ARKANSAS DEPARTMENT OF HUMAN SERVICES

Arkansas Department of Human Services (AR DHS)
Billing and MMIS

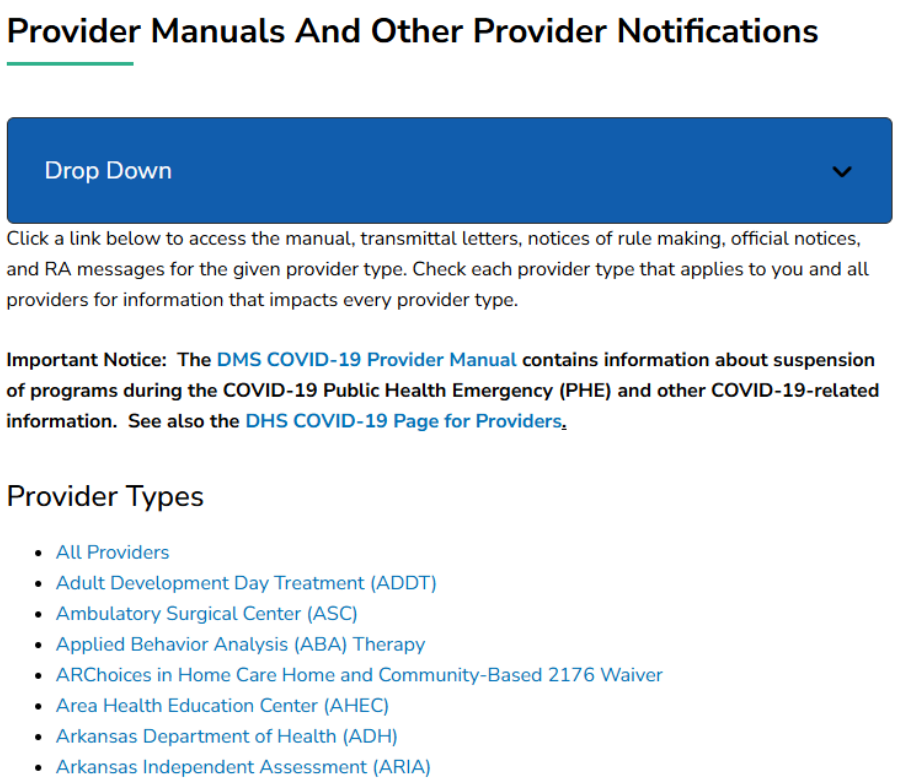
October 23, 2025

Billing and MMIS
Overview

- Overview of Billing
  - Provider Manual
  - HCPCS Procedure Codes
  - Fee Schedule
  - Prior Authorizations
  - Electronic Visit Verification
- Medicaid Management Information System MMIS
  - Enrollment
  - Revalidation
  - Updating Provider Information
  - Ability to Enter Rendering Provider using portal billing

Billing Overview
Provider Manual

- Start with the Provider Manual: https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/



Provider Manuals And Other Provider Notifications

Drop Down

Click a link below to access the manual, transmittal letters, notices of rule making, official notices, and RA messages for the given provider type. Check each provider type that applies to you and all providers for information that impacts every provider type.

Important Notice: The DMS COVID-19 Provider Manual contains information about suspension of programs during the COVID-19 Public Health Emergency (PHE) and other COVID-19-related information. See also the DHS COVID-19 Page for Providers.

Provider Types

- All Providers
- Adult Development Day Treatment (ADDT)
- Ambulatory Surgical Center (ASC)
- Applied Behavior Analysis (ABA) Therapy
- ARChoices in Home Care Home and Community-Based 2176 Waiver
- Area Health Education Center (AHEC)
- Arkansas Department of Health (ADH)
- Arkansas Independent Assessment (ARIA)

Billing Overview
Provider Manual Sections

Personal Care

Drop Down

The following documents are available for this provider type. See also All Providers.

