

Arkansas Medicaid Living Choices Assisted Living 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.

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. See the table below for whether a county is designated as rural or non-rural. Facilities in counties that are designated as rural will receive an additional five percent rate differential.

County Code	County	Provider Location
2	Ashley	Rural
3	Baxter	Rural
4	Benton	Non-Rural
5	Boone	Rural
8	Carroll	Rural
10	Clark	Rural
11	Clay	Rural
12	Cleburne	Rural
14	Columbia	Rural
16	Craighead	Non-Rural
17	Crawford	Non-Rural
20	Dallas	Rural
21	Desha	Rural
22	Drew	Rural
23	Faulkner	Non-Rural
26	Garland	Non-Rural
27	Grant	Non-Rural
29	Hempstead	Rural
30	Hot Spring	Rural
32	Independence	Rural

County Code	County	Provider Location
35	Jefferson	Non-Rural
40	Lincoln	Non-Rural
43	Lonoke	Non-Rural
44	Madison	Non-Rural
46	Miller	Non-Rural
47	Mississippi	Rural
49	Montgomery	Rural
55	Pike	Rural
57	Polk	Rural
60	Pulaski	Non-Rural
61	Randolph	Rural
62	Saline	Non-Rural
63	Scott	Rural
65	Sebastian	Non-Rural
68	St. Francis	Rural
69	Stone	Rural
70	Union	Rural
71	Vanburen	Rural
72	Washington	Non-Rural
73	White	Rural

Run Date 1/1/22

Provider Type: 94

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Provider Location	Medicaid Maximum Allowed Amount
Q3014						\$2.54
T2031					Rural	\$85.67
T2031					Non-Rural	\$81.59