Messages for Remittance Advices dated March 27, 2025 – April 3, 2025

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| TO: SPecified providers | RE: Accounting code error |
| Your RA for the March 28 financial cycle will include one or more expenditures and one or more account receivables that will have a net zero effect on your payment. There was an accounting code error on one or more of your 09/05/2024 account receivables that we need to correct. You will see an expenditure code of 0815 and an account receivable code of 0950. Again, the net effect of your payment will be zero. We regret the inconvenience this may cause. | |
| TO: HOSPITAL and PHYSICIAN providers | RE: Coverage for Procedure Code 58674 - LAPS ABLTJ UTERINE FIBROIDS |
| The Arkansas Department of Human Services has updated coverage for procedure code 58674, retroactive to 3/1/2024, under the contracts as noted below.  Provider ContractModifierPAMed RevGender  AMBSCSGYYF  ASTSG80, 81,82YYF  MEDSVYYF  OUTPAYYF  Claims analysis will be performed to identify and reprocess any claims that may have denied before the coverage was updated. | |
| 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: HosPITAL, Independent Lab, Nurse Practitioner, and PHYSICIAN providers | RE: Diagnosis Group 700 Updated |
| A diagnosis from group 700 (CYSTIC FIBROSIS DIAGNOSIS GROUP) is required when billing procedure codes 81220-81224. Diagnosis Group 700 has been updated to include the following diagnosis codes:  Z130 - ENCNTR SCREEN FOR DIS OF THE BLD/BLD-FORM ORG/IMMUN MECHNSM  Z131 - ENCOUNTER FOR SCREENING FOR DIABETES MELLITUS  Z1321 - ENCOUNTER FOR SCREENING FOR NUTRITIONAL DISORDER  Z13220 - ENCOUNTER FOR SCREENING FOR LIPOID DISORDERS  Z13228 - ENCOUNTER FOR SCREENING FOR OTHER METABOLIC DISORDERS  Z31430 - ENCNTR FEM FOR TEST FOR GENETC DIS CARRIER STAT FOR PRO MGMT  Claims analysis will be performed going back one year. | |
| TO: Area Health Education Center (AHEC); ARKids First-B; Early Intervention Day Treatment (EIDT); hearing services; Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services; Physician; and Visual Care | RE: ARKids Hearing/Vision Screenings |
| Arkansas Department of Human Services has updated the system to align with the EPSDT provider manual to prevent periodic hearing and vision screenings from being reimbursed on the same day or within 7 days of a medical screening.  The system has also been updated to bypass co-pay for ARKids for procedure 99173 - VISUAL ACUITY SCREEN. | |

***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)***.***