Provider Manual

- Section I – General Medicaid Policy
  - Section I
  - Section I Update Log
  - Other Policy-Related Notifications for All Provider Types
- Section II – Program Policy
  - Section II
  - Section II Update Log
  - Other Policy-Related Notifications for this Provider Type
- Section III – Billing Information
  - Section III
  - Section III Update Log
- Section IV – Glossary
  - Section IV
  - Section IV Update Log
- Section V – Forms and Contacts
  - Section V
  - Section V Update Log

Billing Overview
Provider Manual Section II

Billing Overview
Provider Manual Section III

SECTION III - BILLING DOCUMENTATION

CONTENTS

Billing Overview
Procedure Codes

262.000 CMS-1500 Billing Procedures

262.100 Personal Care Billing 3-1-08

A. Providers must use applicable HCPCS procedure codes and modifiers listed in the following section.

B. All billing by any media requires the correct national standard place of service code.

262.101 Personal Care for a Beneficiary Aged 21 or Older (Non-RCF) 1-1-19

Procedure Code	Modifier	Service Description
T1019	U3	Personal Care for a non-RCF Beneficiary Aged 21 or Older, per 15 minutes (requires prior authorization)

262.102 Personal Care for a Beneficiary Under 21 (Non-RCF) 3-1-08

Billing Overview
Procedure Code Linking Table

ADULT DEVELOPMENTAL DAY TREATMENT (ADDT)

Procedure Code Table & Fee Schedule | Division of Developmental Disabilities Services (DDS)

Provider Contract ADDT | Table Version 12/15/2021 | Fee Schedule Run Date 9/15/2021

