Messages for Remittance Advices dated July 31, 2025 – August 7, 2025

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| TO: All Providers | RE: Revised–New Edit for 340B Medical Billing |
| The Arkansas Department of Human Services has made updates to the MMIS core system to ensure claims are billed in accordance with the National Drug Code (NDC) billing instructions found in Section II of the appropriate Provider Manuals noted below:  Ambulatory Surgical Center Section 242.400  Certified Nurse-Midwife Section 272.531  Critical Access Hospital Section 272.102  End-Stage Renal Disease Section 272.102  Family Planning Section 292.910  Home Health Section 242.143  Hyperalimentation Section 242.401  Hospital Section 272.102  Independent Lab Section 292.910  Independent Radiology Section 292.910  Nurse Practitioner Section 252.438  Oral Surgeon Section 292.910  Podiatrist Section 242.450  Physician Section 292.910  Primary Care Physician Section 292.910  Prosthetics (includes DME and Orthotics) Section 242.401  Radiation Therapy Center Section 292.910  Transportation Section 252.110  Previously there was a 90 day grace period for claims billed incorrectly where edit 1014 was set to Post and Pay when billed incorrectly. This grace period has now ended.  Effective August 1, 2025, this new edit will Deny all claim lines which are not billed in accordance with Arkansas Policy related to the Drug Procedure (HCPCS/CPT) to NDC Relationship and Billing Principles.  --To ensure your claims are billed correctly and with appropriate units, providers should refer to examples found in Section II of the appropriate manuals noted above.  --There are NDC Units Calculator tools available through various vendors.  --Explanation of Benefit (EOB) 1257 – Submitted NDC Units are Greater than Covered HCPCS Units; will appear on your remittance advice for informational purposes. | |
| 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: Physician Providers | RE: Place of Service Updates for Procedure Code 22511 |
| The Arkansas Department of Human Services has updated coverage in the MEDSV and ASTSG contracts to allow procedure 22511 [PERQ LUMBOSACRAL INJECTION] to be performed in an ASC Place of Service (24).  Claims analysis will be performed going back one year. | |
| 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. | |

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>.