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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 22-0003

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form
3) Approved SPA Pages
May 2, 2022

Dawn Stehle  
Deputy Director for Health and Medicaid Director  
Arkansas Department of Human Services  
112 West 8th Street, Slot S401  
Little Rock, AR 72201-4608

Re: Arkansas State Plan Amendment (SPA) 22-0003

Dear Ms. Stehle:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0003. This amendment establishes soft annual limits of $500 on radiology and diagnostic laboratory services, respectively.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.30. This letter is to inform you that Arkansas Medicaid SPA 22-0003 was approved on May 2, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov.

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Jack Tiner  
Anita Castleberry  
Elizabeth Pitman  
David Jones  
Lisa Teague  
Mac Golden  
Renita Jones
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2022

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
   a. FFY 2022 $ 1,069,538
   b. FFY 2023 $ 4,276,152

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 3.1-A, Page 1f
   Attachment 3.1-B, Page 2f

9. SUBJECT OF AMENDMENT
Act 891 - Annual Cap on Radiology and Diagnostic Laboratory Services. Act 891 requires a separate annual cap of five hundred dollars ($500) for radiology services, and a cap of five hundred dollars ($500) for diagnostic laboratory services.

10. GOVERNOR'S REVIEW (Check One)
   ✧ GOVERNOR'S OFFICE REPORTED NO COMMENT
   O OTHER, AS SPECIFIED:
   ✧ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
   O NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
   Elizabeth Pitman

13. TITLE
   Director, Division of Medical Services

14. DATE SUBMITTED
   3/11/2022 3/9/2022

15. RETURN TO
   Office of Rules Promulgation
   PO Box 1437, Slot S295
   Little Rock, AR 72203-1437
   Attn: Mac Golden

16. DATE RECEIVED
   March 9, 2022

17. DATE APPROVED
   May 2, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
   July 1, 2022

20. TYPED NAME OF APPROVING OFFICIAL
   James G. Scott

21. TITLE OF APPROVING OFFICIAL
   Director, Division of Program Operations

22. REMARKS
   Box 5: State authorized pen and ink change on 4/27/2022.
   Box 14: State authorized pen and ink change on 5/2/2022.
3. Other Laboratory and X-Ray Services

Other medically necessary diagnostic laboratory or radiology/other services are covered when ordered and provided under the direction of a physician or other licensed practitioner of the healing arts within the scope of his or her practice, as defined by State law in the practitioner's office or outpatient hospital setting or by a certified independent laboratory which meets the requirements for participation in Title XVIII.

Diagnostic laboratory services benefits are limited to five hundred dollars ($500) per State Fiscal Year (SFY, July 1 – June 30), and radiology/other services benefits are separately limited to five hundred dollars ($500) per SFY. Radiology/other services include, but are not limited to, diagnostic X-rays, ultrasounds, and electronic monitoring/machine tests, such as electrocardiograms (ECG or EKG).

Extensions of the benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary. The five hundred dollars ($500) per SFY diagnostic laboratory services benefit limit, and the five hundred dollars ($500) per SFY radiology/other services benefit limit, do not apply to services provided to recipients under twenty-one (21) years of age enrolled in the Child Health Services/Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program.

(1) The following diagnoses are specifically exempt from the five hundred dollars ($500) per SFY diagnostic laboratory services benefit limit, and the five hundred dollars ($500) per SFY radiology/other services benefit limits: (a) Malignant neoplasm; (b) HIV infection; and (e) renal failure. The cost of related diagnostic laboratory services, and radiology/other services will not be included in the calculation of the recipient’s five hundred dollars ($500) per SFY diagnostic laboratory services benefit limits or the five hundred dollars ($500) per SFY radiology/other services health benefit limits.

(2) Drug screening will be specifically exempt from the five hundred dollars ($500) per SFY diagnostic laboratory services health benefit limit when the diagnosis is for Opioid Use Disorder (OUD), and the screening is ordered by an X-DEA-waivered provider as part of a Medication Assisted Treatment (MAT) plan. The cost of these screenings will not be included in the calculation of the recipient’s five hundred dollars ($500) diagnostic laboratory services health benefit limit.

