

# EXHIBIT I

## DEPARTMENT OF HUMAN SERVICES, MEDICAL SERVICES

**SUBJECT:** THERAPY 2-13

**DESCRIPTION:** This rule adds the Apraxia Battery for Adults test as an available test to assess for apraxia, a speech disorder. This test is needed to assess children over the age of 12. This assessment is essential to create uniformity across clinicians in multiple settings in the process of diagnosing apraxia, and the test will allow clinicians to measure severity and direct the course of treatment.

**PUBLIC COMMENT:** A public hearing was not held on this rule. The public comment period expired December 10, 2013. The Department received no public comments.

The proposed effective date for the rule is March 1, 2014.

**CONTROVERSY:** This is not expected to be controversial.

**FINANCIAL IMPACT:** There is no financial impact, as this is being added as an assessment tool for therapy and not a billable service under Arkansas Medicaid.

**LEGAL AUTHORIZATION:** Ark. Code Ann. § 20-76-201 authorizes the Department of Human Services to administer programs for the indigent and to "make rules and regulations" pertaining to the administration of those programs. Ark. Code Ann. § 20-77-107 specifically authorizes the department to "establish and maintain an indigent medical care program."

Ark. Code Ann. § 25-10-129 directs the Department to promulgate rules to conform to federal law that affects "programs administered or funded by or through the department" as necessary to receive available federal funds.



**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS  
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Department of Human Services  
DIVISION Division of Medical Services  
DIVISION DIRECTOR Andrew Allison, PhD  
CONTACT PERSON Glenda Higgs  
ADDRESS P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437  
PHONE NO. 501-320-6425 FAX NO. (501)682-2480 E-MAIL glenda.higgs@arkansas.gov  
NAME OF PRESENTER AT COMMITTEE MEETING Marilyn Strickland  
PRESENTER E-MAIL marilyn.strickland@arkansas.gov

**INSTRUCTIONS**

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
One Capitol Mall, 5<sup>th</sup> Floor  
Little Rock, AR 72201

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- 1. What is the short title of this rule? THERAPY-2-13
- 2. What is the subject of the proposed rule? Addition of the Apraxia Battery for Adults 2<sup>nd</sup> Edition test
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes  No   
If yes, please provide the federal rule, regulation, and/or statute citation. \_\_\_\_\_
- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes  No   
If yes, what is the effective date of the emergency rule? \_\_\_\_\_  
When does the emergency rule expire? \_\_\_\_\_

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes  No

5. Is this a new rule? Yes  No

If yes, please provide a brief summary explaining the regulation. Adding the Apraxia Battery for Adults 2<sup>nd</sup> Edition test

Does this repeal an existing rule? Yes  No

If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. \_\_\_\_\_

Is this an amendment to an existing rule? Yes  No

If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary? The purpose of the proposed rule is to add the Apraxia Battery for Adults test as an available test to assess for Apraxia, a speech disorder. This test is needed to assess children over the age of 12.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).  
<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

9. Will a public hearing be held on this proposed rule? Yes  No

If yes, please complete the following:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)  
December 10, 2013

11. What is the proposed effective date of this proposed rule? (Must provide a date.)  
March 1, 2014

12. Do you expect this rule to be controversial? Yes  No

If yes, please explain. \_\_\_\_\_

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules?  
Please provide their position (for or against) if known.

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**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT**     Department of Human Services  
**DIVISION**        Division of Medical Services  
**PERSON COMPLETING THIS STATEMENT**   Lynn Burton  
**TELEPHONE NO.**   (501)682-1857 **FAX NO.**   (501)682-2480 **EMAIL:** lynn.burton@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE**     THERAPY-2-13

- 1. Does this proposed, amended, or repealed rule have a financial impact?     Yes      No
  
- 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?     Yes      No
  
- 3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered?     Yes      No

If an agency is proposing a more costly rule, please state the following:

(a) How the additional benefits of the more costly rule justify its additional cost;

\_\_\_\_\_

(b) The reason for adoption of the more costly rule;

