

# Exhibit E

## 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 Dawn Zekis, Interim Director  
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@dhs.arkansas.gov  
NAME OF PRESENTER AT COMMITTEE MEETING Marilyn Strickland  
PRESENTER E-MAIL marilyn.strickland@dhs.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? Notice of Rule Making - 2014 CPT and 2014 HCPCS code conversion
2. What is the subject of the proposed rule? To inform providers of the 2014 Healthcare Common Procedural Coding System (HCPCS) and the 2014 Current Procedural Codes (CPT)
3. Is this rule required to comply with a federal statute, rule, or regulation? Yes  No   
45 CFR Subpart A Section 162.1002 and the Health Insurance Portability and Accountability Act  
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? June 15, 2014

When does the emergency rule expire?

October 14, 2014

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. To comply with federal regulation 45 CFR Section 162.1002 implementing an annual code conversion.

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If yes, a copy of the repealed rule is to be included with your completed questionnaire.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 be in compliance with federal regulations 45 CFR Part 45 Section 162.1002. These notices of rulemaking are prepared in order to inform Arkansas Medicaid enrolled providers of the implementation of the annual CPT and HCPCS coding conversion and make non payable those deleted procedure codes from the 2013 code books. This rule is necessary for consistency with utilization of procedure codes used by Medicare and other third party payers of medical claims.

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.)

July 15, 2014

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

Emergency filed effective June 15, 2014 ...APA Effective Date October 1, 2014



**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Department of Human Services  
**DIVISION** Division of Medical Services  
**PERSON COMPLETING THIS STATEMENT** Brian Jones  
**TELEPHONE NO.** (501)537-2064 **FAX NO.** (501)682-3889 **EMAIL:** brian.jones@dhs.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** Notice of Rule Making - 2014 CPT and 2014 HCPCS code conversion

- 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?

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
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	<u>2,410</u>
Federal Funds	<u>5,658</u>
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
<b>Total</b>	<b><u>\$8,068</u></b>

General Revenue	<u>57,857</u>
Federal Funds	<u>135,773</u>
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
<b>Total</b>	<b><u>\$193,630</u></b>

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**

\$ \$2,410

\$ \$57,857

This is a required code conversion. Failure to implement these coding changes would result in Arkansas Medicaid being out of compliance with HIPAA requirements.

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:

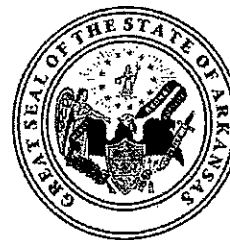
- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

- (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.



**Division of Medical Services**  
**Program Development & Quality Assurance**

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437  
501-320-6428 · Fax: 501-682-2480  
TDD/TTY: 501-682-6789



**NOTICE OF RULE MAKING**

**TO:** Health Care Providers – Ambulatory Surgical Center, Area Health Education Centers (AHECs), ARKids First-B, Critical Access Hospital, Dental, Home Health, End-Stage Renal Disease, Hospital, Independent Radiology, Nurse Practitioner, Physician, Podiatrist, Prosthetics, Rehabilitative Hospital and Transportation

**DATE:** June 15, 2014

**SUBJECT:** 2014 Healthcare Common Procedural Coding System Level II (HCPCS) Code Conversion

**I. General Information**

A review of the 2014 HCPCS procedure codes has been completed and the Arkansas Medicaid Program will begin accepting updated Healthcare Common Procedural Coding System Level II (HCPCS) procedure codes on claims with dates of service on and after June 15, 2014. Drug procedure codes require National Drug Code (NDC) billing protocol. Drug procedure codes that represent radiopharmaceuticals, vaccines and allergen immunotherapy are exempt from the NDC billing protocol.

Procedure codes that are identified as deletions in 2014 HCPCS Level II will become non-payable for dates of service on and after June 15, 2014.

**Please NOTE: The Arkansas Medicaid website fee schedules will be updated soon after the implementation of the 2014 CPT and HCPCS conversions.**

**II. 2014 HCPCS Payable Procedure Codes Tables Information**

Procedure codes are in separate tables. Tables are created for each affected provider type (i.e., prosthetics, home health, etc.).

The tables of payable procedure codes for all affected programs are designed with eight columns of information. All columns may not be applicable for each covered program, but are devised for ease of reference.

**Please NOTE: An asterisk indicates that the procedure code requires a paper claim.**

1. The first column of the list contains the HCPCS procedure codes. The procedure code may be on multiple lines on the table, depending on the applicable modifier(s) based on the service performed.
2. The second column indicates any modifiers that must be used in conjunction with the procedure code, when billed, either electronically or on paper.
3. The third column indicates that the coverage of the procedure code is restricted based on the beneficiary's age in number of years.
4. Certain procedure codes are covered only when the primary diagnosis is covered within a specific ICD-9-CM diagnosis range. This information is used, for example, by physicians and hospitals. The fourth column, for all affected programs, indicates the beginning and ending range of ICD-9-CM diagnoses for which a procedure code may be used, (i.e., 053.0 through 054.9).
5. The fifth column contains information about the diagnosis list for which a procedure code may be used. (See Section V of this notice for more information about diagnosis range and lists.)
6. The sixth column indicates whether a procedure is subject to medical review before payment. The column is titled "Review." The word "Yes" or "No" in the column indicates whether a review is necessary or not. Providers should consult their program manual to obtain the information that is needed for a review.
7. The seventh column shows procedure codes that require prior authorization (PA) before the service may be provided. The column is titled "PA". The word "Yes" or "No" in the column indicates if a procedure code requires prior authorization. Providers should consult their program manual to ascertain what information should be provided for the prior authorization process.
8. The eighth column indicates a procedure code requires a prior approval letter from the Arkansas Medicaid Medical Director for Clinical Affairs for the Division of Medical Services. The word "Yes" or "No" in the column indicates if a procedure code requires a prior approval letter.



