TOC not required

272.450 Special Billing Requirements for Laboratory and X-Ray Services

~~10-1-15~~1-1-20

The following codes have special billing requirements for laboratory and X-Ray procedures.

A. CPT and HCPCS Lab Procedure Codes with Diagnosis Restrictions

The following CPT procedure codes will be payable with a primary diagnosis as is indicated below.

Procedure Code	Required Primary Diagnosis	Special Instructions
81479	None	Requires paper billing with attachments that describe and justify the service represented by this procedure.
81500 81503	(View ICD Codes.)	18y and up. This code is restricted to female beneficiaries. Requires paper billing that describes and justifies the procedure.
81508 81509 81510 81511 81512	Diagnosis must indicate a **current** condition of pregnancy.	None
81599*	None	For consideration of claims with unlisted procedure codes, such as **81599**, see Section 252.111 for billing instructions on this unlisted procedure code.
82777	(View ICD Codes.)	18y and up
83951	(View ICD Codes.)	None
86386	(View ICD Codes.)	None
86828 86829 86830 86831 86832 86833 86834 86835	(View ICD Codes.)	None
87389	(View ICD Codes.)	None
87901	None	A maximum of 12 units per 12-month period

Procedure Code	Required Primary Diagnosis	Special Instructions
87903	None	A maximum of 1 unit per year
87904	None	This procedure code is an add-on code.
87906	None	A maximum of 12 units per 12-month period
88720	(View ICD Codes.)	None
88740	(View ICD Codes.)	None
88741	(View ICD Codes.)	None

B. Genetic Testing

Procedure Code	Payment Method
S3831	Manually priced with no age or diagnosis restrictions
S3840	
S3844	
S3846	
S3849	
S3850	
S3853	
S3861	
S3800	Manually priced with no age or diagnosis restrictions; requires Prior Authorization. This procedure code requires prior authorization by AFMC based on the following criteria: (1) an ICD diagnosis code of: (View ICD Codes.) and symptoms of muscle weakness, (2) documentation of muscle testing must be provided and (3) a completed evaluation by a neurologist to rule out other causes of muscle weakness. (See Section 241.000 regarding procedures for obtaining prior authorization by AFMC.)

C.

Procedure Code	Description
S3620	Newborn Metabolic Screening Panel

Arkansas Code §20-15-302 states that all newborn infants shall be tested for certain metabolic diseases.~~phenylketonuria, hypothyroidism, galactosemia, cystic fibrosis and sickle cell anemia.~~ Arkansas Medicaid shall reimburse the enrolled Arkansas Medicaid hospital provider that performs the tests required for the cost of the tests. Newborn Metabolic Screenings performed inpatient are included in the interim per diem reimbursement rate and facility cost settlement. For Newborn Metabolic Screenings performed in the outpatient setting (due to retesting or as an initial screening), Arkansas Medicaid will reimburse the hospital directly. For the screenings performed in the

outpatient hospital setting, the provider will submit a claim using procedure code S3620. All positive test results shall be sent immediately to the Arkansas Department of Health.

The list of metabolic diseases for which providers can bill under S3620 can be found within the **Arkansas Department of Health (ADH) rules pertaining to testing of newborn infants.**

State of Arkansas
92nd General Assembly
Regular Session, 2019

As Engrossed: H1/23/19

A Bill

HOUSE BILL 1074

By: Representative J. Mayberry
By: Senator Hester

For An Act To Be Entitled

AN ACT TO REQUIRE NEWBORN SCREENING FOR SPINAL MUSCULAR ATROPHY; TO MANDATE THAT INSURANCE POLICIES COVER NEWBORN SCREENING FOR SPINAL MUSCULAR ATROPHY; AND FOR OTHER PURPOSES.

Subtitle

TO REQUIRE NEWBORN SCREENING FOR SPINAL MUSCULAR ATROPHY; AND TO MANDATE THAT INSURANCE POLICIES COVER NEWBORN SCREENING FOR SPINAL MUSCULAR ATROPHY.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 20-15-302(a)(1)(A), concerning testing of newborn infants, is amended to read as follows:

(a)(1)(A) All newborn infants shall be tested for phenylketonuria, hypothyroidism, galactosemia, cystic fibrosis, ~~and~~ sickle-cell anemia, and spinal muscular atrophy.

SECTION 2. Arkansas Code Title 23, Chapter 79, is amended to add an additional subchapter to read as follows:

Subchapter 18 — Coverage for Newborn Screening for Spinal Muscular Atrophy

23-79-1801. Definitions.

As used in this subchapter:

(1)(A) "Health benefit plan" means:

(i) An individual, blanket, or group plan, policy, or contract for healthcare services issued or delivered by an insurer, health maintenance organization, hospital medical service corporation, or self-insured governmental or church plan in this state; and

(ii) Any health benefit program receiving state or federal appropriations from the State of Arkansas, including the Arkansas Medicaid Program, the Health Care Independence Program, commonly referred to as the "Private Option", and the Arkansas Works Program, or any successor program.

(B) "Health benefit plan" includes:

(i) An indemnity and managed care plan; and

(ii) A nonfederal governmental plan as defined in 29 U.S.C. § 1002(32), as it existed on January 1, 2019.

(C) "Health benefit plan" does not include:

(i) A disability income plan;

(ii) A credit insurance plan;

(iii) Insurance coverage issued as a supplement to liability insurance;

(iv) Medical payments under an automobile or homeowner's insurance plan;

(v) A health benefit plan provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

(vi) A plan that provides only indemnity for hospital confinement;

(vii) An accident-only plan;

(viii) A specified disease plan; or

(ix) A long-term care only plan;

(2) "Healthcare professional" means a person who is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of the practice of his or her profession;

(3) "Newborn" means a child who is twenty-nine (29) days of age or younger; and

(4) "Spinal muscular atrophy" means a genetic disease that affects the part of the nervous system that controls voluntary muscle movement.

23-79-1802. Coverage for newborn screening for spinal muscular atrophy.

(a) A health benefit plan that is offered, issued, or renewed in this state *shall provide coverage* for newborn screening for spinal muscular atrophy by a healthcare professional on or after January 1, 2020.

(b) The coverage for newborn screening for spinal muscular atrophy under this section:

(1) Is not subject to policy deductibles or copayment requirements; and

(2) Does not diminish or limit benefits otherwise allowable under a health benefit plan.

/s/J. Mayberry

APPROVED: 2/4/19