



# Provider Relations Outreach Specialist

## AR Medicaid Manual – Section 1

### 172.100 Services not Requiring a PCP Referral

9-1-20

The services listed in this section do not require a PCP referral:

- A. Adult Developmental Day Treatment (ADDT) core services;
- B. ARChoices waiver services;
- C. Anesthesia services, excluding outpatient pain management;
- D. Assessment (including the physician's assessment) in the emergency department of an acute care hospital to determine whether an emergency condition exists. The physician and facility assessment services do not require a PCP referral (if the Medicaid beneficiary is enrolled with a PCP);
- E. Chiropractic services;
- F. Dental services;
- G. Developmental Disabilities Services Community and Employment Support;
- H. Disease control services for communicable diseases, including testing for and treating sexually transmitted diseases such as HIV/AIDS;
- I. Emergency services in an acute care hospital emergency department, including emergency physician services;
- J. Family Planning services;
- K. Gynecological care;
- L. Inpatient hospital admissions on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment;
- M. Mental health services, as follows:
  - 1. Psychiatry for services provided by a psychiatrist enrolled in Arkansas Medicaid and practicing as an individual practitioner
  - 2. Medication Assisted Treatment for Opioid Use Disorder when rendered by an X-DEA waived practitioner
  - 3. Rehabilitative Services for Youth and Children (RSYC) Program
- N. Obstetric (antepartum, delivery, and postpartum) services
  - 1. Only obstetric-gynecologic services are exempt from the PCP referral requirement
  - 2. The obstetrician or the PCP may order home health care for antepartum or postpartum complications
  - 3. The PCP must perform non-obstetric, non-gynecologic medical services for a pregnant woman or refer her to an appropriate provider



# Provider Relations Outreach Specialist

## AR Medicaid Manual - Physician

**201.500**      **Providers of Medication-Assisted Treatment (MAT) for Opioid Use Disorder**      **9-1-20**

Providers of Medication-Assisted Treatment (MAT) for Opioid Use Disorder must be licensed in Arkansas and have a current X-DEA identification number on file with Arkansas Medicaid.

**201.510**      **Providers of Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Arkansas and Bordering States**      **9-1-20**

Providers of MAT in Arkansas and the six (6) bordering states (Louisiana, Mississippi, Missouri, Oklahoma, Tennessee, and Texas) may be included as routine services providers if they meet all participation requirements for enrollment in Arkansas Medicaid and requirements outlined in Section 201.500.

Reimbursement may be available for MAT covered in the Arkansas Medicaid Program when treating Opioid Use Disorders. Claims must be filed according to the specifications in this manual. This includes assignment of ICD and HCPCS codes for all services rendered.

**201.520**      **Providers of Medication-Assisted Treatment (MAT) for Opioid Use Disorder in States Not Bordering Arkansas**      **9-1-20**

- A. Providers in states not bordering Arkansas may enroll in the Arkansas Medicaid Program as limited services providers only after they have provided services to an Arkansas Medicaid eligible beneficiary and have a claim or claims to file with Arkansas Medicaid.
- To enroll, a non-bordering state provider must download an Arkansas Medicaid application and contract from the Arkansas Medicaid website and submit the application, contract, and claim to Arkansas Medicaid Provider Enrollment. A provider number will be assigned upon approval of the provider application and Medicaid contract. [View or print the provider enrollment and contract package \(Application Packet\).](#) [View or print Provider Enrollment Unit contact information.](#)
- B. Limited services providers remain enrolled for one (1) year.
1. If a limited services provider provides services to another Arkansas Medicaid beneficiary during the year of enrollment and bills Medicaid, the enrollment may continue for one (1) year past the most recent claim's last date of service, if the enrollment file is kept current.
  2. During the enrollment period, the provider may file any subsequent claims directly to the Medicaid fiscal agent. Limited services providers are strongly encouraged to file subsequent claims through the Arkansas Medicaid website because the front-end processing of web-based claims ensures prompt adjudication and facilitates reimbursement.



# Provider Relations Outreach Specialist

203.271      **Medication-Assisted Treatment Provider Role for Administering Opioid Use Disorder Services**      9-1-20

SAMHSA defines Medication Assisted Treatment (MAT) as the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders and can help some people to sustain recovery. This definition and other MAT guidelines can be found at the [SAMHSA website](#).

Only providers who have met the requirements of Section 201.500 may prescribe medication required for the treatment of opioid use disorder for Arkansas Medicaid beneficiaries in conjunction with coordinating all follow-up and referrals for counseling and other services. This program applies only to prescribers of FDA-approved drugs for treatment of Opioid Use Disorder and will not be reimbursed for the practice of pain management.