\_\_\_\_\_

(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

\_\_\_\_\_

(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

\_\_\_\_\_

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

(a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year**

**Next Fiscal Year**

General Revenue \_\_\_\_\_

General Revenue \_\_\_\_\_

Federal Funds \_\_\_\_\_

Federal Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Special Revenue \_\_\_\_\_

Special Revenue \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \$ 0 \_\_\_\_\_

Total \$ 0 \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

**Next Fiscal Year**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

**Next Fiscal Year**

\$ \$ 0 \_\_\_\_\_

\$ \$ 0 \_\_\_\_\_

There is no fiscal impact as this is being added as an assessment tool for therapy and not a billable service under Arkansas Medicaid.

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes  No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:



- (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
- (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

## Summary for Therapy 2-13

The Apraxia Battery for Adults 2<sup>nd</sup> Edition test is being made available to speech therapists to provide an encompassing and approved assessment to determine apraxia (a speech disorder) for children over the age of 12. This assessment is essential to create uniformity across clinicians in multiple settings in the process of diagnosing apraxia. This test will allow clinicians to measure severity and direct the course of treatment. There is no fiscal impact as this is being added as an assessment tool for therapy and not a billable service under Arkansas Medicaid.

*TOC not required*

**214.410 Accepted Tests for Speech-Language Therapy**

3-1-14

Tests used must be norm-referenced, standardized, age appropriate and specific to the disorder being assessed. The following list of tests is not all-inclusive. When using a test that is not listed below, the provider must include an explanation and justification in the evaluation report to support the use of the chosen test. The *Mental Measurement Yearbook (MMY)* is the standard reference to determine the reliability and validity of the test(s) administered in the evaluation. Providers should refer to the *MMY* for additional information regarding specific tests. These definitions are applied to the following lists of accepted tests:

- **STANDARDIZED:** Tests that are used to determine the presence or absence of deficits; any diagnostic tool or procedure that has a standardized administration and scoring process and compares results to an appropriate normative sample.
- **SUPPLEMENTAL:** Tests and tools that are used to further document deficits and support standardized results; any non-diagnostic tool that is a screening, a criterion-referenced measure, descriptive in design, a structured probe or an accepted clinical analysis procedure (see next paragraph). Supplemental tests may not replace standardized tests. Exception: A tool(s) from a supplemental list may be used to guide data collection for the purpose of generating an in-depth, functional profile. See Section 214.400, part D, paragraph 8.
- **CLINICAL ANALYSIS PROCEDURES:** Specific analysis methods used for in-depth examination of clinical data obtained during assessment and used to further document deficits and support standardized results. Clinical analysis procedures may not replace standardized tests. Exception: Procedures from this list may be used to analyze data collected and assist in generating an in-depth, functional profile. (See Section 214.400, part D, paragraph 8.)
- **CLINICAL OBSERVATIONS:** Clinical observations have a supplemental role in the evaluation process and should always be included. They are especially important when standard scores do not accurately reflect a child's deficits in order to qualify the child for therapy. A detailed narrative or description of the child's communication behaviors (in-depth, functional profile) may constitute the primary justification of medical necessity.
- **STANDARDIZED SCORING KEY:**
  - Mild: Scores between 84-78; -1.0 standard deviation
  - Moderate: Scores between 77-71; -1.5 standard deviations
  - Severe: Scores between 70-64; -2.0 standard deviations
  - Profound: Scores of 63 or lower; -2.0+ standard deviations
- A. Language Tests — Standardized (Newer editions of currently listed tests are also acceptable.)

| Test   | Abbreviation |
|--|--------------|
| Assessment of Language-Related Functional Activities         | ALFA         |
| Assessment of Literacy and Language                          | ALL          |
| Behavior Rating Inventory of Executive Function              | BRIEF        |
| Behavioural Assess of the Dysexecutive Syndrome for Children | BADS-C       |