III. Acquisition of Prior Approval Letter

A prior approval letter, when required, must be attached to a paper claim when it is filed. Providers must obtain prior approval in accordance with the following procedures for special pharmacy, therapeutic agents and treatments:

- A. Process for Acquisition: Before treatment begins, the Medical Director for Clinical Affairs in the Division of Medical Services (DMS) must approve any drug, therapeutic agent or treatment not listed as covered in a provider manual or in official DMS correspondence. This requirement also applies to any drug, therapeutic agent or treatment with a prior approval letter indicated for coverage in a provider manual or official DMS correspondence.
- B. The Medical Director for Clinical Affairs' review is necessary to ensure approval for medical necessity. Additionally, all other requirements must be met for reimbursement.
  - 1. The provider must submit a history and physical examination with the treatment plan before beginning any treatment.
  - 2. The provider will be notified by mail of the DMS Medical Director for Clinical Affairs' decision. No prior authorization number is assigned if the request is approved, but a prior approval letter is issued and must be attached to each paper claim submission.

**Any change in approved treatment requires resubmission and a new prior approval letter.**

- 3. Requests for a prior approval letter must be addressed to the attention of the Medical Director for Clinical Affairs. Contact the Medical Director for Clinical Affairs' office for any additional coverage information and instructions.

Mailing address: Attention: Medical Director for Clinical Affairs Division of Medical Services AR Department of Human Services P.O. Box 1437, Slot S412 Little Rock, AR 72203-1437	Fax: 501-682-8013 Phone: 501-682-9868
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**IV. Process for Obtaining Prior Authorization**

When obtaining a prior authorization from the Arkansas Foundation for Medical Care, 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	<a href="http://review.afmc.org/MedicaidReview/!EXCHANGE%c2%ae.aspx">http://review.afmc.org/MedicaidReview/!EXCHANGE%c2%ae.aspx</a>
Mailing address	Arkansas Foundation for Medical Care, Inc. P.O. Box 180001 Fort Smith, AR 72918-0001
Physical site location	1000 Fianna Way Fort Smith, AR 72919-9008
Office hours	8:00 a.m. until 4:30 p.m. (Central Time), Monday through Friday, except holidays

**V. International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Diagnosis Range and Diagnosis Lists**

Diagnosis is documented using the International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM). Certain procedure codes are covered only for a specific primary diagnosis or a particular diagnosis range. Diagnosis list 003 is specified below. For any other diagnosis restrictions, reference the table for each individual program.

**Diagnosis List 003**

- 042
- 140.0-209.36
- 209.70 through 209.75
- 209.79
- 230.0 through 238.9
- 511.81
- V58.11 through V58.12

**VI. Dental**

The following ADA Dental procedure codes **are not covered** by Arkansas Medicaid.

D0393	D0394	D0395	D0601	D0602	D0603	D1999	D2921
D2941	D2949	D3355	D3356	D3357	D3427	D3428	D3429
D3431	D3432	D4921	D5863	D5864	D5865	D5866	D5994
D6011	D6013	D6052	D8694	D9985			

**VII. HCPCS Procedure Codes Payable to End-Stage Renal Disease Providers**

The following information is related to procedure codes payable to End-Stage Renal Disease providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
C9441	No	18y & up	280.0-280.9 and 285.1 or 585.1-585.9	No	No	No	No

NOTE: **Injectafer** is an iron replacement product indicated for the treatment of iron deficiency anemia, in adult patients who have intolerance to oral iron, have had an unsatisfactory response to oral iron or who have non-dialysis dependent chronic kidney disease. Patients must have a history and physical exam documenting kidney disease or iron deficiency anemia with intolerance to oral iron. Patients must have lab values showing no increase in iron studies or hemoglobin after administration of oral iron.

**VIII. HCPCS Procedure Codes Payable to Home Health Providers**

The following information is related to procedure codes payable to Home Health providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
T4544	No	3y & up	No	No	No	No	No

**IX. HCPCS Procedure Codes Payable to Hospitals**

The following information is related to procedure codes payable to Hospital providers:  
 An asterisk (\*) after the procedure code denotes the requirement of a paper claim.

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
A9520	No	18y & up	172.0-175.9	No	No	No	No
A9575	No	2y & up	No	No	No	No	No
C1841*	No	No	362.74	No	No	No	No

NOTE: Requires manufacturer's invoice with paper claim.

C9132	No	18y & up	286.7	No	Yes	No	No
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NOTE: **Kcentra** is indicated for the urgent reversal of acquired coagulation factor deficiency induced by Vitamin K antagonist (VKZ, e.g. warfarin) therapy in adult patients with major bleeding. **Kcentra** is not indicated for urgent reversal of VKA anticoagulation in patients without acute major bleeding. Documentation of the major bleed should be included in a complete history and physical exam. All treatments needed for the major bleed prior to **Kcentra** should be documented. A hemoglobin and hematocrit should be documented in the record as well as the dose of warfarin.

C9133	No	18y & up	No	No	No	No	No
C9441	No	No	280.0-280.9 and 285.1 or 585.1-585.9	No	No	No	No

NOTE: **Injectafer** is an iron replacement product indicated for the treatment of iron deficiency anemia, in adult patients who have intolerance to oral iron, have had an unsatisfactory response to oral iron or who have non-dialysis dependent chronic kidney disease. Patients must have a history and physical exam documenting kidney disease or iron deficiency anemia with intolerance to oral iron. Patients must have lab values showing no increase in iron studies or hemoglobin after administration of oral iron.

C9734	No	No	No	No	No	No	No
J0151	No	No	No	No	No	No	No

J0221

NOTE: See Section XVII of this notice for coverage information.

