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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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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.


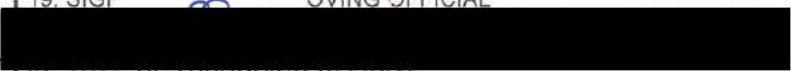
Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jack Tiner
Anita Castleberry
Elizabeth Pitman
David Jones
Lisa Teague
Mac Golden
Renita Jones

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER <u>2 2 — 0 0 0 3</u></p>	<p>2. STATE <u>A R</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.30*</p>		<p>4. PROPOSED EFFECTIVE DATE July 1, 2022</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 1f Attachment 3.1-B, Page 2f</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>1,069,538</u> b. FFY <u>2023</u> \$ <u>4,278,152</u></p>	
<p>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.</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same, Approved 08-01-20, TN 20-0013 Same, Approved 08-01-20, TN 20-0013</p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>		<p>15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden</p>	
<p>12. TYPED NAME Elizabeth Pitman</p>		<p>13. TITLE Director, Division of Medical Services</p>	
<p>14. DATE SUBMITTED 3/11/2022 3/9/2022</p>		<p>16. DATE RECEIVED March 9, 2022</p>	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022</p>		<p>17. DATE APPROVED May 2, 2022</p>	
<p>FOR CMS USE ONLY</p> <p>PLAN APPROVED - ONE COPY ATTACHED</p>			
<p>20. TYPED NAME OF APPROVING OFFICIAL James G. Scott</p>		<p>19. SIGNATURE OF APPROVING OFFICIAL </p>	
<p>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.</p>		<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations</p>	

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised: **CATEGORICALLY NEEDY**

July 1, 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 health benefit limits: (a)** Malignant neoplasm; **(b)** HIV infection; and **(c)** 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.**

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- (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 health 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 health 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:
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4.a. Nursing Facility Services - Not Provided