| Test  | Abbreviation |
|---|--------------|
| Brief Test of Head Injury   | BTHI         |
| Children's Communication Checklist [Diagnostic for pragmatics]  | CCC          |
| Clinical Evaluation of Language Fundamentals — Preschool  | CELF-P       |
| Clinical Evaluation of Language Fundamentals, Fourth Edition  | CELF-4       |
| Clinical Evaluation of Language Fundamentals, Third Edition   | CELF-3       |
| Communication Abilities Diagnostic Test   | CADeT        |
| Communication Activities of Daily Living, Second Edition  | CADL-2       |
| Comprehensive Assessment of Spoken Language   | CASL         |
| Comprehensive Receptive and Expressive Vocabulary Test, Second Edition  | CREVT-2      |
| Comprehensive Test of Phonological Processing   | CTOPP        |
| Diagnostic Evaluation of Language Variation — Norm-Referenced   | DELV-NR      |
| Emerging Literacy and Language Assessment   | ELLA         |
| Expressive Language Test  | ELT          |
| Expressive One-Word Picture Vocabulary Test, 2000 Edition   | EOWPVT       |
| Fullerton Language Test for Adolescents, Second Edition   | FLTA         |
| Goldman-Fristoe-Woodcock Test of Auditory Discrimination  | GFWTAD       |
| HELP Test-Elementary  | HELP         |
| Illinois Test of Psycholinguistic Abilities, Third Edition  | ITPA-3       |
| Language Processing Test — Revised  | LPT-R        |
| Language Processing Test, Third Edition   | LPT-3        |
| Listening Comprehension Test Adolescent   | LCT-A        |
| Listening Comprehension Test, Second Edition  | LCT-2        |
| Montgomery Assessment of Vocabulary Acquisition   | MAVA         |
| Mullen Scales of Early Learning   | MSEL         |
| <b>NOTE: Although the MSEL is an accepted standardized test, it is felt by the Therapy Advisory Council (TAC) that an additional test should be administered.</b> |              |
| Oral and Written Language Scales  | OWLS         |
| Peabody Picture Vocabulary Test, Fourth Edition   | PPVT-4       |
| Peabody Picture Vocabulary Test, Third Edition  | PPVT-3       |
| Phonological Awareness Test   | PAT          |
| Preschool Language Scale, Fourth Edition  | PLS-4        |
| Preschool Language Scale, Third Edition   | PLS-3        |
| Receptive One-Word Picture Vocabulary Test, Second Edition  | ROWPVT-2     |
| Receptive-Expressive Emergent Language Test, Second Edition   | REEL-2       |
| Receptive-Expressive Emergent Language Test, Third Edition  | REEL-3       |

| Test   | Abbreviation |
|--|--------------|
| Ross Information Processing Assessment — Primary             | RIPA-P       |
| Ross Information Processing Assessment, Second Edition       | RIPA-2       |
| Scales of Cognitive Ability for Traumatic Brain Injury       | SCATBI       |
| Social Competence and Behavior Evaluation, Preschool Edition | SCBE         |
| Social Language Development Test—Adolescent                  | SLDT-A       |
| Social Language Development Test—Elementary                  | SLDT-E       |
| Social Responsiveness Scale                                  | SRS          |
| Social Skills Rating System — Preschool & Elementary Level   | SSRS-PE      |
| Social Skills Rating System — Secondary Level                | SSRS-S       |
| Strong Narrative Assessment Procedure                        | SNAP         |
| Structured Photographic Expressive Language Test             | SPELT-3      |
| Test of Adolescent and Adult Language, Third Edition         | TOAL-3       |
| Test of Adolescent /Adult Word Finding                       | TAWF         |
| Test for Auditory Comprehension of Language, Third Edition   | TACL-3       |
| Test of Auditory Perceptual Skills — Revised                 | TAPS-R       |
| Test of Auditory Perceptual Skills, Third Edition            | TAPS-3       |
| Test of Auditory Reasoning and Processing Skills             | TARPS        |
| Test of Early Communication and Emerging Language            | TECEL        |
| Test of Early Language Development, Third Edition            | TELD-3       |
| Test of Language Competence — Expanded Edition               | TLC-E        |
| Test of Language Development — Intermediate, Third Edition   | TOLD-I:3     |
| Test of Language Development — Primary, Third Edition        | TOLD-P:3     |
| Test of Narrative Language                                   | TNL          |
| Test of Phonological Awareness                               | TOPA         |
| Test of Pragmatic Language                                   | TOPL         |
| Test of Pragmatic Language, Second Edition                   | TOPL-2       |
| Test of Problem Solving — Adolescent                         | TOPS-A       |
| Test of Problem Solving — Revised Elementary                 | TOPS-R       |
| Test of Reading Comprehension, Third Edition                 | TORC-2       |
| Test of Semantic Skills: Intermediate                        | TOSS-I       |
| Test of Semantic Skills: Primary                             | TOSS-P       |
| Test of Word Finding, Second Edition                         | TWF-2        |
| Test of Word Knowledge                                       | TOWK         |
| Test of Written Language, Third Edition                      | TWL-3        |
| The Listening Test   |              |
| Wepman's Auditory Discrimination Test, Second Edition        | ADT          |