J0401	No	13y & up	295.00-295.95	No	No	No	No
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Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J0717*	No	18y & up	555.0-555.9 or 714.0	No	Yes	No	Yes

NOTE: Prior approval letter requests with clinical documentation are considered for certolizumab pegol (**Cimzia**) for adult beneficiaries 18 years of age and above with:

1) Moderately-to-severely active Crohn's disease as manifested by any of the following signs/symptoms:

- Diarrhea
- Internal fistulae
- Abdominal pain
- Intestinal obstruction
- Bleeding
- Extra-intestinal manifestations
- Weight loss
- Arthritis
- Perianal disease
- Spondylitis

**and**

Crohn's disease has remained active despite treatment with corticosteroids or 6-mercaptopurine/azathioprine.

**or**

2) For the treatment of moderately-to-severely active rheumatoid arthritis (RA). Patient must have failed **Enbrel** and **Humira**.

J1442	No	No	No	No	No	No	No
J1556*	No	6y & up	279.06	No	Yes	No	Yes

NOTE: **Bivigam** is an immune globulin Intravenous solution indicated for the treatment of primary humoral immunodeficiency. For patients at risk for renal dysfunction or thrombotic events, administer at the minimum infusion rate practical. Previous treatments with other agents should be documented. A complete history and physical exam documenting the severity of the illness and prior treatments should be submitted for approval.

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J1602*	No	18y & up	556.0- 556.9 696.0, 714.0- 714.9 721.9	No	Yes	No	Yes

NOTE: **Simponi** is a tumor necrosis factor (TNF) blocker indicated in the treatment of adults with:

- 1) Moderately to severely active rheumatoid arthritis in combination with methotrexate that has failed **Humira** and **Enbrel**.
- 2) Active psoriatic arthritis alone or in combination with methotrexate that has failed **Humira** and **Enbrel**.
- 3) Active ankylosing spondylitis that has failed **Humira** and **Enbrel**.
- 4) Moderate to severe ulcerative colitis that has failed **Humira**.

Medical documentation of physician history and physical exam with records showing failed trial of **Humira** and **Enbrel** as indicated should also be submitted.

J3060*	No	18y & up	272.7	No	Yes	No	Yes
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NOTE: This procedure code is indicated for a diagnosis of Type 1 Gaucher Disease. A history and physical exam with a complete evaluation by a geneticist is required each year. This exam must include the prognosis and all abnormalities associated with Gaucher Disease.

J3489	No	No	174.0- 174.9 198.5 203.00- 203.02 203.10- 203.12 203.80- 203.82 275.42 731.0 733.00- 733.09 or 733.90	No	No	No	No
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J7302

NOTE: See Section XVII of this notice for coverage information.

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J7316*	No	18y & up	379.27	No	Yes	No	Yes
<p>NOTE: <b>Jetrea</b> is a proteolytic enzyme indicated for the treatment of symptomatic vitreomacular adhesion. Immediately following the injection the patient must be monitored for elevation in intraocular pressure. The dose, lot number and manufacturer must be documented. A complete history and physical with visual exam including visual acuity must be submitted with the request for a prior approval letter.</p>							
J7508	No	No	V42.0- V42.89	No	No	No	No
J9047*	No	18y & up	203.00- 203.02	No	Yes	No	Yes
<p>NOTE: <b>Kyprolis</b> is indicated for the treatment of adult patients with multiple myeloma, who have received at least two prior therapies including Velcade and an immunomodulatory agent and have demonstrated disease progression on or within 60 days of completion of the last therapy. Approval is based upon response rate. A physical exam and history documenting the above requirements must be included. All monitoring and warnings and precautions from the Federal Drug Administration must be complied with for this drug to be approved. Females should avoid becoming pregnant. Consideration will be on a case-by-case basis.</p>							
J9262*	No	18y & up	205.10- 205.12	No	Yes	No	Yes
<p>NOTE: <b>Synribo</b> is indicated for treatment of adult patients with chronic or accelerated chronic myeloid leukemia with resistance and/or tolerance to two or more tyrosine inhibitors. A history and physical exam documenting previous treatment should be submitted with the request for a prior approval letter.</p>							
J9306*	No	18y & up	174.0- 175.9	No	Yes	No	Yes
<p>NOTE: <b>Perjeta</b> is an agent for the treatment of adults, age 18-99 years old, that is a Her2/neu receptor antagonist indicated in combination with trastuzumab and docetaxol for the treatment of patients with Her2-positive metastatic breast cancer who have not received prior anti-Her2 therapy or chemotherapy for metastatic disease. A physician history and physical exam documenting all previous treatment should be included. All Federal Drug Administration warnings and precautions should be followed.</p>							

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J9354*	No	18y & up	174.0- 175.9	No	Yes	No	Yes
<p>NOTE: <b>Kadcyla</b> is a Her2-targeted antibody and microtubule inhibitor conjugate indicated, as a single agent, for the treatment of adults with Her2-positive, metastatic breast cancer, who previously received <b>trastuzumab</b> and a <b>taxane</b>, separately or in combination. Patients should have either:</p> <ol style="list-style-type: none"> <li>1) received prior therapy for metastatic disease,</li> <li style="text-align: center;">or</li> <li>2) developed disease recurrence during or within six months of completing adjuvant therapy.</li> </ol> <p>All of the above requirements should be documented in a history and physical exam included in the request. All prior treatments should be listed. Approval will be on a case-by-case basis.</p>							
J9371*	No	18y & up	204.00- 204.02	No	Yes	No	Yes
<p>NOTE: <b>Marqibo</b> is a vinca alkaloid indicated for the treatment of adult patients with Philadelphia chromosome negative (Ph-) acute lymphoblastic leukemia in second or greater relapse or whose disease has progressed following two or more anti-leukemic therapies. A complete history and physical exam documenting all previous therapies should be submitted. Approval will be on a case-by-case basis.</p>							
J9400*	No	18y & up	153.0- 154.8	No	Yes	No	Yes
<p>NOTE: This procedure code is indicated in adults with a diagnosis of metastatic colorectal cancer (mCRC), that is resistant to or has progressed following an oxaliplatin-containing regimen. A complete history and physical exam documenting stage of cancer and all regimens that the patient has been on should be sent.</p>							
Q2050	No	No	No	003	No	No	No
Q3027	No	18y & up	340	No	No	No	No
Q4121							
NOTE: See Section XVII of this notice for coverage information.							
Q4141*	No	No	No	No	No	No	No
NOTE: Must be billed with manufacturer's invoice attached.							
Q4145*	No	No	No	No	No	No	No
NOTE: Must be billed with manufacturer's invoice attached.							



