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MEMORANDUM (DMS-18)

To: Medicaid Providers

From: Division of Medical Services (DMS)

Date: March 31, 2020

Re: Suspension of 12 Visit Limit during the COVID-19 Public Health Emergency

In response to the COVID-19 outbreak in Arkansas and consistent with CMS's coverage and payment for COVID-19 diagnosis and treatment, DMS is suspending Section 225.00 and 226.000 of the Medicaid Provider Manual for Physician/Independent Lab/CRNA/Radiation Therapy Center.

Specifically, physician and hospital visits related to the treatment of COVID-19 will not count in the twelve (12) visit annual limit. To exempt these visits from the limit, the provider must document one of the COVID-19 related diagnosis codes, which can be found at:

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Guidance-Interim-Advice-coronavirus-feb-20-2020.pdf>

Additionally, physician and Nurse Practitioner (APRN) visits to patients in skilled nursing facilities will not count against the twelve-visit limit for those beneficiaries.

This guidance is effective for dates of service from March 31, 2020 and will be in place throughout the public health emergency.

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 services provided pursuant to this guidance. Please keep all records of services as required by Medicaid billing rules.