| Test                     | Abbreviation |
|--------------------------|--------------|
| Word Test — 2 Adolescent | WT2A         |
| Word Test — 2 Elementary | WT2E         |

## B. Language Tests — Supplemental

| Test  | Abbreviation |
|---|--------------|
| Assessment for Persons Profoundly or Severely Impaired                | APPSI        |
| Behavior Analysis Language Instrument                                 | BALI         |
| Birth to Three Checklist  |              |
| Clinical Evaluation of Language Fundamentals-4 Screening Test         | CELF-4       |
| Children's Communication Checklist [Language Screener]                | CCC-2        |
| CID Early Speech Perception   | CID-ESP      |
| CID Speech Perception Evaluation                                      | CID-SPICE    |
| CID Teacher Assessment of Grammatical Structures                      | CID-TAGS     |
| Communication Matrix  |              |
| Developmental Sentence Scoring [Lee]                                  | DSS          |
| Differential Screening Test for Processing                            | DSTP         |
| Evaluating Acquired Skills in Communication — Revised                 | EASIC-R      |
| Evaluating Acquired Skills in Communication, Third Edition            | EASIC-3      |
| Fluharty Preschool Speech and Language Screening Test, Second Edition | Fluharty-2   |
| Functional Communication Profile — Revised                            | FCP-R        |
| Joliet 3-Minute Preschool Speech and Language Screen                  | Joliet-P     |
| Joliet 3-Minute Speech and Language Screen — Revised                  | Joliet-R     |
| Kindergarten Language Screening Test                                  | KLST-2       |
| MacArthur Communicative Development Inventories                       | CDIs         |
| MacArthur-Bates Communicative Development Inventories                 | CDIs         |
| Nonspeech Test for Receptive/Expressive Language                      | Nonspeech    |
| Preschool Language Scale — 4 Screening Test                           |              |
| Preverbal Assessment-Intervention Profile                             | PAIP         |
| Reynell Developmental Language Scales                                 | Reynell      |
| Rossetti Infant-Toddler Language Scale                                | Rossetti     |
| Screening Test of Adolescent Language                                 | STAL         |
| Social Communication Questionnaire                                    | SCQ          |
| Social-Emotional Evaluation   | SEE          |
| Test for Auditory Processing Disorders in Children — Revised          | SCAN-C       |
| Token Test for Children, Second Edition                               | TTFC-2       |

- C. Language — Clinical Analysis Procedures — Language sampling and analysis, which may include the following:

| Test                                 | Abbreviation |
|--------------------------------------|--------------|
| Mean Length of Utterance             | MLU          |
| Type Token Ratio                     | TTR          |
| Developmental Sentence Score         | DSS          |
| Structural analysis (Brown's stages) |              |
| Semantic analysis                    |              |
| Discourse analysis                   |              |

- D. Speech Production Tests — Standardized (Newer editions of currently listed tests are also acceptable.)

