Messages for Remittance Advices dated July 24, 2025 – July 31, 2025

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| TO: Hospital and Physician Providers | RE: Procedure Code Q2009 Update |
| Procedure Code Q2009 (FOSPHENYTOIN INJ PE) under the MEDSV and OUTPA contracts no longer require a diagnosis from group 603. Claims analysis will be performed. | |
| TO: Transportation providers | RE: Miles Traveled For Ground Transportation Claims-Providers Have Ability To Submit The Decimal |
| It has come to our attention that when submitting transportation claims some ground transportation providers are rounding the number of miles traveled and some are submitting the decimal. As a reminder, the system changed in 2020 to allow ground transportation providers to have the ability to submit the decimal. Providers must bill using the decimal places for ground transportation mileage and rounding will not be accepted.  Below is Section 205.000 A(4) from the current Transportation policy manual updated August 3, 2020, that addresses the number of miles traveled.  205.000 Records Ambulance Providers Are Required to Keep 8-3-20  A. Ambulance providers are required to keep the following records and, upon request, to immediately furnish the records to authorized representatives of the Arkansas Division of Medical Services and the State Medicaid Fraud Control Unit and to representatives of the Department of Human Services:  4. Number of miles traveled – Mileage at transport origin and mileage at transport destination, while loaded, must be documented. Mileage is paid only for that part of the trip the patient is a passenger in the ambulance. The loaded miles must be recorded on the Patient Care Report (PCR). The provider is still responsible for ensuring trip mileage is measured and reported accurately, even in cases where the ambulance personnel fail to reset the trip odometer at the beginning of the trip. Detailed explanation of what occurred must be documented. Acceptable tools used to measure mileage include:  a. Odometer readings (both beginning and ending mileage must be documented);  b. Global Positioning Systems (GPS) (GPS printout must be included in documentation); and,  c. Map mileage documented by using an electronic mapping system (such as Google Maps or MapQuest)  The provider is responsible for ensuring any tools used to measure trip mileage are in working order. Ambulance providers are required to use the shortest route in time between point “A” to “B”. If the shortest route cannot be used, the reason why must be documented. | |
| TO: all providers | RE: Q3014 Rate |
| The rate for Q3014 (TELEHEALTH FACILITY FEE) had inadvertently been turned off on 06/19/2025. It has been turned back on as of 7/17/2025. Claims analysis will be performed for any claims that may have denied in error. | |
| TO: Certified Nurse-Midwife (CNM), Nurse Practitioner, and Physician providers | RE: Coverage Update for 58300 and 58301 |
| The Arkansas Department of Human Services has updated coverage for the procedure codes and contracts identified below, retroactive to 7/1/2024.  This update only affects non-Family Planning indications. For Family Planning related billing please refer to the Procedure Code tables and billing policy guidelines.  Claims analysis will be performed to identify and reprocess any claims that may have denied before the coverage was updated.  PROC - DESCRIPTION - CONTRACT - GENDER  58300 - INSERT INTRAUTERINE DEVICE - CNMW, MEDSV, and NURSP - Female  58301 - REMOVE INTRAUTERINE DEVICE - CNMW, MEDSV, and NURSP - Female | |
| TO: all providers | RE: Pharmacy Adding Electronic PA (ePA) and CoverMyMeds |
| Beginning August 1, 2025, the Arkansas Medicaid Pharmacy Program will add new functionality to begin accepting electronic prior authorization (ePA) requests via CoverMyMeds® in addition to fax requests.  By prompting prescribers to answer required clinical questions, the CoverMyMeds tool will simplify the prior authorization process and offer real-time approval if clinical criteria are met. With the new functionality, prescribers will be able to submit prior authorization requests electronically, upload supporting documents, and track the request in real time.  Additionally, pharmacy providers who utilize CoverMyMeds can initiate medication ePA requests on behalf of a beneficiary. CoverMyMeds will direct the case to the prescriber’s queue prompting them to complete and submit the ePA to Arkansas Medicaid.  Please refer to the Arkansas Medicaid Pharmacy Website at https://ar.primetherapeutics.com/provider-documents for additional information on ePA and CoverMyMeds. | |

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>.