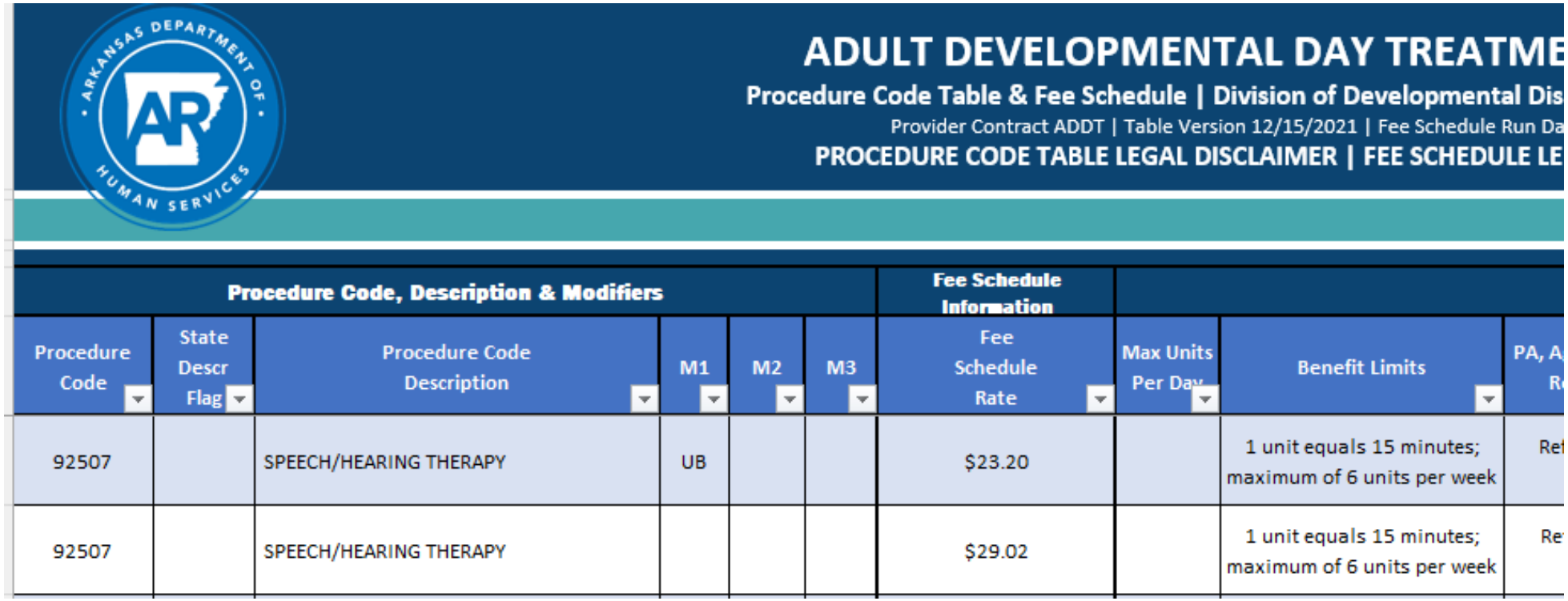
PROCEDURE CODE TABLE LEGAL DISCLAIMER | FEE SCHEDULE LEGAL DISCLAIMER

ARMedicaid

For Provider Resources, Click Here

Procedure Code, Description & Modifiers						Fee Schedule Information	Procedure Code Information & Billing Requirements							
Procedure Code	State Descr Flag	Procedure Code Description	M1	M2	M3	Fee Schedule Rate	Max Units Per Day	Benefit Limits	PA, Age, Diag and POS Requirements	Age Limits	Diag Required	Place of Service Codes (POS)	Links & Information	Type of Therapy or Services
92507		SPEECH/HEARING THERAPY	UB			$23.20		1 unit equals 15 minutes; maximum of 6 units per week	Refer to 220.000	18+ Years Old	Refer to 212.300	02, 49	Individual Speech-Language Therapy by Speech-Language Language Pathology Assistant	Speech-Language Therapy Procedure Codes
92507		SPEECH/HEARING THERAPY				$29.02		1 unit equals 15 minutes; maximum of 6 units per week	Refer to 220.000	18+ Years Old	Refer to 212.300	02, 49	Individual Speech-Language Session by Speech-Language Therapist	Speech-Language Therapy Procedure Codes

Billing Overview
Procedure Code Linking Table



ADULT DEVELOPMENTAL DAY TREATME

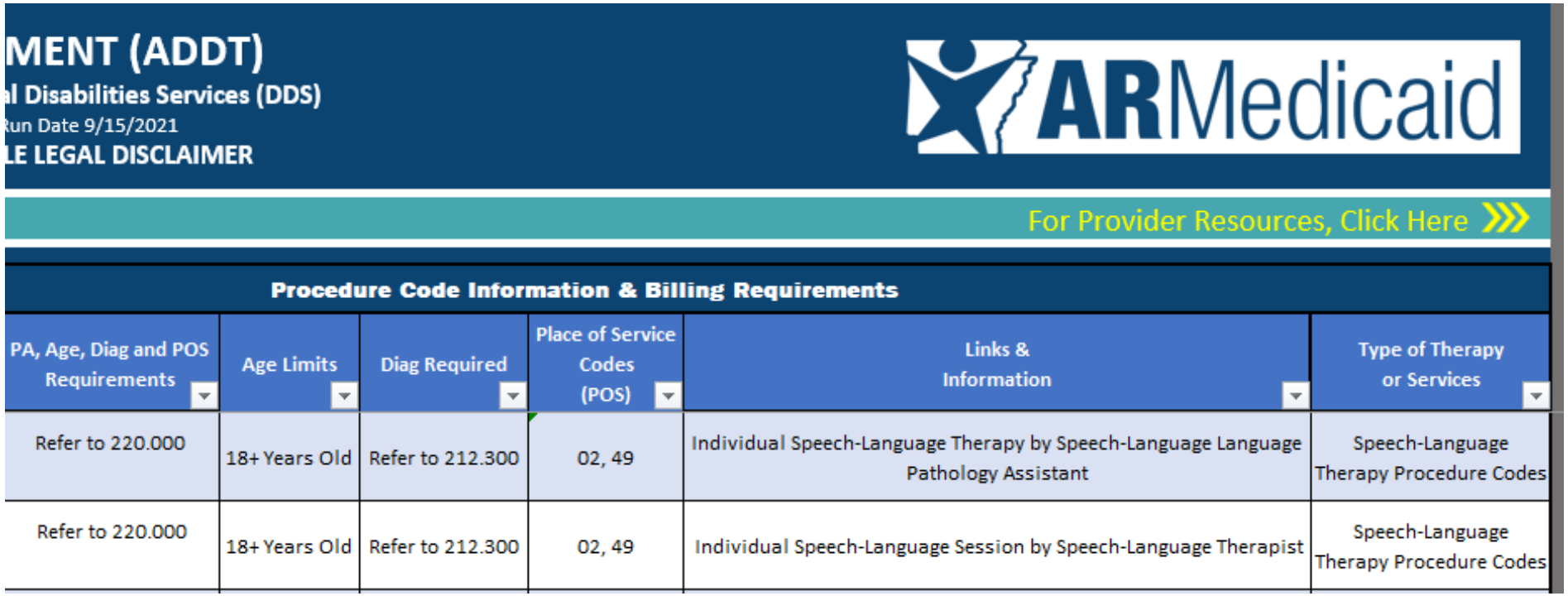
Procedure Code Table & Fee Schedule | Division of Developmental Dis