230.000      **Medication-Assisted Treatment for Opioid Use Disorder**      9-1-20

- A. MAT is covered for eligible Medicaid beneficiaries who have an Opioid Use Disorder when diagnosis and clinical impression is determined in the terminology of ICD.
- B. Providers are required to follow SAMHSA guidelines for the full provision of MAT.
- C. Providers are encouraged to use telemedicine services when in-person treatment is not readily accessible.
- D. In accordance with SAMHSA guidelines, MAT requires at a minimum:
  - a. **Initial evaluation and diagnosis of Opioid Use Disorder, including:**
    - i. Drug screening tests to accompany proper medication prescribing for MAT. Buprenorphine mono-therapy is typically reserved only for pregnant women and those with a documented anaphylactic reaction to other MAT medications like Buprenorphine/Naloxone combinations.
    - ii. Lab screening tests for communicable diseases, as appropriate based on the patient's history.
    - iii. Use of all necessary consent forms for treatment and HIPAA compliant communication.
    - iv. Execution of a Treatment Agreement or Contract such as SAMHSA's sample treatment agreement found under Tip 63 on the SAMHSA website: [https://www.samhsa.gov/search\\_results?k=Opioid+Use+Disorder](https://www.samhsa.gov/search_results?k=Opioid+Use+Disorder). Providers may develop their own agreement or contract as long as it contains all elements listed within SAMHSA's sample agreement.
    - v. Development of a Person-Centered Treatment Plan.
    - vi. Referral for independent clinical counseling or documented plan for integrated follow-up visit including counseling.
    - vii. Identification of a MAT team member to function as the case manager to offer support services.

- b. **Continuing Treatment (first year):**
  - i. Regular outreach to the patient to determine need for assistance in accessing resources, providing information on available programs and supports in the community, and referrals as needed to other practitioners.
  - ii. At least one (1) follow-up MAT office visit per month for medication and treatment management.
  - iii. Drug testing in conjunction with each monthly visit.
  - iv. At least one (1) independent clinical counseling visit or documented plan for integrated follow-up visit including counseling per month.
- c. **Maintenance Treatment (subsequent years)**
  - i. Regular outreach to the patient to determine need for assistance in accessing resources, providing information on available programs and supports in the community, and referrals as needed to other practitioners.
  - ii. At least one (1) follow-up MAT office visit quarterly for medication and treatment management.
  - iii. Drug testing in conjunction with each quarterly visit.
  - iv. At least one (1) independent clinical counseling visit or documented plan for integrated follow-up visit including counseling at an amount and duration medically necessary for continued recovery.

## 230.100 Compliance with SAMHSA Guidelines

9-1-20

Arkansas Medicaid or its designated authority will periodically review claims for MAT to ensure provider compliance with minimum requirements set forth in this manual and with the SAMHSA guidelines that are current as of the date of services. Failure to comply with minimum requirements for the program may result in recoupment or other sanctions outlined in Section I of the Arkansas Medicaid Provider Manual.

MAT providers are expected to adhere to the SAMHSA guidelines when providing MAT. We understand MAT providers may not be able to control all elements of treatment when referred and provided by other practitioners. However, to ensure the effectiveness of the program, the MAT provider is responsible for case management and adjusting the treatment plan for the beneficiary's maximum progress. Documentation regarding how the MAT provider is monitoring and addressing non-compliance will be reviewed. For example, when a client routinely misses office visits or referred counseling appointments or is otherwise not following the MAT program, the client should be appropriately tapered off medication if necessary. In the patient/prescriber agreement, the provider would set out those expectations in accordance with SAMHSA guidelines. If counseling or other components of treatment are being referred, those providers' records are also subject to post payment review and recoupment for services not documented as compliant with SAMHSA guidelines.



# Provider Relations Outreach Specialist

## AR Medicaid Manual - Outpatient Behavioral Health Services (OBHS)

**214.200 Medication Assisted Treatment and Opioid Use Disorder Treatment Drugs 9-1-20**

Effective for dates of service on and after September 1, 2020, Medication Assisted Treatment for Opioid Use Disorders is available to all qualifying Medicaid beneficiaries when provided by providers who possess an X-DEA license on file with Arkansas Medicaid Provider Enrollment for billing purposes. All rules and regulations promulgated within the Physician's provider manual for provision of this service must be followed.

