



Division of Medical Services
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UPDATED MEMORANDUM (DMS-47)

To: Medicaid Providers
From: Division of Medical Services (DMS)
Date: December 7, 2020
Re: Expanded Laboratory and X-Ray Benefit.

In response to the COVID-19 outbreak in Arkansas and consistent with CMS's coverage and payment for COVID-19 diagnostic testing, DMS is exempting claims where a patient is diagnosed with COVID-19 from the lab and x-ray benefit limit outlined in Section 225.100 of the Medicaid Provider Manual for Physician/Independent Lab/CRNA/Radiation Therapy Centers.

If one of the following COVID-19 diagnoses is listed on any diagnosis field/position on the claim, the procedure will not count against the annual \$500.00 benefit limit for lab and x-ray for adults over the age of 21:

- A41.89—Other specified sepsis
- O98.511—Other viral diseases complicating pregnancy, first trimester
- O98.512—other viral diseases complicating pregnancy, second trimester
- O98.513—other viral diseases complicating pregnancy, third trimester
- O98.519—other viral diseases complicating pregnancy, unspecified trimester
- O98.52—Other viral disease complicating childbirth
- O98.53—other viral disease complicating the puerperium
- U07.1—COVID-19
- Z03.818—Encounter for observation for suspected exposure to other biological agents ruled out
- Z09—Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
- Z11.59—Encounter for screening for other viral diseases
- Z20.828—Contact with and (suspected) exposure to other viral communicable disease

This policy suspension will date back to July 1, 2020. Any improperly denied claims will be reprocessed.

To ensure quality and consistency of care to Medicaid beneficiaries, DMS will coordinate with the Office of the Medicaid Inspector General (OMIG) to conduct retrospective reviews and audits of all services provided during this time. Please keep all records of services as required by Medicaid billing rules.