

EXHIBIT D

EMERGENCY REGULATIONS

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
AMENDING ADMINISTRATIVE REGULATIONS

NUMBER AND TITLE: Official Notice 008-11 – 2012-ICD-9

PROPOSED EFFECTIVE DATE: October 1, 2011

STATUTORY AUTHORITY:

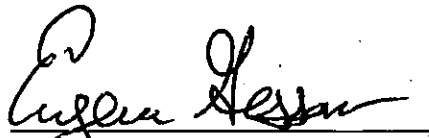
NECESSITY AND FUNCTION: The purpose of the proposed rule is to implement the International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM, for 2012 in accordance with Public Welfare Code 45 CFR; 162.1002 – Medical date code sets).

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LEGISLATIVE RESEARCH

PAGES FILED:



Eugene I. Gessow, Director
Division of Medical Services

Promulgation date:

Contact Person:

Lisa Smith
Program Planning & Development
P. O. Box 1437, Slot S295
Little Rock, AR 72203-1437

(501) 682-8363

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of Medical Services
DIVISION DIRECTOR Eugene I. Gessow
CONTACT PERSON Lisa Smith
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 682-8363 **FAX NO.** 682-2480 **E-MAIL** lisa.smith.dhs@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Jeffrey Wood
PRESENTER E-MAIL jeffrey.wood@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

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- 1. What is the short title of this rule?
Official Notice 008-11- 2012-ICD-9
- 2. What is the subject of the proposed rule?
To implement the International Classification of Diseases, 9th Edition, Clinical Modification, (ICD-9-CM-CM, for 2012).
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes X No ____.
If yes, please provide the federal rule, regulation, and/or statute citation.
Federal Code of Regulations CFR 45 Subpart A Section 162.1002.
- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes X No ____.
If yes, what is the effective date of the emergency rule?
October 1, 2011
When does the emergency rule expire?
January 28, 2012

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No

5. Is this a new rule? Yes No If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of the proposed rule is to implement the International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM, for 2012 in accordance with Public Welfare Code 45 CFR; 162.1002 – Medical date code sets).

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

9. Will a public hearing be held on this proposed rule? Yes No If yes, please complete the following:

Date: _____
Time: _____
Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

November 8, 2011

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

February 1, 2012

12. Do you expect this rule to be controversial? Yes No If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Randy Helms

TELEPHONE NO. 682-1857 FAX NO. 682-3889 EMAIL: randy.helms@arkanas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE – Official Notice 008-11 – 2012-ICD-9

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes ___ No X
2. Does this proposed, amended, or repealed rule affect small businesses?
Yes ___ No X

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Total _____

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year

Next Fiscal Year

None

None

Summary for
Official Notice 008-11 – 2012-ICD-9

Effective October 1, 2011, the Arkansas Division of Medical Services (DMS) will implement the 2012, International Classification of Diseases, 9th Edition, Clinical Modification, (ICD-9-CM) in accordance with Public Welfare Regulation CFR 45 Subpart A Section 162.1002. The International Classification of Diseases Guidelines for Coding and Reporting as maintained and distributed by the Federal Department of Human Services, for the following conditions:

Diseases, Injuries, Impairments, Other health related problems and their manifestations, and causes of injury, disease, impairment or other health problems.

Source: Public Welfare Section 45 CFR; Subpart A, Section 162.1002-Medical Data Code Sets.



**Division of Medical Services
Program Development & Quality Assurance**

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



OFFICIAL NOTICE

TO: Health Care Provider – All Providers
DATE: October 1, 2011
SUBJECT: 2012 ICD-9-CM Diagnosis Codes

Effective for claims with dates of service on or after October 1, 2011, the Arkansas Medicaid Program will implement the revisions included in the 2012 International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). Providers must enter the updated diagnosis code, if applicable, on claims with dates of service on or after October 1, 2011.

If you have questions regarding this notice, please contact the HP Enterprise Services Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY-Hearing Impaired).

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.



Eugene L. Gessow, Director