## AR Medicaid Manual - Pharmacy

**211.105 Coverage of Medication Assisted Treatment and Opioid Use Disorder Treatment Drugs 9-1-20**

Effective for claims with dates of service on or after **January 1, 2020**, coverage of preferred oral prescription drugs (preferred on the PDL) for opioid use disorder are available without prior authorization to eligible Medicaid beneficiaries. Products for other use disorders may still require PA. Additional criteria can be found at the [DHS contracted Pharmacy vendor's website](#).

### Coverage and Limitations

- A. Reimbursement for preferred oral drugs is available with a valid prescription and compliance with the guidelines issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) for eligible Medicaid beneficiaries. Additional SAMHSA information is available at <https://www.samhsa.gov/>.
- B. Oral prescription drugs will not count against the monthly prescription benefit limit and are not subject to co-pay when used for a primary diagnosis of opioid use disorder.
- C. Injectable opioid use disorder treatment drugs will require a prior authorization. The criteria can be found at the [DHS contracted Pharmacy vendor's website](#).
- D. FDA dosing and prescribing limitations apply.



# Provider Relations Outreach Specialist

## AR Medicaid Manual - Federally Qualified Health Centers (FQHC)

### 212.220 Services Furnished in Collaboration with a Physician 9-1-20

Nurse practitioner services are performed in collaboration with a physician or physicians.

- A. Collaboration is a process in which a nurse practitioner works with one (1) or more physicians to deliver health care services within the scope of the practitioner's expertise, with medical direction, and appropriate supervision as provided for in jointly developed guidelines or other mechanisms as provided by State law.
- B. The collaborating physician does not need to be present with the nurse practitioner when the services are furnished or to make an independent evaluation of each patient who is seen by the nurse practitioner.
- C. Medication Assisted Treatment (MAT) for Opioid Use Disorders: Effective dates of service on and after **September 1, 2020**, Medication Assisted Treatment for Opioid Use Disorders is available to all qualifying Medicaid beneficiaries when provided by providers who possess an X-DEA license on file with Arkansas Medicaid Provider Enrollment for billing purposes. All rules and regulations promulgated within the Physician's provider manual for provision of this service must be followed.

### 220.000 Benefit Limits 9-1-20

- A. Arkansas Medicaid beneficiaries aged twenty-one (21) and older are limited to twelve (12) FQHC core service encounters per state fiscal year (SFY, July 1 through June 30).
  - 1. FQHC inpatient hospital visits do not count against the FQHC encounter benefit limit. Medicaid covers only one (1) FQHC inpatient hospital visit per Medicaid-covered inpatient day, for beneficiaries of all ages.
  - 2. Obstetric and gynecologic procedures reported by CPT surgical procedure code do not count against the FQHC encounter benefit limit.
  - 3. Family planning surgeries and encounters do not count against the FQHC encounter benefit limit.
  - 4. Medication Assisted Treatment for Opioid Use Disorder does not count against the FQHC encounter limit when it is the primary diagnosis ([View ICD OUD Codes](#)) and rendered by a MAT specialty prescriber.
- B. Medicaid beneficiaries under the age of twenty-one (21) in the Child Health Services (EPSDT) Program are not subject to an FQHC encounter benefit limit.

### 262.430 Medication Assisted Treatment 9-1-20

When billing an encounter for (MAT) the actual rendering provider's NPI must be entered on the claim. If the billing provider's number is used, the claim will deny.



# Provider Relations Outreach Specialist

## AR Medicaid Manual - Hospital

**272.501**      **Medication Assisted Treatment and Opioid Use Disorder Treatment**      **9-1-20**  
**Drugs**

Effective for dates of service on and after **September 1, 2020**, Medication Assisted Treatment for Opioid Use Disorders is available to all qualifying Medicaid beneficiaries when provided by providers who possess an X-DEA license on file with Arkansas Medicaid Provider Enrollment for billing purposes. All rules and regulations promulgated within the Physician's provider manual for provision of this service must be followed.

Effective for dates of services on and after **October 1, 2018**, the following Healthcare Common Procedure Coding System Level II (HCPCS) procedure codes are payable:

1. **J2315** – Injection, naltrexone, depot form, 1 mg
2. **J0570** – Buprenorphine implant, 74.2 mg
3. **Q9991** – Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg
4. **Q9992** – Injection, buprenorphine extended-release (Sublocade), greater than 100 mg

To access prior approval of these HCPCS procedure codes when necessary, refer to the Pharmacy Memorandums, Criteria Documents and forms found at the [DHS contracted Pharmacy vendor website](#).



