












MEDICAID CATEGORIES/DESCRIPTIONS


UPDATE: 7/1/03


**Categories with check mark  or stars   designate specific policy in regards to that category: Please review these before verification in Medipac.**

CAT	NAME	PCP Required	ELIGIBILITY TIMEFRAME	COVERAGE	DESCRIPTION
01  	ARKids B  Use X30 Medicaid Code in Medipac	Y	One year from date of approval	Minors to age 19. Higher Income guidelines than all Medicaid categories. Resources (bank accts, vehicles etc) excluded.	ARKids B does not pay for all test etc that regular cat covers. Cat will pay for pregnancy & delivery.  <b><u>Has co-pay for physician &amp; prescriptions.</u></b>
07	Breast & Cervical Cancer	Y	One year from date of approval	Patient must be under age 65. Income under 200% poverty level. Income self declared & resources excluded. <i>Eligibility determined by Arkansas Dept of Health.</i>	<b><u>Regular Medicaid category.</u></b> Not just for breast and cervical cancer diagnosis. Category pays prescriptions, physician & hospitalization. No co-pay.
08	Tuberculosis (TB)	N	One year from date of approval	Patient must be infected with or suspected of being infected with TB. Income self declared & resources excluded. <i>Eligibility determined by Arkansas Dept of Health</i>	Medicaid only covers TB related services.
10  	Aid to Working Disabled	Y	One year from Date of approval	Working disabled between age 16-65. Must meet SSI disability criteria. Must be employed in ongoing work activity. Net countable income must be under 250% of federal poverty level	 <b><u>Requires co pay on all services:</u></b> Inpatient co pay is 25% of 1 <sup>st</sup> inpatient day (Medicaid per diem) Outpatient: \$10per visit.
11	Aid to the Aged	N	One year from date of approval	Age 65+individuals who are in Nursing Home care	Nursing Home charges Also covers prescriptions, physician and hospitalization.
13	SSI (Aged Individual)	Y	Normally on- going Unless income/ resources change.	This category normally covers age 65+ individuals who did not work enough quarters to qualify for full Social Security benefits. A few individuals qualify for Social Security Disability and Medicare but majority just receive SSI payment and Medicaid.. <i>Eligibility determined by SSI</i>	Regular Medicaid category, which covers physician, hospitalization & prescriptions. Requires PCP even tho PES may state PCP not required.

14	SSI (Aged Spouse)	Y	Same as 13	Covers age 65+ individuals who qualify for SSI after spouse has qualified.  <i>Eligibility determined by SSI</i>	Same as above  Requires PCP even tho PES may state PCP not required.
16	Aged Exceptional (Monthly)Category	Y	Evaluated every Six months from date of approval	Covers age 65+ individuals with income less than monthly guidelines of 108.33 for one or 216.66 for couple. Ineligible for SSI because individual's spouse receives too much income for them to receive benefits.	Same as above.
17	Aged Spend Down (Quarterly) Category	N	Good for three months, patient has to reapply for an additional SD.	Covers age 65+ individuals for three-month period. Monthly income exceeds 108.33 for one or 216.66 for couple. Individual may receive SSA or SSD and may have Medicare but has enough medical bills to spend down their income to quarterly income guidelines of \$325.00 for one or \$650.00 for couple.	Same as above.
18	Aged Qualified Medicare Beneficiary (QMB)   <a href="#">Also ARSeniors which is full Medicaid coverage Category: depending on recipient's income.</a>	N/A	Evaluated one year from date of approval.	Medicaid category for individuals age 65+ who have Medicare. Eligibility starts the month after approval.   <a href="#">ARSeniors income must be under 553.74 for Individual or 746.25 for couple. If income exceeds this: then recipient <u>only</u> receives QMB coverage.</a>  <a href="#">To determine if patient has full Medicaid coverage, there will be a "S" in EPSDT field.</a>	 <b><i>Pays individual's Medicare premium.</i></b> Also pays <b><i>inpatient Medicare deductible &amp; co-insurance.</i></b> (IS NOT REGULAR MEDICAID CAT)   <b><i>ARSeniors eligible have full Medicaid coverage.</i></b>
20 Pending 20 is for money grant.	Transitional Employment Assistance GRANT (TEA)	N/A	Evaluated every Six months	Covers parents and children who receive a money grant based on # in HH. Must meet income & resource guidelines. Purpose of program is to assist families to move from assistance to employment.	DOES NOT NECESSARILY RECEIVE MEDICAID. (See below) Medicaid cat is separate from grant.
20 Pending 21 is for Mcaid	Transitional Employment Assistance MEDICAID(TEA)	Y	Evaluated every six months from date of approval.	Covers parents and children. If one or both parents are in home, children must be deprived for parents to receive Medicaid. (Deprivation can be disability for 30 days, unemployment of primary wage earner for 30 days, or one parent absent from home.)	Regular Medicaid category which covers hospitalization, physician and prescriptions.  When registered @ DHS, Mcaid is registered as 21 cat.

