Messages for Remittance Advices dated April 10, 2025 – April 17, 2025

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| TO: nurse practitioner, pharmacy, physician, and prosthetics providers | RE: Upcoming Changes for Preferred Blood Glucose Meters |
| Effective May 1, 2025, the following will be updated as a preferred option for Arkansas Medicaid.  - Freestyle Blood Glucose Meters and corresponding strips  The following Abbott blood glucose meters will be added as preferred products:  - FreeStyle Freedom Lite  - FreeStyle Lite  - FreeStyle Precision Neo  - Precision Xtra  The following Abbott blood glucose test strips will be added as preferred products:  - FreeStyle Insulinx  - FreeStyle Lite  - FreeStyle  - Precision Xtra  - FreeStyle Precision Neo  Effective May 1, 2025, the following will be updated as non-preferred options for Arkansas Medicaid.  - OneTouch Verio Reflect and corresponding test strips  - OneTouch Ultra2 and corresponding test strips  - OneTouch Verio Flex and corresponding test strips  True Metrix Meters and strips will remain as preferred diabetic supplies. Beneficiaries currently using a OneTouch product will need a new prescription for either a FreeStyle or True Metrix product beginning on May 1, 2025.  For any questions, contact the Prime Therapeutics Help Desk at 800-424-7895. | |
| TO: NUrse Practitioner providers | RE: Nurse Practitioner Coverage for Antepartum Care |
| The Arkansas Department of Human Services has updated coverage to allow Nurse Practitioners as rendering providers for procedure codes 59425 and 59426. This update is retroactive to 4/1/2024.  59425 - ANTEPARTUM CARE ONLY - 4 TO 6 VISITS  59425 UA - ANTEPARTUM CARE ONLY - 4 TO 6 VISITS (VISITS 1-3)  59426 - ANTEPARTUM CARE ONLY; 7 OR MORE VISITS  Claims analysis will be performed to identify and reprocess any claims that may have denied before the coverage was updated. | |

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| TO: all providers | RE: Provider Input Requested Regarding Medicaid Vaccine Rates, Vaccine Administration Rates, and Billing |
| DHS recently emailed a survey link (https://forms.office.com/g/9975Uewd3c) to obtain provider input and information regarding Medicaid vaccine rates, vaccine administration rates, billing, payer mix, and cost. DHS seeks this information to determine the adequacy of rates for vaccines and their administration.  DHS chose to perform rate review for vaccines and their administration separately from other rates due to the seasonal nature of administration, the variety of providers who perform this service, and the varied settings where administration can be performed. As such, these rates do not neatly fit into any one provider group for analysis. DHS believes reviewing vaccines and their administration independently is the best way to get an accurate picture of how vaccines are being provided in Arkansas. Thank you in advance for taking a few minutes out of your very busy day to help gather this information, and as always, please reach out with any questions at ratereviews@dhs.arkansas.gov. | |
| TO: All Providers | RE: Updates to NDC Modifier Processing |
| Modifier JG has been terminated by CMS effective 12/31/2024. The system has been updated to prevent the billing of HCPCS modifier JG for DOS on or after 1/1/2025.  As a reminder, effective January 1, 2023, Arkansas Department of Human Services enacted the following billing policy for NDCs. The system has also been updated to enforce this policy.  When submitting a claim with NDC(s) providers should bill as follows:  - When one (1) NDC is submitted on a claim for a procedure - the detail should be billed without modifier KP or KQ.  - When two (2) NDCs are submitted on a claim for the same procedure code, same date of service - a KP modifier is required on the first detail and a KQ modifier is required on the second detail.  - When three (3) NDCs are submitted on a claim for the same procedure code, same date of service - a KP modifier is required on the first detail and a KQ modifier is required on the second and third detail.  - When four (4) or more NDCs are reported, submit via CMS-1500 Claim Form.  - The first detail shall be billed with a KP modifier and second and subsequent details shall be billed with a KQ modifier.  - When reporting Wastage of each NDC, it should be billed on a separate line with a JW modifier and no KP or KQ modifier.  Note: 340B providers must also bill modifier TB (or JG for DOS through 12/31/2024).  CMS definitions of modifiers:  - KP = First drug of a multiple drug unit dose formulation  - KQ = Second or subsequent drug of a multiple drug unit dose formulation  - JW = Drug wastage  Refer to the 'National Drug Codes (NDCs)' related section in your provider manual for more details.  Any claims processed inappropriately will be reprocessed. | |

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| TO: certified nurse-midwife and nurse practitioner providers | RE: Update For 99402 FP UA UB |
| Procedure code 99402 FP UA UB (FAMILY PLANNING BASIC PHYSICIAN VISIT) has been updated to include Nurse Practitioners and Certified Nurse Midwives as rendering providers.  Claims analysis will be performed going back one year. | |
| TO: Federally qualified health center (FQHC) providers | RE: Updates to Several Procedure Codes for FQHCs |
| When billing an encounter, performed by a Certified Nurse Midwife, a FQHC should bill the same T1015 U5 combinations as would be billed for a physician or nurse practitioner:  ~T1015 U5 (FQHC ENCOUNTER SERVICE, 1ST MEDICAL ENCOUNTER)  ~T1015 U5 UA (FQHC ENCOUNTER SERVICE, 2ND MEDICAL ENCOUNTER)  ~T1015 U5 UB (FQHC ENCOUNTER SERVICE, BEHAVIORAL HEALTH ENCOUNTER)  Place of Service 50 (FQHC) has been added to the following procedure codes: 59410, J7297, J7298, 11976 FP, 11976 FP SB, 11981 FP, and 11981 FP SB.  Procedure codes 11976 FP and 11976 FP SB have been updated to be covered when billed by a FQHC.  Claims analysis will be performed going back one year. | |

***Thank you for your participation in the Arkansas Medicaid Program. If you have questions regarding these messages, please contact the Provider Assistance Center at (800) 457-4454 toll-free or locally at (501) 376-2211. Remittance Advices can be found using Search Payment History on the Arkansas Medicaid Provider Portal at*** [***https://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx***](https://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx)***.***