Provider Contract ADDT | Table Version 12/15/2021 | Fee Schedule Run Da

PROCEDURE CODE TABLE LEGAL DISCLAIMER | FEE SCHEDULE LE

Procedure Code, Description & Modifiers						Fee Schedule Information			
Procedure Code	State Descr Flag	Procedure Code Description	M1	M2	M3	Fee Schedule Rate	Max Units Per Day	Benefit Limits	PA, A R
92507		SPEECH/HEARING THERAPY	UB			$23.20		1 unit equals 15 minutes; maximum of 6 units per week	Ref
92507		SPEECH/HEARING THERAPY				$29.02		1 unit equals 15 minutes; maximum of 6 units per week	Re

Billing Overview
Procedure Code Linking Table



MENT (ADDT)
l Disabilities Services (DDS)
Run Date 9/15/2021
LE LEGAL DISCLAIMER

ARMedicaid

For Provider Resources, Click Here

Procedure Code Information & Billing Requirements

PA, Age, Diag and POS Requirements	Age Limits	Diag Required	Place of Service Codes (POS)	Links & Information	Type of Therapy or Services
Refer to 220.000	18+ Years Old	Refer to 212.300	02, 49	Individual Speech-Language Therapy by Speech-Language Language Pathology Assistant	Speech-Language Therapy Procedure Codes
Refer to 220.000	18+ Years Old	Refer to 212.300	02, 49	Individual Speech-Language Session by Speech-Language Therapist	Speech-Language Therapy Procedure Codes

Billing Overview
HCPCS Codes- Example

262.210 **Place of Service Codes** **10-1-22**

The national place of service (POS) code is used for both electronic and paper billing.

Place of Service	POS Codes
Inpatient Hospital	21
Participant's Home	12
Day Care Facility	99
Nursing Facility	32
Provider's Office	11
Other Locations	99

Billing Overview
Fee Schedule

- Fee Schedule is located: https://humanservices.arkansas.gov/wp-content/uploads/ARCHOICES-fees.pdf

Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Medicaid Maximum Allowed Amount
Q3014					$2.54
S5100					$2.47
S5100	U1				$2.47
S5100	TD				$3.14
S5100	TD	U1			$3.14
S5125	U2				$5.12
S5135					$1.68
S5150					$5.12
S5160					$29.90
S5161	UA				$32.62
S5165					$7,500.00
S5170	U1				$5.97
S5170	U2				$5.97
S5170					$5.97
T1005					$0.56
T2015					$6.40
T2015	U3				$6.40

Billing Overview
Prior Authorization

240.000	PRIOR AUTHORIZATION	10-1-22

Attendant care, personal care and prevocational services provided under an authorized PCSP require prior authorization. Other services provided under the ARChoices Waiver program under an authorized PCSP do not require prior authorization. The PCSP signed by the DHS PCSP/CC Nurse serves as the authorization for ARChoices waiver services and Personal Care services.

Act 853
95th General Assembly of 2025

As of August 5, 2025, Personal Care, Attendant Care, and Respite Care Providers were no longer required to obtain a certification from the Arkansas Department of Human Services (DHS), Division of Provider Services and Quality Assurance (DPSQA). Act 853 revises Arkansas Code § 20-10-2301(b), by only requiring providers to obtain a private care agency license from the Arkansas Department of Health (ADH).

