

SECTION II - PROSTHETICS CONTENTS

200.000

GENERAL INFORMATION

- 201.000 Arkansas Medicaid Participation Requirements for Prosthetics Providers
- 201.100 Providers in Arkansas and Bordering States
- 201.110 Routine Services Provider
- 201.200 Providers in Non-Bordering States
- 201.210 Limited Services Provider
- 202.000 The Prosthetics Provider Role in the Child Health Services (EPSDT) Program
- 203.000 Documentation Requirements
- 203.100 Documentation in Beneficiary's Case Files
- 203.200 Reserved
- 203.300 Reserved
- 204.000 Electronic Signatures

210.000

PROGRAM COVERAGE

- 211.000 Scope
- 211.100 Condition for Provision of Services
- 211.200 Physician's Role in the Prosthetics Program
- 211.300 Prosthetics Service Provision
- 211.400 Prescription and Referral Renewal
- 211.500 Service Initiation Delays
- 211.600 Termination of Services
- 211.700 Exclusions
- 211.800 Electronic Filing of Extension of Benefits
- 212.000 Services Provided
- 212.100 Diapers and Underpads for Individuals Age 3 and Older
- 212.200 Durable Medical Equipment (DME), All Ages
- 212.201 (DME) Apnea Monitors for Infants Under Age 1
- 212.202 (DME) Augmentative Communication Device (ACD), All Ages
- 212.203 Cochlear Implants for Beneficiaries Under Age 21
- 212.204 (DME) Electronic Blood Pressure Monitor and Cuff for Beneficiaries of All Ages
- 212.205 (DME) Enteral Nutrition Infusion Pump and Enteral Feeding Pump Supply Kit for Beneficiaries Under Age 21
- 212.206 (DME) Home Blood Glucose Monitor, Pregnant Women Only, All Ages
- 212.207 (DME) Insulin Pump and Supplies, All Ages
- 212.208 Continuous Glucose Monitors
- 212.209 (DME) Low-Profile Skin Level Gastrostomy Tube (Low-Profile Button) and Supplies for Beneficiaries of All Ages
- 212.210 DME Low-Profile Percutaneous Cecostomy Tube (Low-Profile Button) for Beneficiaries of All Ages
- 212.211 Reserved
- 212.212 (DME) Specialized Rehabilitative Equipment, All Ages Two (2) Years of Age and Older
- 212.213 (DME) Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two (2) Years of Age and Older Through Adult
- 212.214 Reserved
- 212.300 Medical Supplies, All Ages
- 212.400 Nutritional Formulae for Individuals Under Age 21
- 212.500 Food Thickeners, All Ages
- 212.600 Orthotic Appliances and Prosthetic Devices, All Ages
- 212.700 Oxygen and Oxygen Supplies, All Ages

RECEIVED

DEC 14 2022
BUREAU OF

LEGISLATIVE RESEARCH

212.212 (DME) Specialized Rehabilitative Equipment, All-Ages Two (2) Years of Age and Older 8-4-24 1-1-23

Arkansas Medicaid covers specialized rehabilitative equipment for Medicaid-eligible beneficiaries of all ages two (2) years of age and older.

Some items of specialized equipment require prior authorization from DHS or its designated vendor. [View or print form DMS-679A and instructions for completion.](#) [View or print contact information for how to submit the request.](#)

212.213 (DME) Specialized Wheelchairs and Wheelchair Seating Systems for Individuals ~~Age Two Through Adult~~ Two (2) Years of Age and Older 8-4-24 1-1-23

Arkansas Medicaid covers specialized wheelchairs and wheelchair seating systems for individuals ~~age two (2) through adulthood~~ two (2) years of age and older.

Some items of specialized equipment require prior authorization from DHS or its designated vendor. [View or print form DMS-679 and instructions for completion.](#) [View or print contact information for how to submit the request.](#)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

Revised:

September 1, 2006 January 1,

2023

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye, or by an optometrist (Continued)

c. Prosthetic Devices (continued)

(6) Orthotic Appliances and Prosthetic Devices

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. State developed fee schedule rates are the same for both public and private providers of orthotic appliances and prosthetic devices.

Effective for dates of service occurring on and after September 1, 2006, reimbursement rate maximums for Medicaid covered orthotic appliances and prosthetic devices are based on one hundred percent (100%) of the 2006 DMEPOS Medicare rates.

For the following procedure codes not reflecting a rate on the 2006 DMEPOS Medicare fee schedule, reimbursement rate maximums for dates of service occurring September 1, 2006, and after, will be based on one hundred percent (100%) of the 2006 Arkansas Blue Cross/Blue Shield rate:

A5510 = \$30.28, L0452 = \$263.81, L3202 = \$51.21, L3204 = \$50.12, L3206 = \$51.93, L3207 = \$52.67, L3208 = \$28.58, L3209 = \$39.53, L3211 = \$42.11, L3215 = \$93.94, L3216 = \$113.29, L3219 = \$105.26, L3221 = \$126.00, L3222 = \$139.22, L3230 = \$163.33, L3250 = \$331.47, L3253 = \$44.64, L3257 = \$32.95, L3265 = \$20.54, L3902 = \$1,980.19, L4205 = \$35.00, L4210 = \$28.27, L7500 = \$67.55, L7520 = \$15.00

Effective for dates of service on or after January 1, 2023, reimbursement rate maximums for orthotic appliances and prosthetic devices will be set at ninety percent (90%) of the January 1, 2023 2022 Medicare non-rural rate for the State of Arkansas. For orthotic and prosthetic codes not listed on the Medicare fee schedule, reimbursement rate maximums for dates of service on or after January 1, 2023, will be set at eighty percent (80%) of the January 1, 2023 2022, Arkansas Blue Cross/Blue Shield rate. For orthotic and prosthetic codes not listed on the Medicare fee schedule or the Arkansas Blue Cross/Blue Shield fee schedule, the reimbursement rate will be calculated using the manufacturer's invoice price plus ten percent (10%).

All rates are published on the agency's website [Fee Schedules - Arkansas Department of Human Services](#) . Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.