Healthy People. Healthy Businesses.  
Healthy Communities.

# Provider Relations Outreach Specialist

## AR Medicaid Manual - Nurse Practitioner

252.448

**Medication Assisted Treatment and Opioid Use Disorder Treatment  
Drugs**

9-1-20

Effective for dates of service on and after **September 1, 2020**, Medication Assisted Treatment for Opioid Use Disorders is available to all qualifying Medicaid beneficiaries when provided by providers who possess an X-DEA license on file with Arkansas Medicaid Provider Enrollment for billing purposes. All rules and regulations promulgated within the Physician's provider manual for provision of this service must be followed.

Effective for dates of services on and after **October 1, 2018**, the following Healthcare Common Procedure Coding System Level II (HCPCS) procedure codes are payable:

1. **J2315** – Injection, naltrexone, depot form, 1 mg
2. **J0570** – Buprenorphine implant, 74.2 mg
3. **Q9991** – Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg
4. **Q9992** – Injection, buprenorphine extended-release (Sublocade), greater than 100 mg

To access prior approval of these HCPCS procedure codes when necessary, refer to the Pharmacy Memorandums, Criteria Documents and forms found at the [DHS contracted Pharmacy vendor website](#).



## AR Medicaid Manual – Rural Health Clinic (RHC)

### 211.100 Rural Health Clinic Core Services

9-1-20

Rural Health Clinic core services are as follows:

- A. Professional services that are performed by a physician at the clinic or are performed away from the clinic by a physician whose agreement with the clinic provides that he or she will be paid by the clinic for such services;
- B. Services and supplies furnished “incident to” a physician’s professional services;
- C. Services provided by non-physician, services of physician assistants, nurse practitioners, nurse midwives, and specialized nurse practitioners when the provider is legally:
  - 1. employed by, or receiving compensation from a rural health clinic;
  - 2. under the medical supervision of a physician;
  - 3. acting in accordance with any medical orders for the care and treatment of a patient prepared by a physician; and
  - 4. acting within their scope of practice by providing services they are legally permitted to perform by the state in which the service is provided if the services would be covered if furnished by a physician;
- D. Services and supplies that are furnished as an incident to professional services furnished by a nurse practitioner, physician assistant, nurse midwife, or other specialized nurse practitioner;
- E. Visiting nurse services on a part-time or intermittent basis to home-bound patients in areas in which there is a shortage of home health agencies.

**Note:** For purposes of visiting nurse care, a home-bound patient is one who is permanently or temporarily confined to his or her place of residence because of a medical or health condition. Institutions, such as a hospital or nursing care facility, are not considered a patient’s residence.

**Note:** A patient’s place of residence is where he or she lives, unless he or she is in an institution such as a nursing facility, hospital, or intermediate care facility for individuals with intellectual disabilities (ICF/IID); and

- F. Effective for dates of service on and after **September 1, 2020**, Medication Assisted Treatment (MAT) for Opioid Use Disorders is available to all qualifying Medicaid beneficiaries when provided by providers who possess an X-DEA license on file with Arkansas Medicaid Provider Enrollment for billing purposes. All rules and regulations promulgated within the Physician’s provider manual for provision of this service must be followed.

### 218.100 RHC Encounter Benefit Limits

9-1-20



Healthy People. Healthy Businesses.  
Healthy Communities.

## Provider Relations Outreach Specialist

- A. There is no RHC encounter benefit limit for Medicaid beneficiaries under the age of twenty-one (21) in the Child Health Services (EPSDT) Program.
- B. A benefit limit of twelve (12) visits per state fiscal year (SFY), July 1 through June 30, has been established for beneficiaries aged twenty-one (21) and older. The following services are counted toward the twelve (12) visits per SFY benefit limit:
  - 1. Physician visits in the office, patient's home, or nursing facility;
  - 2. Certified nurse-midwife visits;
  - 3. RHC encounters;
  - 4. Medical services provided by a dentist;
  - 5. Medical services provided by an optometrist; and
  - 6. Advanced nurse practitioner services.

Global obstetric fees are not counted against the 12-visit limit. Itemized obstetric office visits are counted in the limit.

The established benefit limit does not apply to individuals receiving Medication Assisted Treatment for Opioid Use Disorder when it is the primary diagnosis and rendered by a qualified X-DEA waived provider. ([View ICD OUD Codes](#)).

**252.402 Medication Assisted Treatment**

**9-1-20**

When billing a claim for MAT the actual attending provider's NPI must be entered on the claim.