| Test  | Abbreviation |
|---|--------------|
| Apraxia Battery for Adults, Second Edition                        | ABA-2        |
| Arizona Articulation Proficiency Scale, Third Edition             | Arizona-3    |
| Assessment of Intelligibility of Dysarthric Speech                | AIDS         |
| Assessment of Phonological Processes — Revised                    | APPS-R       |
| Bernthal-Bankson Test of Phonology                                | BBTOP        |
| Clinical Assessment of Articulation and Phonology                 | CAAP         |
| Diagnostic Evaluation of Articulation and Phonology, U.S. Edition | DEAP         |
| Goldman-Fristoe Test of Articulation, Second Edition              | GFTA-2       |
| Hodson Assessment of Phonological Patterns — Third Edition        | HAPP-3       |
| Kaufman Speech Praxis Test  | KSPT         |
| Khan-Lewis Phonological Analysis                                  | KLPA-2       |
| Photo Articulation Test, Third Edition                            | PAT-3        |
| Slosson Articulation Language Test with Phonology                 | SALT-P       |
| Smit-Hand Articulation and Phonology Evaluation                   | SHAPE        |
| Structured Photographic Articulation Test II Featuring Dudsberry  | SPAT-D II    |
| Stuttering Severity Instrument for Children and Adults            | SSI-3        |
| Weiss Comprehensive Articulation Test                             | WCAT         |

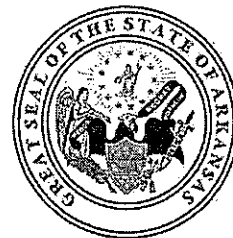
- E. Speech Production Tests — Supplemental

| Test                                | Abbreviation |
|-------------------------------------|--------------|
| A-19 Scale for Children Who Stutter | A-19         |
| Apraxia Profile                     |              |

| Test  | Abbreviation |
|---|--------------|
| Assessment of the Child's Experience of Stuttering                              | ACES         |
| CALMS Rating Scale for School-Age Children Who Stutter                          | CALMS        |
| Children's Speech Intelligibility Measure                                       | CSIM         |
| CID Phonetic Inventory  | CID-PI       |
| CID SPeech INTelligibility Evaluation   | CID-SPINE    |
| Communication Attitude Test for Preschool and Kindergarten Children Who Stutter | KiddyCAT     |
| Communication Attitude Test — Revised   | CAT-R        |
| Computerized Articulation and Phonology Evaluation System                       | CAPES        |
| Marshalla Oral Sensorimotor Test  | MOST         |
| Modified Erickson Scale of Communication Attitudes                              |              |
| Procedures for the Phonological Analysis of Children's Language [Ingram]        |              |
| Screening Test for Developmental Apraxia of Speech, Second Edition              | STDAS-2      |
| Second Contextual Articulation Tests  | S-CAT        |
| Verbal-Motor Production Assessment for Children                                 | VMPAC        |
| Voice Assessment Protocol for Children and Adults                               | VAP          |

- F. Speech Production — Clinical Analysis Procedures — Speech sampling and analysis, which may include the following:
1. Debra Beckman's oral-motor assessment procedures
  2. Food chaining questionnaire
  3. Instrumentation-based voice evaluation
  4. Item and replica analysis
  5. Percentage of consonants correct
  6. Percentage of intelligibility
  7. Percentage of phonemes correct
  8. Percentage of syllables stuttered
  9. Perceptual voice evaluation
  10. Phonetic inventory
  11. Phonological process analysis
  12. Suzanne Evans-Morris oral-motor assessment procedures





P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437  
501-320-6428 · Fax: 501-682-2480

**TO:** Arkansas Medicaid Health Care Providers – Occupational, Physical,  
Speech Therapy Services

**DATE:** March 1, 2014

**SUBJECT:** Provider Manual Update Transmittal THERAPY-2-13

REMOVE

Section  
214.410

Date  
9-1-13

INSERT

Section  
214.410

Date  
3-1-14

Explanation of Updates

Section 214.410 is updated to add Apraxia Battery for Adults, Second Edition (ABA-2) to the list of standardized accepted tests for speech-language therapy.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services 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 downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Andrew Allison, PhD  
Director

*TOC required*

**212.209 (DME) MIC-KEY Skin Level Gastrostomy Tube (MIC-KEY Button) and Supplies for Beneficiaries of All Ages 3-1-14**

The Arkansas Medicaid Program reimburses for the MIC-KEY Skin Level Gastrostomy Tube (MIC-KEY button) and supplies for Medicaid-eligible beneficiaries of all ages. Prior authorization (PA) from AFMC is required.

