

## Arkansas Medicaid ARKids First-B Screenings / SCHIP Vaccines Fee Schedule

This fee schedule does not address the various coverage limitations routinely applied by Arkansas Medicaid before final payment is determined (e.g., beneficiary and provider eligibility, benefit limits, billing instructions, frequency of services, third party liability, age restrictions, prior authorization, co-payments/coinsurance where applicable). Procedure codes and/or fee schedule amounts listed do not guarantee payment, coverage or amount allowed.

Although every effort is made to ensure the accuracy of this information, discrepancies may occur. This fee schedule may be changed or updated at any time to correct such discrepancies. The reimbursement rates reflected in this fee schedule are in effect as of the date of this report. The reimbursement rate applied to a claim depends on the claim's date of service because Arkansas Medicaid's reimbursement rates are date-of-service effective. This fee schedule reflects only procedure codes that are currently payable. Any procedure code reflecting a Medicaid maximum of \$0.00 is manually priced.

This fee schedule only reflects the ARKids First-B screenings and SCHIP immunizations. You will need to access the applicable fee schedule for all other services covered for the ARKids First-B program.

Please note that Arkansas Medicaid will reimburse the lesser of the amount billed or the Medicaid maximum. For a full explanation of the procedure codes and modifiers listed here, refer to your Arkansas Medicaid provider manual and provider notices.

*Current Dental Terminology* (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright © 2009 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

Run Date 2/26/21

### SCHIP Vaccines Fee Schedule

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Medicaid Maximum Allowed Amount
90620	SL				\$13.14
90621	SL				\$13.14
90630	SL				\$15.45
90633	SL				\$13.14
90634	SL				\$13.14
90636	SL				\$13.14
90647	SL				\$15.45
90648	SL				\$15.45
90649	SL				\$13.14

90650	SL				\$13.14
90651	SL				\$13.14
90654	SL				\$15.45
90655	SL				\$15.45
90656	SL				\$15.45
90657	SL				\$15.45
90658	SL				\$15.45
90660	SL				\$15.45
90670	SL				\$13.14
90672	SL				\$15.45
90673	SL				\$15.45
90674	SL				\$15.45
90680	SL				\$13.14
90681	SL				\$13.14
90682	SL				\$15.45
90685	SL				\$15.45
90686	SL				\$15.45
90688	SL				\$15.45
90696	SL				\$13.14
90698	SL				\$15.45
90700	SL				\$13.14
90702	SL				\$13.14
90707	SL				\$13.14
90710	SL				\$13.14
90713	SL				\$13.14
90714	SL				\$13.14
90715	SL				\$13.14
90716	SL				\$13.14
90723	SL				\$13.14
90732	SL				\$13.14
90733	SL				\$13.14
90734	SL				\$13.14
90740	SL				\$13.14
90743	SL				\$13.14
90744	SL				\$13.14
90747	SL				\$13.14
90748	SL				\$15.45
90756	SL				\$15.45

### ARKIDS B Screening Fee Schedule

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Medicaid Maximum Allowed Amount
92567					\$16.50
92567	TC				\$16.50
97110					\$21.76
97110	UB				\$17.40
97150					\$5.94
97150	UB				\$4.75
99070					\$11.00
99381					\$61.01
99382					\$61.01
99383					\$61.01
99384					\$61.01
99385					\$61.01
99391					\$61.01
99392					\$61.01
99393					\$61.01
99394					\$61.01
99395					\$61.01
99460	UA				\$108.16
99461	UA				\$108.16
99463	UA				\$108.16