**X. HCPCS Procedure Codes Payable to Independent Radiology**

The following information is related to procedure codes payable to Independent Radiology providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
A9520	No	18y & up	172.0-175.9	No	No	No	No
A9575	No	2y & up	No	No	No	No	No
C9734	No	No	No	No	No	No	No

**XI. HCPCS Procedure Codes Payable to Nurse Practitioners**

The following information is related to procedure codes payable to Nurse Practitioner providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J0151	No	No	No	No	No	No	No
J1442	No	No	No	No	No	No	No

**XII. HCPCS Procedure Codes Payable to Physicians and Area Health Care Education Centers (AHECs)**

The following information is related to procedure codes payable to Physician and AHEC providers:

An asterisk (\*) after the procedure code denotes the requirement of a paper claim.

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
A9520	No	18y & up	172.0-175.9	No	No	No	No
A9575	No	2y & up	No	No	No	No	No

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
C9132	No	18y & up	286.7	No	Yes	No	No
<p>NOTE: <b>Kcentra</b> is indicated for the urgent reversal of acquired coagulation factor deficiency induced by Vitamin K antagonist (VKZ, e.g. warfarin) therapy in adult patients with major bleeding. <b>Kcentra</b> is not indicated for urgent reversal of VKA anticoagulation in patients without acute major bleeding. Documentation of the major bleed should be included in a complete history and physical exam. All treatments needed for the major bleed prior to <b>Kcentra</b> should be documented. A hemoglobin and hematocrit should be documented in the record as well as the dose of warfarin.</p>							
C9133	No	18y & up	No	No	No	No	No
C9441	No	18y & up	280.0-280.9 and 285.1 or 585.1-585.9	No	No	No	No
<p>NOTE: <b>Injectafer</b> is an iron replacement product indicated for the treatment of iron deficiency anemia, in adult patients who have intolerance to oral iron, have had an unsatisfactory response to oral iron or who have non-dialysis dependent chronic kidney disease. Patients must have a history and physical exam documenting kidney disease or iron deficiency anemia with intolerance to oral iron. Patients must have lab values showing no increase in iron studies or hemoglobin after administration of oral iron.</p>							
C9734	No	No	No	No	No	No	No
J0151	No	No	No	No	No	No	No
J0221							
NOTE: See Section XVII of this notice for coverage information.							
J0401	No	13y & up	295.00-295.95	No	No	No	No

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J0717*	No	18y & up	555.0-555.9 or 714.0	No	Yes	No	Yes

NOTE: Prior approval letter requests with clinical documentation are considered for certolizumab pegol (**Cimzia**) for adult beneficiaries 18 years of age and above with:

1) Moderately-to-severely active Crohn's disease as manifested by any of the following signs/symptoms:

- Diarrhea
- Internal fistulae
- Abdominal pain
- Intestinal obstruction
- Bleeding
- Extra-intestinal manifestations
- Weight loss
- Arthritis
- Perianal disease
- Spondylitis

and

Crohn's disease has remained active despite treatment with corticosteroids or 6-mercaptopurine/azathioprine.

or

2) For the treatment of moderately-to-severely active rheumatoid arthritis (RA). Patient must have failed **Enbrel** and **Humira**.

J1442	No	No	No	No	No	No	No
J1556*	No	6y & up	279.06	No	Yes	No	Yes

NOTE: **Bivigam** is an immune globulin intravenous solution indicated for the treatment of primary humoral immunodeficiency. For patients at risk for renal dysfunction or thrombotic events, administer at the minimum infusion rate practical. Previous treatments with other agents should be documented. A complete history and physical exam documenting the severity of the illness and prior treatments should be submitted for approval.

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J1602*	No	18y & up	556.0- 556.9 696.0, 714.0- 714.9 721.9	No	Yes	No	Yes

NOTE: **Simponi** is a tumor necrosis factor (TNF) blocker indicated in the treatment of adults with:

- 1) Moderately to severely active rheumatoid arthritis in combination with methotrexate that has failed **Humira** and **Enbrel**.
- 2) Active psoriatic arthritis alone or in combination with methotrexate that has failed **Humira** and **Enbrel**.
- 3) Active ankylosing spondylitis that has failed **Humira** and **Enbrel**.
- 4) Moderate to severe ulcerative colitis that has failed **Humira**.

Medical documentation of physician history and physical exam with records showing failed trial of **Humira** and **Enbrel** as indicated should also be submitted.

J3060*	No	18y & up	272.7	No	Yes	No	Yes
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NOTE: This procedure code is indicated for a diagnosis of Type 1 Gaucher Disease. A complete history and physical exam with a complete evaluation by a geneticist is required each year. This exam must include the prognosis and all abnormalities associated with Gaucher Disease.

J3489	No	No	174.0- 174.9 198.5 203.00- 203.02 203.10- 203.12 203.80- 203.82 275.42 731.0 733.00- 733.09 <b>or</b> 733.90	No	No	No	No
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J7302

NOTE: See Section XVII of this notice for coverage information.