When requesting prior authorization, form DMS-679A titled *Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs & Wheelchair Components*, must be completed and sent, along with sufficient medical documentation, to AFMC.

The MIC-KEY Kit is benefit-limited to 2 per state fiscal year (SFY). The accessories, extension sets and adapters are covered under the \$250 medical supply benefit limit.

Benefit extensions will be considered on a case-by-case basis if proven to be medically necessary. Prior authorization must be obtained from AFMC for any extensions using form DMS-679A. [View or print AFMC contact information.](#) [View or print form DMS-679A and instructions for completion.](#)

**212.210 DME MIC-KEY Percutaneous Cecostomy Tube (MIC-KEY button) for Beneficiaries of All Ages 3-1-14**

The Arkansas Medicaid Program reimburses for the MIC-KEY Percutaneous Cecostomy Tube (MIC-KEY button) for Medicaid-eligible beneficiaries of all ages. Arkansas Medicaid will reimburse the MIC-KEY Skin Level Gastrostomy Tube for all ages, when used for the management of severe fecal incontinence (see diagnosis codes below) requiring percutaneous cecostomy tube placement for bowel evacuation. Prior authorization (PA) from AFMC is required.

When requesting prior authorization, form DMS-679A titled *Prescription & Prior Authorization Request for Medical Equipment Excluding Wheelchairs and Wheelchair Components*, must be completed and sent, along with sufficient medical documentation, to AFMC. [View or print AFMC contact information.](#) [View or print form DMS-679A and instructions for completion.](#)

The MIC-KEY button is benefit-limited to 2 per state fiscal year (SFY).

The MIC-KEY button for a Percutaneous Cecostomy Tube requires use of the following diagnosis codes:

| Diagnosis Code | Description           |
|----------------|-----------------------|
| 564.00-564.09  | Constipation          |
| 787.60         | Fecal Incontinence    |
| 787.61         | Incomplete Defecation |
| 787.62         | Fecal Soiling         |

The MIC-KEY button for a Percutaneous Cecostomy Tube requires use of the following CPT codes:

|       |       |       |
|-------|-------|-------|
| 44300 | 49442 | 49450 |
|-------|-------|-------|

**242.153 MIC-KEY Skin Level Gastrostomy Tube (MIC-KEY Button)  
and MIC-KEY Percutaneous Cecostomy Tube and Supplies for  
Beneficiaries of All Ages**

3-1-14

**NOTE: When billing for the MIC-KEY Percutaneous Cecostomy Tube and/or supplies, an additional third modifier UA will be required.**

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

| <b>Proc edure Code</b> | <b>M1</b> | <b>M2</b> | <b>PA</b> | <b>Description</b>   | <b>Payment Method</b> |
|------------------------|-----------|-----------|-----------|--|-----------------------|
| B9998                  |           |           | Y         | MIC-KEY Kit  | Purchase              |
| B9998                  | NU        | U1        | Y         | SECUR-LOK Extension Set with 2 Port 'Y' and Clamp 12" Length | Purchase              |
| B9998                  | NU        | U2        | Y         | SECUR-LOK Extension Set with 2 Port 'Y' and Clamp 24" Length | Purchase              |
| B9998                  | NU        | U3        | Y         | Bolus Extension Set with Single Port Clamp 12" Length        | Purchase              |
| B9998                  | NU        | U4        | Y         | Bolus Extension Set with Single Port Clamp 24" Length        | Purchase              |
| B9998                  | NU        | U5        | Y         | Bolus SECUR-LOK Extension Set Single Port w/Clamp 12" Length | Purchase              |
| B9998                  | NU        | U6        | Y         | Bolus SECUR-LOK Extension Set Single Port w/Clamp 24" Length | Purchase              |
| B9998                  | NU        | U7        | Y         | Microvasive Adapter  | Purchase              |
| B9998                  | NU        | U8        | Y         | Microvasive Decompression Tube                               | Purchase              |