25	Transitional Medicaid	Y	Good for 3, 6 or 12 months depending on closure reason	Covers parents and children. Family must have received TEA Medicaid for three months. Then, If TEA Medicaid is closed due to increased earned income, family receives transitional Medicaid for 6-12 months. If due to child support payments, may receive eligibility for an additional 3-6 months.	Same as above.
26	AFDC Exceptional Category	Y	Evaluated every six months.	Monthly eligibility based on deprivation of children either because parent(s) are disabled or primary wage earner is unemployed for 30 days or one parent absent from home. Eligibility includes income & resources per # in HH.	Same as above
27	AFDC Spend Down	N	Good for three months.	Same as above except income exceeds monthly standard and excess income must spend down with medical bills to quarterly income guidelines. Medicaid will be for three months only & then family can reapply.	Same as above
31	Aid to Blind	N	Evaluated One year from date of approval	Nursing Home Category is for individuals who are declared disabled due to blindness.	Covers nursing home charges plus regular Medicaid in patient medical bills, physicians and prescriptions
33	Blind SSI Individual	Y	Ongoing unless income/ resources change,	Category for individual declared disabled due to blindness. Individual could also have Social Security Benefits and Medicare depending on # <i>Eligibility determined by SSI!!</i>	Covers in-patient, physician medical bills and prescriptions.  Needs physician even if PES states no PCP required.
34	Blind SSI Spouse	Y	Same as 33	Individual receives SSI after spouse became eligible. <i>All other information same as #33</i> <i>Eligibility determined by SSI</i>	Same as above  Needs physician even if PES states no PCP required.
35	Blind SSI Child	Y	Continues until age 18 unless parents income/ resources makes child ineligible.	Child must be declared legally blind by Social Security. Income and resources of the parents when deemed to child must not exceed the limits. <i>Eligibility determined by SSI!</i>	Same as above  Needs physician even if PES states no PCP required.

36	Blind Exceptional Category	Y	Evaluated every 6 months	Covers individuals who are legally blind but does not qualify for SSI. Income/resources must be under the guidelines for one or two person for monthly Medicaid. Social Security or MRT must declare individuals legally blind. <i>Eligibility determined by DHS</i>	Same as above
37	Blind Spend Down	N	Good for 3 months	Same as 36 but eligibility is for three-month period. Patient must reapply @ end of eligibility. Patient must have enough medical bills to spend down the income above the quarterly guidelines which is \$325.00 for one person or \$650.00 for two person. <i>Eligibility determine by DHS</i>	Same as above except patient owes the unmet liability in medical bills that were used to spend patient excess income down until patient was eligible for Medicaid.
38	Blind Qualified Medicare Beneficiary (QMB)	N/A	Evaluated every 12 months	Medicaid category for individuals age 65+ who have Medicare. Eligibility starts the month after approval. Individual may qualify for another category of Medicaid and QMB @ same time.	 <b>Pays individual's Medicare premium, hospital &amp; physician deductible.</b> THIS IS NOT A REGULAR MEDICAID CATEGORY.
41	Aid to Disabled (Nursing Home)	N	Evaluated every 12 MONTHS	Nursing Home category for individuals who have a disabling impairment excluding blindness	Covers nursing home charges plus, hospital, physician and prescriptions.
43	Disabled SSI Individual	Y	On-going unless income/resources Change	Individual has a disabling impairment expected to last a lifetime Same as #13 except individual is disabled. <i>Eligibility determine by SSI</i>	Pays on hospital, physician and prescriptions. Needs physician even if PES states no PCP required.
44	Disabled SSI Spouse	Y	Same as 43	Spouse receives SSI after partner's benefit started. Same as 43 except this is for spouse. <i>Eligibility determine by SSI</i>	Pays on hospital, physician and prescriptions  Needs physician even if PES states no PCP required.