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J7316*	No	18y & up	379.27	No	Yes	No	Yes
<p>NOTE: <b>Jetrea</b> is a proteolytic enzyme indicated for the treatment of symptomatic vitreomacular adhesion. Immediately following the injection the patient must be monitored for elevation in intraocular pressure. The dose, lot number and manufacturer must be documented. A complete history and physical with visual exam including visual acuity must be submitted with the request for the prior approval letter.</p>							
J7508	No	No	V42.0- V42.89	No	No	No	No
J9047*	No	18y & up	203.00- 203.02	No	Yes	No	Yes
<p>NOTE: <b>Kyprolis</b> is indicated for the treatment of adult patients with multiple myeloma, who have received at least two prior therapies including Velcade and an immunomodulatory agent and have demonstrated disease progression on or within 60 days of completion of the last therapy. Approval is based upon response rate. A physical exam and history documenting the above requirements must be included. All monitoring and warnings and precautions from the Federal Drug Administration must be complied with for this drug to be approved. Females should avoid becoming pregnant. Consideration will be on a case-by-case basis.</p>							
J9262*	No	18y & up	205.10- 205.12	No	Yes	No	Yes
<p>NOTE: <b>Synribo</b> is indicated for treatment of adult patients with chronic or accelerated chronic myeloid leukemia with resistance and/or tolerance to two or more tyrosine inhibitors. A history and physical exam documenting previous treatment should be submitted with the request for a prior approval letter.</p>							
J9306*	No	18y & up	174.0- 175.9	No	Yes	No	Yes
<p>NOTE: <b>Perjeta</b> is an agent for the treatment of adults, age 18-99 years old, that is a Her2/neu receptor antagonist indicated in combination with trastuzumab and docetaxol for the treatment of patients with Her2-positive metastatic breast cancer who have not received prior anti-Her2 therapy or chemotherapy for metastatic disease. A physician history and physical exam documenting all previous treatment should be included. All Federal Drug Administration warnings and precautions should be followed.</p>							

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J9354*	No	18y & up	174.0-175.9	No	Yes	No	Yes

NOTE: **Kadcyla** is a Her2-targeted antibody and microtubule inhibitor conjugate indicated, as a single agent, for the treatment of adults with Her2-positive, metastatic breast cancer, who previously received **trastuzumab** and a **taxane**, separately or in combination. Patients should have either:

- 1) received prior therapy for metastatic disease,
- or
- 2) developed disease recurrence during or within six months of completing adjuvant therapy.

All of the above requirements should be documented in a history and physical exam included in the request. All prior treatments should be listed. Approval will be on a case-by-case basis.

J9371*	No	18y & up	204.00-204.02	No	Yes	No	Yes
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NOTE: **Marqibo** is a vinca alkaloid indicated for the treatment of adult patients with Philadelphia chromosome negative (Ph-) acute lymphoblastic leukemia in second or greater relapse or whose disease has progressed following two or more anti-leukemic therapies. A complete history and physical exam documenting all previous therapies should be submitted. Approval will be on a case-by-case basis.

J9400*	No	18y & up	153.0-154.8	No	Yes	No	Yes
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NOTE: This procedure code is indicated in adults with a diagnosis of metastatic colorectal cancer (mCRC), that is resistant to or has progressed following an oxaliplatin-containing regimen. A complete history and physical exam documenting stage of cancer and all regimens that the patient has been on should be sent.

Q2050	No	No	No	003	No	No	No
Q3027	No	18y & up	340	No	No	No	No

Q4121

NOTE: See Section XVII of this notice for coverage information.

Q4141*	No	No	No	No	No	No	No
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NOTE: Must be billed with manufacturer's invoice attached.

Q4145*	No	No	No	No	No	No	No
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NOTE: Must be billed with manufacturer's invoice attached.

**XIII. HCPCS Procedure Codes Payable to Podiatrists**

The following information is related to procedure codes payable to Podiatrist providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
Q4121							
NOTE: See Section XVII of this notice for coverage information.							
Q4141*	No	No	No	No	No	No	No
NOTE: Must be billed with manufacturer's invoice attached.							
Q4145*	No	No	No	No	No	No	No
NOTE: Must be billed with manufacturer's invoice attached.							

**XIV. HCPCS Procedure Codes Payable to Prosthetics Providers**

The following information is related to procedure codes payable to Prosthetics providers:  
 Procedure codes in the table must be billed with appropriate modifiers. For procedure codes that require a prior authorization, the written PA request must be submitted to the Utilization Review Section of the Division of Medical Services (DMS) for wheelchairs and wheelchair related equipment and services.

For other durable medical equipment (DME), a written request must be submitted to the Arkansas Foundation for Medical Care. Please refer to your Arkansas Medicaid Prosthetics Provider Manual for details on requesting a DME prior authorization.

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
L0455	NU	21y & up	No	No	No	No	No
L0455	EP	0y-20y	No	No	No	No	No
L0457	NU	21y & up	No	No	No	No	No
L0457	EP	0y-20y	No	No	No	No	No
L0467	NU	21y & up	No	No	No	No	No
L0467	EP	0y-20y	No	No	No	No	No
L0469	NU	21y & up	No	No	No	No	No
L0469	EP	0y-20y	No	No	No	No	No
L0641	NU	21y & up	No	No	No	No	No
L0641	EP	0y-20y	No	No	No	No	No
L0642	NU	21y & up	No	No	No	No	No
L0642	EP	0y-20y	No	No	No	No	No

