Messages for Remittance Advices dated July 17, 2025 – July 24, 2025

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| 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. | |
| TO: all providers | RE: New Edit 519 (ADMIT DATE/FDOS POLICY CONFLICT) - Effective 7/15/2025 |
| Arkansas Department of Human Services will be activating a new edit 519 (ADMIT DATE/FDOS POLICY CONFLICT) effective date of service 7/15/2025. If the header admit date is greater (after) than the header first date of service, the edit will post error message 1263 (ADMIT DATE AND FDOS DO NOT ALIGN WITH POLICY. REFER TO AR PROVIDER BILLING MANUALS, SECTION II.). This edit will be for Claim Types A (Inpatient Xover), I (Inpatient) and L (Long Term Care). | |

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>.