Electronic Visit Verification

Billing

https://humanservices.arkansas.gov/divisions-shared-services/medical-services/evv-info/

Electronic Visit Verification

Home Health Billing

Electronic Visit Verification (EVV) Home Health–Rendering Provider Requirements

- The services listed below require the rendering provider to be submitted, and indicate the provider type/specialty that the rendering provider must be enrolled as:

Procedure/Modifier Description	Provider Type/Specialty
T1021/TD Home Health RN Visit, Per Visit	95/NT
T1021/TE Home Health LPN Visit, Per Visit	95/NT
T1021/(no Mod) Home Health Aide Visit, Per Visit	95/NT
S9131/UB Home Health Physical Therapy by a Qualified Physical Therapy Assistant	21/TP or 95/NT
S9131/(no Mod) Home Health Physical Therapy by a Qualified Physical Therapist	21/T1 or 95/NT

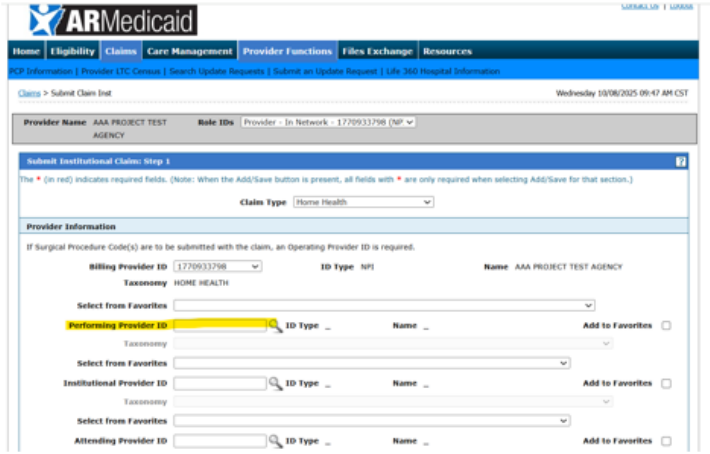
Electronic Visit Verification

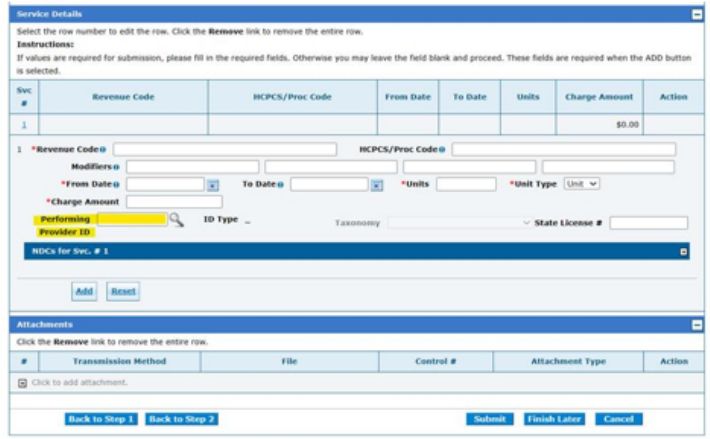
Home Health Billing

EVV Home Health – Rendering Provider Requirements

In accordance with EVV program requirements, Home Health providers must include specific information with each claim or encounter for services subject to EVV. Specifically, the **Performing Provider ID** field must be completed using either the **NPI** or **PIN** of the individual rendering the service, depending on provider type.

Regardless of provider type, this field must always reflect the credentials (NPI or PIN) of the person who delivered the service.