<b>Procedure Code</b>	<b>Modifier</b>	<b>Age Restriction</b>	<b>Diagnosis</b>	<b>Diagnosis List</b>	<b>Review</b>	<b>PA</b>	<b>Prior Approval Letter</b>
L0643	NU	21y & up	No	No	No	No	No
L0643	EP	0y-20y	No	No	No	No	No
L0648	NU	21y & up	No	No	No	No	No
L0648	EP	0y-20y	No	No	No	No	No
L0649	NU	21y & up	No	No	No	No	No
L0649	EP	0y-20y	No	No	No	No	No
L0650	NU	21y & up	No	No	No	No	No
L0650	EP	0y-20y	No	No	No	No	No
L0651	NU	21y & up	No	No	No	No	No
L0651	EP	0y-20y	No	No	No	No	No
L1812	NU	21y & up	No	No	No	No	No
L1812	EP	0y-20y	No	No	No	No	No
L1833	NU	21y & up	No	No	No	No	No
L1833	EP	0y-20y	No	No	No	No	No
L1848	NU	21y & up	No	No	No	No	No
L1848	EP	0y-20y	No	No	No	No	No
L3678	NU	21y & up	No	No	No	No	No
L3678	EP	0y-20y	No	No	No	No	No
L3809	NU	21y & up	No	No	No	No	No
L3809	EP	0y-20y	No	No	No	No	No
L3916	NU	21y & up	No	No	No	No	No
L3916	EP	0y-20y	No	No	No	No	No
L3918	NU	21y & up	No	No	No	No	No
L3918	EP	0y-20y	No	No	No	No	No
L3924	NU	21y & up	No	No	No	No	No
L3924	EP	0y-20y	No	No	No	No	No
L3930	NU	21y & up	No	No	No	No	No
L3930	EP	0y-20y	No	No	No	No	No
L4361	NU	21y & up	No	No	No	No	No
L4361	EP	0y-20y	No	No	No	No	No
L4387	NU	21y & up	No	No	No	No	No
L4387	EP	0y-20y	No	No	No	No	No
L4397	NU	21y & up	No	No	No	No	No



Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
L4397	EP	0y-20y	No	No	No	No	No
L5969	NU	21y & up	No	No	No	Yes	No
L5969	EP	0y-20y	No	No	No	Yes	No
T4544	No	3y & up	No	No	No	No	No

**XV. HCCPCS Procedure Codes Payable to Rehabilitative Hospitals**

The following procedure code is payable to Rehabilitative Hospital providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
Q4141*	No	No	No	No	No	No	No

NOTE: Must be billed with manufacturer's invoice attached.

**XVI. HCCPCS Procedure Codes Payable to Transportation Providers**

The following information is related to procedure codes payable to Transportation providers:

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J0151	No	No	No	No	No	No	No

**XVII. Miscellaneous Information**

- A. Existing HCPCS procedure code **J0221** is payable to AHEC, Hospital and Physician providers:

See the coverage criteria listed below:

An asterisk (\*) after the procedure code denotes the requirement of a paper claim.

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J0221*	No	8y & up	271.0	No	Yes	No	Yes

NOTE: Payable for beneficiaries who have the primary detail diagnosis of late onset, not infantile Pompe disease. The history and physical by a geneticist showing a diagnosis of late onset, not infantile, Pompe disease must be submitted with the request for the prior approval letter. The beneficiary, physician and infusion center should be enrolled in the Lumizyme ACE Program. The history and physical should document compliance with this program including discussion of the risks of anaphylaxis, severe allergic reactions and immune-mediated reactions according to the Black Box Warning from the FDA. This drug should only be administered in a facility equipped to deal with anaphylaxis, including Advanced Life Support capability.

- B. Existing HCPCS procedure code **Q4121** is payable to AHEC, Hospital, Physician and Podiatrist providers:

See the coverage criteria listed below.

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
Q4121	No	No	No	No	No	No	No

- C. Existing HCPCS procedure code **J7302** is currently covered as a Family Planning service. **J7302** will become payable for therapeutic use to AHEC, Hospital, Nurse Practitioner and Physician providers:

See the coverage criteria listed below.

Procedure Code	Modifier	Age Restriction	Diagnosis	Diagnosis List	Review	PA	Prior Approval Letter
J7302	No	No	617.0- 617.9 627.2 627.8 or 627.9	No	No	No	No

NOTE: Covered for therapeutic use and treatment of heavy menstrual bleeding in women who have had a child or who have been pregnant.

D. The following existing procedure codes are payable to Prosthetic providers and now require Prior Authorization.

A6021	A6022	A6023	A6024
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E. Existing HCPCS procedure codes **J0881** and **J0885** are currently payable to AHEC, End-Stage Renal Disease, Home Health, Hospital, Nurse Practitioner and Physician providers:

These codes may also be billed with ICD-9-CM diagnosis code 285.21 when the beneficiary is not on dialysis.

**XVIII. Non-Covered 2014 HCPCS with Elements of CPT or Other Procedure Codes**

The following new 2014 HCPCS procedure codes are not payable because these services are covered by a CPT code, another HCPCS code or a revenue code.

C5271	C5272	C5273	C5274
C5275	C5276	C5277	C5278

**XIX. Non-Covered 2014 HCPCS Procedure Codes**

The following procedure codes are not covered by Arkansas Medicaid.

A4555	A7047	A9599	C9497	C9735	C9737	E0766	E1352
G0460	G0461	G0462	G0463	G9187	G9188	G9189	G9190
G9191	G9192	G9193	G9194	G9195	G9196	G9197	G9198
G9199	G9200	G9201	G9202	G9203	G9204	G9205	G9206
G9207	G9208	G9209	G9210	G9211	G9212	G9213	G9214
G9215	G9216	G9217	G9218	G9219	G9220	G9221	G9222
G9223	G9224	G9225	G9226	G9227	G9228	G9229	G9230
G9231	G9232	G9233	G9234	G9235	G9236	G9237	G9238
G9239	G9240	G9241	G9242	G9243	G9244	G9245	G9246
G9247	G9248	G9249	G9250	G9251	G9252	G9253	G9254
G9255	G9256	G9257	G9258	G9259	G9260	G9261	G9262
G9263	G9264	G9265	G9266	G9267	G9268	G9269	G9270
G9271	G9272	G9273	G9274	G9275	G9276	G9277	G9278
G9279	G9280	G9281	G9282	G9283	G9284	G9285	G9286
G9287	G9288	G9289	G9290	G9291	G9292	G9293	G9294

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G9295	G9296	G9297	G9298	G9299	G9300	G9301	G9302
G9303	G9304	G9305	G9306	G9307	G9308	G9309	G9310
G9311	G9312	G9313	G9314	G9315	G9316	G9317	G9318
G9319	G9320	G9321	G9322	G9323	G9324	G9325	G9326
G9327	G9328	G9329	G9340	G9341	G9342	G9343	G9344
G9345	G9346	G9347	G9348	G9349	G9350	G9351	G9352
G9353	G9354	G9355	G9356	G9357	G9358	G9359	G9360
J1446	J7301	K0008	K0013	K0900	L8679	Q0161	Q0507
Q0508	Q0509	Q2028	Q2052	Q3028	Q4137	Q4138	Q4139
Q4140	Q4142	Q4143	Q4146	Q4147	Q4148	Q4149	S9960
S9961							

If you have questions regarding this notice, 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 download 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.