(3) Magnetic Resonance Imaging (MRI) and Cardiac Catheterization procedures are specifically exempt from the five hundred dollars ($500) per SFY outpatient diagnostic laboratory services benefit limit or the five hundred dollars ($500) per SFY radiology/other services health benefit limits. The cost of these procedures will not be included in the calculation of the recipient’s five hundred dollars ($500) per SFY diagnostic laboratory services benefit limit, or the recipient’s five hundred dollars ($500) per SFY radiology/other services health benefit limits.

(4) Portable X-Ray Services are subject to the five hundred dollars ($500) per SFY radiology/other services benefit limit. Extensions of the benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary. Services may be provided to an eligible recipient in their place of residence upon the written order of the recipient's physician. Portable X-ray services are limited to the following:

a. Skeletal films that involve arms and legs, pelvis, vertebral column, and skull;
b. Chest films that do not involve the use of contrast media; and
c. Abdominal films that do not involve the use of contrast media.

(5) Two (2) chiropractic X-rays are covered per SFY. Chiropractic X-Ray Services are subject to the five hundred dollars ($500) benefit limit per SFY for radiology/other services. Extensions of the radiology/other services benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary.
AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED

Revised: July 1, 2022

MEDICALLY NEEDY

3. Other laboratory and X-Ray Services

Other medically necessary diagnostic laboratory or radiology/other services are covered when ordered and provided under the direction of a physician or other licensed practitioner of the healing arts within the scope of his or her practice as defined by State law in the practitioner's office or outpatient hospital setting or by a certified independent laboratory which meets the requirements for participation in Title XVIII.

Diagnostic laboratory services benefits are limited to five hundred dollars ($500) per State Fiscal Year (SFY, July 1-June 30), and radiology/other services benefits are limited to five hundred dollars ($500) per SFY. Radiology/other services include, but are not limited to, diagnostic X-rays, ultrasounds, and electronic monitoring/machine tests, such as electrocardiograms (ECG or EKG).

Extensions of the benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary. The five hundred dollars ($500) per SFY diagnostic laboratory services benefit limit, and the five hundred dollars ($500) per SFY radiology/other services benefit limit, do not apply to services provided to recipients under twenty-one (21) years of age enrolled in the Child Health Services/Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program.

(1) The following diagnoses are specifically exempt from the five hundred dollars ($500) per SFY diagnostic laboratory services benefit limit, and the five hundred dollars ($500) per SFY radiology/other services benefit limit:
   - Malignant neoplasm;
   - HIV infection; and
   - Renal failure. The cost of related diagnostic laboratory services and radiology/other services will not be included in the calculation of the recipient’s five hundred dollars ($500) per SFY diagnostic laboratory services benefit limit or the five hundred dollars ($500) per SFY radiology/other services benefit limit.

(2) Drug screening will be specifically exempt from the five hundred dollars ($500) per SFY diagnostic laboratory services health benefit limit when the diagnosis is for Opioid Use Disorder (OUD), and the screening is ordered by an X-DEA-waivered provider as part of a Medication Assisted Treatment (MAT) plan. The cost of these screenings will not be included in the calculation of the recipient’s five hundred dollars ($500) diagnostic laboratory or radiology/other services health benefit limit.

(3) Magnetic Resonance Imaging (MRI) and Cardiac Catheterization procedures are specifically exempt from the five hundred dollars ($500) per SFY outpatient diagnostic laboratory services benefit limit or five hundred dollars ($500) per SFY radiology/other services benefit limit. The cost of these procedures will not be included in the calculation of the recipient’s five hundred dollars ($500) per SFY diagnostic laboratory services benefit limit or the recipient’s five hundred dollars ($500) per SFY radiology/other services benefit limit.

(4) Portable X-Ray Services are subject to the five hundred dollars ($500) per SFY X-ray services benefit limit. Extensions of the benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary. Services may be provided to an eligible recipient in their residence upon the written order of the recipient’s physician. Portable X-ray services are limited to the following:
   a. Skeletal films that involve arms and legs, pelvis, vertebral column, and skull;
   b. Chest films that do not involve the use of contrast media; and
   c. Abdominal films that do not involve the use of contrast media.

(5) Two (2) chiropractic X-rays are covered per SFY. Chiropractic X-Ray Services are subject to the five hundred dollars ($500) benefit limit per SFY for radiology/other services. Extensions of the radiology/other services benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary.

4a. Nursing Facility Services - Not Provided