiaries under age 21. As a result of Act 90 of 2011, Arkansas physicians, nurses and other licensed health care professionals, as well as dentists, dental hygienists and dental assistants, can apply fluoride varnish. Arkansas Medicaid covers fluoride varnish application performed by physicians who have completed the online training program approved by the Arkansas Department of Health, Office of Oral Health. Eligible physicians may delegate the application to a nurse or other licensed health care professional under his or her supervision that has also completed the online training. Physicians and nurse practitioners must complete training on dental caries risk and have an approved fluoride varnish certification from the Arkansas Department of Health, Office of Oral Health. Each provider must maintain documentation to establish his or her successful completion of the training and submit a copy of the certificate to HPE Provider Enrollment. The course that meets the requirements outlined by Act 90 of 2011 can be accessed at http://ar.train.org. If further treatment is needed due to severe periodontal problems, the provider must request Prior Authorization with a brief narrative.

Dental Providers must follow the Dental Program Manual for policy related to this service.

D. Existing CPT® procedure code **77387** is now payable to Nurse Practitioner, Physician, Hospital and Independent Radiology Providers.

E. Diagnosis code **Z51.89** is a payable ICD-10 diagnosis and should be used according to ICD protocols.

If you have questions regarding this notice, please contact the Hewlett Packard Enterprise 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