  
\_\_\_\_\_  
Dawn Zekis  
Interim Director



**Division of Medical Services**  
**Program Development & Quality Assurance**

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437  
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TDD/TTY: 501-682-6789



**NOTICE OF RULE MAKING**

**TO:** Health Care Providers – Ambulatory Surgical Center, Area Health Education Centers (AHECs), Arkansas Department of Health, ARKids First-B, Certified Nurse Midwife, Child Health Management Services (CHMS), Critical Access Hospital, Developmental Day Treatment Clinic Services (DDTCS), Hearing Services, Hospital, Independent Laboratory, Independent Radiology, Nurse Practitioner, Occupational, Physical, and Speech Therapy Services, Oral Surgeon, Pharmacy, Physician, Rehabilitative Services for Persons with Mental Illness (RSPMI) and Rehabilitative Hospitals

**DATE:** June 15, 2014

**SUBJECT:** 2014 Current Procedure Terminology (CPT®) Code Conversion

**I. General Information**

A review of the 2014 Current Procedural Terminology (CPT®) procedure codes has been completed, and the Arkansas Medicaid Program will begin accepting CPT® 2014 procedure codes for dates of service on and after June 15, 2014.

Procedure codes that are identified as deletions in CPT® 2014 (Appendix B) are **non-payable** for dates of service on and after June 15, 2014.

For the benefit of those programs impacted by the conversions, the Arkansas Medicaid Web site fee schedules will be updated soon after the implementation of the 2014 CPT® and Healthcare Common Procedural Coding System Level II (HCPCS) conversions.

**II. Process for Obtaining Prior Authorization**

When obtaining a prior authorization from the Arkansas Foundation for Medical Care, 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	<a href="http://review.afmc.org/MedicaidReview/!EXCHANGE%c2%ae.aspx">http://review.afmc.org/MedicaidReview/!EXCHANGE%c2%ae.aspx</a>
Mailing address	Arkansas Foundation for Medical Care, Inc. P.O. Box 180001 Fort Smith, AR 72918-0001
Physical site location	1000 Fianna Way Fort Smith, AR 72919-9008
Office hours	8:00 a.m. until 4:30 p.m. (Central Time), Monday through Friday, except holidays

**III. Non-Covered 2014 CPT® Procedure Codes**

A. Effective for dates of service on and after June 15, 2014, the following CPT® procedure codes are non-covered:

81287	81504	81507	90687	94669
97610	99446	99447	99448	99449

B. All 2014 CPT® procedure codes listed in **Category II** and **Category III** are not recognized by Arkansas Medicaid; therefore, they are non-covered.

C. The following new 2014 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.

19082	19084	19086	19282	19284	19286
19288	37237	37239	64643	64645	

**IV. ARKids First-B Providers**

A. The following 2014 CPT<sup>®</sup> procedure codes are payable to ARKids First B providers:

⚠(...)  
 ⚠(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.

2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92521	UA	⚠(Evaluation of speech fluency (e.g., stuttering, cluttering) (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92522	UA	⚠(Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92523	UA	⚠(Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language) (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92524	UA	⚠(Behavioral and qualitative analysis of voice and resonance (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)

B. For Vaccine Information see Section XV of this Notice.





**B. CHMS Procedure Codes- Foster Care Program**

Refer to Section 202.000 of this manual for Arkansas Medicaid Participation Requirements for Providers of Comprehensive Health Assessments for Foster Children.

The following procedure codes are to be used for the mandatory comprehensive health assessments of children entering the Foster Care Program. These procedures *do not* require prior authorization.

2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92521	U1 UA	* (Evaluation of speech fluency (e.g., stuttering, cluttering) (1 unit = 15 minutes; maximum of 8 units)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92522	U1 UA	* (Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (1 unit = 15 minutes; maximum of 8 units)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92523	U1 UA	* (Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g. receptive and expressive language) (1 unit = 15 minutes; maximum of 8 units)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92524	U1 UA	* (Behavioral and qualitative analysis of voice and resonance (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)

**VI. Developmental Day Treatment Clinic Services (DDTCS)**

The following 2014 CPT® procedure codes are payable to Developmental Day Treatment Clinic providers:

\* (... ) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.

2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92521	UA	⚠(Evaluation of speech fluency (e.g., stuttering, cluttering) (maximum of four 30-minute units state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92522	UA	⚠(Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (maximum of four 30-minute units state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92523	UA	⚠(Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language) (maximum of four 30-minute units state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92524	UA	⚠(Behavioral and qualitative analysis of voice and resonance, (maximum of four 30-minute units state fiscal year, July 1 through June 30)

**VII. Hearing Providers**

The following 2014 CPT® procedure codes are payable to Hearing providers:

⚠(...)This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.

2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92521	UA	⚠(Evaluation of speech fluency (e.g. stuttering, cluttering) (maximum of four 30-minute units state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92522	UA	⚠(Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria) (maximum of four 30-minute units state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92523	UA	⚠(Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language) (maximum of four 30-minute units state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92524	UA	⚠(Behavioral and qualitative analysis of voice and resonance. (maximum of four 30-minute units state fiscal year, July 1 through June 30)

**VIII. Hospital Providers**

A. The following 2014 CPT® procedure codes are payable to Hospital providers:

⚠(...)This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.

