Messages for Remittance Advices dated June 26, 2025 – July 3, 2025

|  |  |  |  |
| --- | --- | --- | --- |
| TO: all providers | RE: Provider Search Features for Enhanced Accessibility Added to the Health Care Portals | | |
| New capabilities have been added to the Health Care portals to enhance search capabilities. Providers and beneficiaries can now more quickly identify providers who offer accommodations for special needs. These capabilities include:   * American Sign Language (ASL) as a searchable language option * Facility and telehealth accommodations available as filterable criteria   All providers should review their accommodation information and update it. Providers seeking to complete revalidation, enrollment, or re-enrollment with Arkansas Medicaid will be required to review and provide accommodation information in order to submit their applications.  Further search enhancements and self-service tools to update provider information are coming soon. | | | |
| TO: all providers | RE: New Electronic Submission Requirements for Provider Enrollment Applications and Updates | | |
| Effective July 15, 2025, initial provider enrollment applications (except Long Term Care Facilities) must be submitted electronically through the provider portal at https://portal.mmis.arkansas.gov/armedicaid/provider/Home/ProviderEnrollment/tabid/477/Default.aspx  Online submission is the fastest and most effective way to enroll as an Arkansas Medicaid Provider because   * enrollment time decreases — from weeks to days. * issues related to the quality of attachments and illegible applications are decreased or eliminated. * real-time status updates on applications are available. * applications are returned to providers less frequently for clarification or additional information and no associated mailing delays occur. * application delays often result in failure to meet revalidation requirements causing a provider to temporarily lose the ability to bill for services. * a higher percentage of electronic application submissions are successful.   For the rare occasions when a provider is unable to enroll using the portal, the state will review the situation and may approve submission of a paper application on a case-by-case basis. State review and approval will only occur if the provider has exhausted all options to enroll using the portal.  In addition to the new electronic enrollment requirement, paper requests received by Provider Enrollment for tasks and updates that can be completed using the self-service option will be returned to the provider.  A new job aid will soon be added to the Provider Training Information webpage (ar.gov/ProviderTrainingInfo) that will outline self-service options and how to use them.  As noted earlier, Long Term Care Facilities are not required to submit enrollment applications electronically through the portal. Currently, these applications for enrollment must be submitted by paper application. General information from the Office of Long Term Care (OLTC) along with contact information for assistance with enrollment questions can be found on the OLTC webpage at ar.gov/oltc. | | | |
| TO: nurse practitioner Providers | RE: Procedure 99417 added to Audit 6890 | | |
| The Arkansas Department of Human Services has updated Audit 6890 [16 PROVIDER VISITS PER SFY] to include procedure 99417 [PROLNG OP E/M EACH 15 MIN] for Nurse Practitioners. This limitation audit ensures that members are allowed 16 visits per State Fiscal Year for members age 21-999. | | | |
| TO: Ambulatory Surgical Center (ASC), Arkansas Department of Health (ADH), Certified Nurse-Midwife (CNM), Federally Qualified Health Center (FQHC), Nurse Practitioner, Hospital, Physician, and Rural Health Clinic | | | RE: Obstetrics (OB) Services Billing Changes (Global/Itemized) and Postpartum Visits |
| Effective July 1, 2025, Arkansas Department of Human Services:  1. Will no longer cover global OB codes unless the beneficiary has Third-party Liability (TPL) insurance and/or Medicare.  2. Applicable E&M procedure codes with TH (OB TX/SRVCS PRENATL/POSTPART) modifier to be billed for postpartum visits.  Please reference ON-019-25 for a complete list of codes that should be billed.  https://humanservices.arkansas.gov/wp-content/uploads/ON-019-25.docx | | | |
| TO: All Providers | | | RE: Vaccine/Immunization Billing Rules |
| There is a phased effort over the next few months to review and update the vaccine and immunization procedure codes to ensure they are set up appropriately for each applicable provider contract. The corresponding procedure code tables will be updated as the updates are completed. | | | |
| TO: Family Planning Clinic, hospital, Independent Laboratory, Nurse Practitioner, Physician, and Rehabilitation Center providers | | | RE: CLIA Waived Codes with MOD QW |
| The following procedure codes have been updated to be CLIA Waived:  87521 QW - effective 10/01/2024  81515 QW - effective 01/01/2025  87563 QW - effective 01/16/2025  87491 QW - effective 01/16/2025  87591 QW - effecitve 01/16/2025  Claims analysis will be performed to identify any claims that may have been impacted due to a retroactive update. | | | |
| TO: All Providers | | RE: New Coverage - Presumptive Eligibility – Pregnant Women (PE-PW) | |
| On July 1, 2025, and effective for dates of service on or after June 9, 2025, the Department of Humans Services (DHS) is adding presumptive eligibility for pregnant women under Medicaid, pursuant to Acts 124 and 140 of 2025. Presumptive Eligibility – Pregnant Women (PE-PW) is to offer immediate health care coverage to pregnant women likely to be eligible for Medicaid before there has been a full eligibility determination. Medicaid will provide a temporary aid category for PE-PW, with coverage restricted to prenatal services and services for conditions that may complicate the pregnancy, in an outpatient setting only.  Please reference ON-020-25 for more details and billing guidelines for PE-PW Members. | | | |
| TO: Area Health Education Center (AHEC) and PHYSician providers | | RE: Place of Service Updates for Procedure Code 50693 | |
| The Arkansas Department of Human Services has updated coverage in the MEDSV and ASTSG contracts to allow procedure 50693 [PLMT URETERAL STENT PRQ] to be performed in an ASC Place of Service (24).  Claims analysis will be performed going back one year. | | | |
| 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 MODDESCRIPTIONAGELIMIT  96112 U6COMPREHENSIVE AUTISM EVALUATION FIRST HOUR18 months thru 20 yrs1 PER SFY  96113 U6COMPREHENSIVE AUTISM EVALUATION ADDTL 30 MIN18 months thru 20 yrs2 PER SFY | | | |

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>.