Messages for Remittance Advices dated March 13, 2025 – March 20, 2025

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| TO: All inpatient providers | RE: MUMP INPATIENT |
| Effective 3/25/2025: Inpatient providers can now submit claims spanning multiple Prior Authorization (PA) line segments with continuous authorized dates under the same prior PA, without cutting back or denying. Claims will continue to rely on the PA for processing and allocate the days to the corresponding PA line items under the same PA.  However, if authorized dates are not continuous, the claim will be reduced starting from the From Date of Service (FDOS) until continuity of authorized dates is reestablished.  Continuous dates are defined as follows: The end date of the current segment plus one day must match the effective date of the next segment. If the end date of the one PA line item is the same as the effective date of the next line item, this is considered overlapping, not continuous.  Prior Authorizations are no longer required for the first four days of an inpatient stay, even if the difference between the To Date of Service (TDOS) and admit date plus one exceeds four days.  A new Explanation of Benefits (EOB) will post to paid claims for any cutbacks due to PA units being exhausted for the Date of Service (DOS) billed. This EOB will instruct the provider to request a PA extension and rebill, rather than writing off the charges.  -- EOB 9012 – Cutbacks due to PA units exhausted. Request PA extension and rebill.  Additionally, CARC 151 and RARC N435 will be included on the EOB and the 835 file, indicating that a PA extension and rebill are required for the inpatient claim to adjudicate properly.  -- CARC 151: Payment Adjusted because the payer deems the information submitted does not support this many/frequency of services.  -- N435: Exceeds number/frequency approved/allowed with time period without support documentation. | |
| TO: Nurse Practitioner providers | RE: Coverage for Procedure Codes 38220, 38221, and 38222 |
| The Arkansas Department of Human Services has updated coverage for the procedure codes identified below retroactive to 3/1/2024, under the Nurse Practitioner (NURSP) Contract.  38220 DX BONE MARROW ASPIRATIONS  38221 DX BONE MARROW BIOPSIES  38222 DX BONE MARROW BX & ASPIR  Claims analysis will be performed to identify and reprocess any claims that may have denied before the coverage was updated. | |
| TO: Prosthetics Providers | RE: Units Per Day (UPD) Updated for E2384 and E2387 |
| Procedure codes E2384 (PNEUMATIC CASTER TIRE) and E2387 (FOAM FILLED CASTER TIRE) will have a maximum of 4 units per day allowed to align with the National Correct Coding Initiative (NCCI) recommendation, retroactively effective 1/1/2025. Claims analysis will be completed. | |

***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)***.***