2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92521	UA	✱(Evaluation of speech fluency (e.g. stuttering, cluttering) (maximum of four unit 30-minutes) per discipline, for an eligible beneficiary per state fiscal year, (July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92522	UA	✱(Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria) (maximum of four unit 30-minutes) per discipline, for an eligible beneficiary per state fiscal year, (July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92523	UA	✱(Evaluation of speech production (e.g., articulation; phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language) (maximum of four unit 30-minutes) per discipline, for an eligible beneficiary per state fiscal year, (July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92524	UA	✱(Behavioral and qualitative analysis of voice and resonance maximum of four unit 30-minutes) per discipline, for an eligible beneficiary per state fiscal year, July 1 through June 30)

B. The following CPT<sup>®</sup> procedure codes require paper billing and documentation attached that describes the procedure and supports medical necessity.

37241	37242	37243	37244
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2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92524	UA	*(Behavioral and qualitative analysis of voice and resonance(30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)

**XI. Oral Surgeons**

The following 2014 CPT® procedure codes are payable to Oral Surgeon providers:

43191	43192	43193	43194	43195	43196	43197
43198	43211	43212	43213	43214	43229	43233

**XII. Physicians**

A. The following 2014 CPT® codes are payable to Physician providers:

\*(...)This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.

2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92521	UA	*(Evaluation of speech fluency (e.g., stuttering, cluttering) (maximum of four 30-minute units state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92522	UA	*(Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (maximum of four 30-minute units state fiscal year, July 1 through June 30)

2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92523	UA	⚠(Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language) (maximum of four 30-minute units state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92524	UA	⚠(Behavioral and qualitative analysis of voice and resonance(maximum of four 30-minute units state fiscal year, July 1 through June 30)

B. The following CPT® procedure codes require paper billing and documentation attached that describes the procedure and supports medical necessity.

37241	37242	37243	37244
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C. For Vaccine information see Section XV of this notice.

**XIII. Rehabilitative Services for Persons with Mental Illness (RSPMI)**

The following 2014 CPT® procedure codes are payable to Rehabilitative Services for Persons with Mental Illness (RSPMI) providers:

⚠(...)This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.

2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92521	HA UA	⚠(Evaluation of speech fluency (e.g., stuttering, cluttering) (1 unit = 30-minutes) maximum units per day: 4 maximum units per state fiscal year: 4 units)

2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92522	HA UA	⌘(Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (1 unit = 30-minutes maximum units per day: 4 maximum units per state fiscal year: 4 units)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92523	HA UA	⌘(Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language) (1 unit = 30-minutes maximum units per day: 4 maximum units per state fiscal year: 4 units)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92524	HA UA	⌘(Behavioral and qualitative analysis of voice and resonance (1 unit = 30-minutes maximum units per day: 4 maximum units per state fiscal year: 4 units)

**XIV. Rehabilitative Hospital**

The following 2014 CPT® procedure codes are payable to the Rehabilitative Hospital providers:

⌘(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.



2014 Deleted Code	2014 Replacement Code	Required Modifier(s)	Description
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92521	UA	*(Evaluation of speech fluency (e.g., stuttering, cluttering) (30-minute unit; maximum of 4 units per state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92522	UA	*(Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) (30-minute unit); maximum of 4 units per state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92523	UA	*(Evaluation of speech production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language) (30-minute unit); maximum of 4 units per state fiscal year, July 1 through June 30)
92506 Evaluation of speech, language, voice, communication, and/or auditory processing	92524	UA	*(Behavioral and qualitative analysis of voice and resonance (maximum of four 30-minute units state fiscal year, July 1 through June 30)

**XV. Vaccine Information**

- A. CPT® procedure code **90673**, "influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use" is payable to providers indicated in the table below with the following special criteria and billing instructions.

Coverage is limited to healthy individuals ages 18 years through 49 years who are not pregnant.

<b>Procedure Code</b>	<b>Required Modifiers</b>	<b>Age Restriction in Years</b>	<b>Special Instructions</b>
90673	TJ	18y	Covered for ARKids First-B providers under the Vaccines for Children (VFC) program.
90673	EP TJ	18y	Covered for ARKids First-A providers under the Vaccines for Children (VFC) program.
90673	No	19y-49y	Covered for Arkansas Department of Health, Hospital, Nurse Practitioner and Physician providers.

- B. Effective for dates of service on or after June 15, 2014, existing CPT® procedure code **90736**, "Zoster (shingles) vaccine, live, for subcutaneous injections" will become payable.

<b>Procedure Code</b>	<b>Required Modifiers</b>	<b>Age Restriction in Years</b>	<b>Special Instructions</b>
90736	No	60y & up	Covered for Hospital, Nurse Practitioner, Pharmacy and Physician providers. Zoster vaccine is benefit limited to once in a lifetime.

**XVI. Miscellaneous Information**

Effective for dates of service on or after June 15, 2014, the following procedure codes will be payable for all ages for Tobacco Cessation counseling to Certified Nurse Midwife, Nurse Practitioner and Physician providers. No coverage criteria has changed. Existing procedure code **99406**, modifier **SE**, must be used for one 15-minute unit of service and procedure code **99407**, modifier **SE**, must be used for one 30-minute unit of service. These codes will be billable on paper or on electronic claims.

⚠(...)  
 ⚠(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the service. When using a procedure code with this symbol, the service must meet the indicated Arkansas Medicaid description.

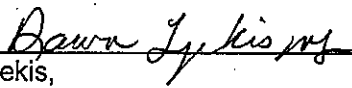
Current Procedure Code	Current Modifier	Replacement Code	Replacement Modifier	Arkansas Medicaid Description
99401	SE	99406	SE	*(Smoking and tobacco use cessation counseling visit; intermediate, 15-minutes)
99402	SE	99407	SE	*(Smoking and tobacco use cessation counseling visit; intensive, 30-minutes)

If you have questions regarding this notice, 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 download 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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Dawn Zekis,  
Interim Director