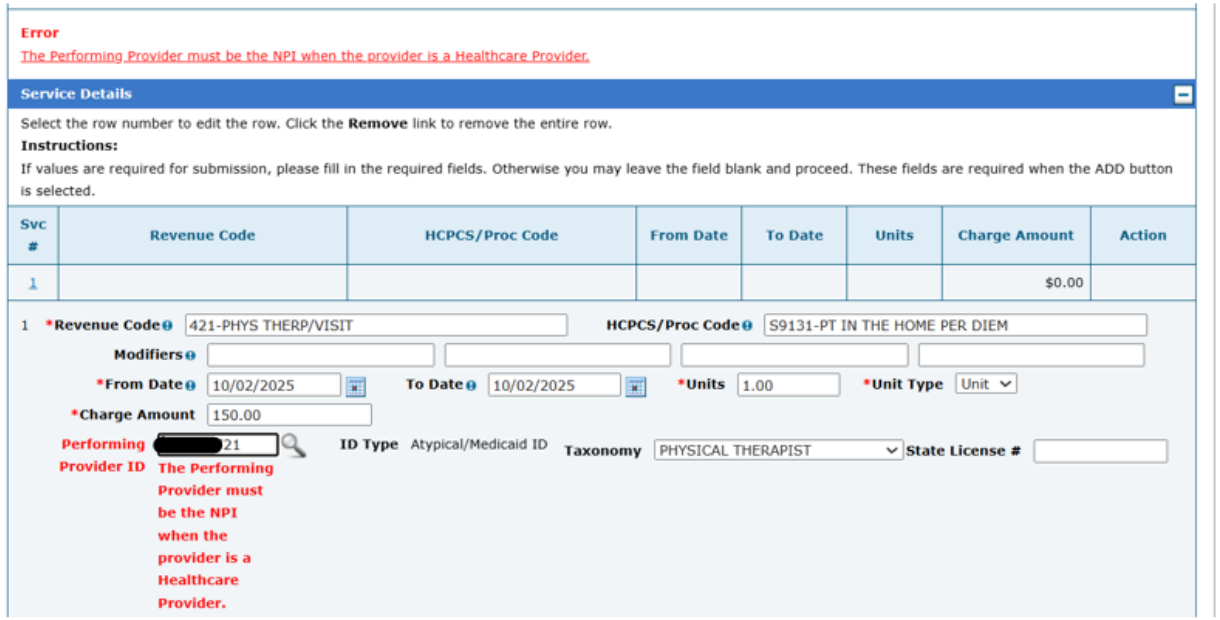


Electronic Visit Verification

Home Health Billing

EVV Home Health – Rendering Provider Requirements

- **PIN** to be used by provider types **95/NT**
- **NPI** to be used by provider type **21/TP** and **21/T1**



Initial provider enrollment applications (except Long Term Care Facilities) must be submitted electronically through the provider portal.

https://humanservices.arkansas.gov/divisions-shared-services/medical-services/provider-enrollment/

MMIS

Revalidation

- Revalidation is required every five years for all provider types except Provider Type 95, which is exempt.
  - The Arkansas Medicaid Provider Portal automatically generates notification letters to advise providers the date their enrollment will expire.
  - Providers are strongly encouraged to submit revalidation **at least 60 days prior to this revalidation due date** to avoid disruption.
  - All required documentation must be submitted *before* the expiration date.

MMIS

Updating Information in MMIS

- Each provider must notify the Medicaid Provider Enrollment Unit in writing immediately regarding any changes to its application or contract, such as:
  - Change of address (**View or print form DMS-673 – Address Change Form.**)
  - Change in members of group, professional association or affiliations
  - Change in practice or specialty

MMIS

Updating Information in MMIS

- Continued:
  - Change in Federal Employer Identification Number (FEIN)
  - Retirement or death of provider
  - Complete change of ownership (**View or print form DMS-0688 – Provider Change of Ownership Information Form.**)
  - Change in Ownership Control (5% or more) or Conviction of Crime (**View or print form DMS-675 – Ownership and Conviction Disclosure.**)
  - Disclosure of Significant Business Transactions (**View or print form DMS-689 – Disclosure of Significant Business Transactions**.)

Billing and MMIS

Summary

- Billing
  - Sections II and III
  - Procedure Codes
  - Procedure Code Linking Table
  - Electronic Visit Verification
- MMIS
  - Enrollment
  - Revalidation
  - Updating Provider Information