Messages for Remittance Advices dated June 5, 2025 – June 12, 2025

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| TO: Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services providers | RE: New Coverage for Comprehensive Autism Evaluation Codes Under THER Contract Effective 7/1/2025 |
| Effective July 1, 2025, the system will cover the following procedure codes under the Therapy (THER) contract:PROC MODDESCRIPTIONAGELIMIT96112 U6COMPREHENSIVE AUTISM EVALUATION FIRST HOUR18 months thru 20 yrs1 PER SFY96113 U6COMPREHENSIVE AUTISM EVALUATION ADDTL 30 MIN18 months thru 20 yrs2 PER SFY |
| TO: Hospice providers | RE: Hospice Provider Manual Updates |
| Effective June 1, 2025, Arkansas Department of Human Services will update the following sections of the Hospice Provider Manual.• Section 220.200 - Added sub-section K instructing providers to complete the new form, DMS-9939, when a beneficiary is being admitted or discharged, and providing a hyperlink to the new form.• Section 250.230 - Updated field 04 to include reference to streamline hospice provider coding for claims. |
| TO: transportation providers | RE: Updated List of Drug Codes that Require Being Billed with A0426 or A0427 |
| Effective immediately, the following drug codes have been added to the required list of codes that must be billed with A0426 (ALS 1) or A0427 (ALS1-EMERGENCY) to be reimbursed:J0153 J1200 J2560J0280 J1201 J2561J0461 J1265 J3410J1100 J2060 J3475J1160 J2550 J3480Please reference the Transportation Procedure Code Table for a complete list. |
| TO: Area Health Education Center (AHEC) and Physician providers | RE: Place of Service Updates for Procedure Code 50435 |
| The Arkansas Department of Human Services has updated coverage in the MEDSV and ASTSG contracts to allow procedure 50435 [EXCHANGE NEPHROSTOMY CATH] to be performed in an ASC Place of Service (24).Claims analysis will be performed going back one year. |

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| TO: Certified Nurse-Midwife providers | RE: Fetal Ultrasound Procedure Codes Covered for Certified Nurse Midwives |
| Arkansas Department of Human Services has updated the system to include covering the below Fetal Ultrasound procedure codes when rendered by a Certified Nurse Midwife effective June 1, 2025.76801 - OB US < 14 WKS SINGLE FETUS76802 - OB US < 14 WKS ADDL FETUS76805 - OB US >= 14 WKS SNGL FETUS76810 - OB US >= 14 WKS ADDL FETUS76811 - OB US DETAILED SNGL FETUS76812 - OB US DETAILED ADDL FETUS76813 - OB US NUCHAL MEAS 1 GEST76814 - OB US NUCHAL MEAS ADD-ON76815 - OB US LIMITED FETUS(S)76817 - TRANSVAGINAL US OBSTETRIC |

***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)***.***