45	Disabled SSI Child	Y	Ongoing unless parent's income/resources change	Child has disabling impairment other than blindness <i>Eligibility determine by SSI</i>	Pays on hospital & physician charges & prescriptions  Needs PCP even if PES states one not required.
46	Disabled Exceptional Category	Y	Re-evaluated every 6 months	Receives Medicaid on monthly basis. For individuals who have disabling impairment but not receiving SSI Medicaid.	Pays on hospital & physician charges & prescriptions
47	Disabled Spend Down	N	Evaluated every 3 Months	Individual has to reapply every three months. Must have enough medical bills to spend down excess income over \$325 for one person or \$650 for two persons.	Pays on hospital & physician charges & prescriptions
48	Disabled Qualified Medicare Beneficiary (QMB)	N/A	Evaluated every 12 months	Medicaid category patient with a disabling impairment and <i>is not aged (65+)</i> . Eligibility starts the month after approval. Individual may qualify for another category of Medicaid and qualify for QMB @ same time.	 <b>Pays individual's Medicare premium. Also pays Medicare deductible &amp; co-insurance. (IS NOT REGULAR MEDICAID CAT)</b>
49	Disabled TEFRA Child	Y	Evaluated every 12 months	Children <18 who meet SSI disability standards but are ineligible for SSI due to parent's income/resources. Child must also meet the requirement for Medicaid as if child were placed in an institution. Parent's income/resources are disregarded.	Pays on hospital & physician charges & prescriptions
51	Under age 18 No Grant	Y	Evaluated every 6 months	Children <18 who are placed with adoption agency, or parents have placed child in institution or court ordered to institution. Receives Medicaid monthly until change places child back into family setting	Pays on hospital & physician charges & prescriptions
52	Newborn Medicaid  ☆☆ Update 7/1/02 Description thru PES Is now: <b>52Arkids A</b> Continue to use <b>A30</b> As Medicaid code.	Y	Normally one year	Covers newborns whose mothers were Medicaid eligible during birth month for any Medicaid category other than 61 and 62. Child can receive Medicaid up to one year as long as mother would remain eligible if she were still pregnant. (Exceptions are mothers, who are illegal aliens, spend downs, adoptions etc. child can only receive Medicaid in this category for time period Mom was eligible.	Pays on hospital & physician charges & prescriptions
53	Breast Care Grant	N		Grant Coverage thru Dept of Health	

55	Breast Care Grant	N		Grant Coverage thru Dept of Health	
56	<18 Exceptional Category	Y	Re-evaluated every 6 months.	Covers children <18. Both parents can be in home and child does not have to meet deprivation to be eligible. Income of child & parents must be under monthly standards	Pays on hospital & physician charges & prescriptions
57	<18 Spend Down	N	Good for 3 months	Covers children <18 except Medicaid is for three month period. Must have enough medical bills to spend down excess income. Must reapply every three months.	Pays on hospital & physician charges & prescriptions Individual is responsible for medical bills used to spend down excess income.
61	Sobra – Pregnant  ☆☆ ☆☆ <input checked="" type="checkbox"/> Women (PW) last three digits of Medicaid number (i.e. 101, 102 etc covers PW charges only),  <u>ARKIDS A:</u>  <input checked="" type="checkbox"/> Infants & Children last three digits of Medicaid number (201, 202 etc) pays as regular Medicaid	N for 101 suffix          Y for 201, 202 & forward	Reevaluated every six months except PW who remains eligible thru postpartum unless excess resources are rec'd..	Covers PW, Infants & children. Has a higher income level guidelines. PW found eligible remains eligible throughout postpartum unless resources exceed limit. Any income changes are disregarded. Infant & children must be eligible each month          <u>☆☆ Infant and children up to age 19 can to be covered in this category. As a Arkids Medicaid category. ARKids is for children who can be covered up to their 19<sup>th</sup> birthday.</u>	<input checked="" type="checkbox"/> ☆☆☆PW Category – only covers medical bills that affect the pregnancy – will not cover any other medical bills.  <input checked="" type="checkbox"/> ☆☆☆Children & Infants Suffix code = last three digits of Medicaid # (ie 201,202 etc.) - Pays on hospital, physician and prescriptions as regular Medicaid.
62	<input checked="" type="checkbox"/> Pregnant Women (PW) Presumptive Eligibility	N	Continues until ongoing PW application is approved or is denied.	Covers PW for outpatient service (physician, ER visit, and prescription. Will not cover any in-patient charges. Pt applies @ County Health Dept and do not have to verify income/resources etc.	<input checked="" type="checkbox"/> <b>Pays outpatient medical bills only.</b> Will not pay for any in patient medical bills.
63	☆☆ ☆☆ SOBRA Newborn  ☆☆☆☆ Update: as of 7/1/02: PES description is now <b>63ArkidsA</b> Continue to use <b>A30</b> Medicaid Code	Y	Normally for one year. Otherwise eligible as long as mother remains eligible.	Covers newborn's whose mothers were Medicaid eligible during birth month in category 61 or 62. Newborn remains eligible for one year unless mother would not remain eligible if she was still pregnant (i.e. illegal aliens, spend down, etc)	Pays on hospital & physician charges & prescriptions
65	Pregnant Women No Grant	Y	Pregnancy & post partum	Covers pregnant woman only. Must meet monthly Income level, which is low, based on	Pays on hospital & physician charges & prescriptions

<input checked="" type="checkbox"/>			unless approved after birth then no post partum.	29% of poverty level. Must meet resources level of \$1000.	<input checked="" type="checkbox"/> <u>Category pays on any medical bills not just pregnancy related.</u>
66	Pregnant Women Exceptional Category	Y	Reevaluated every 6 months	Covers pregnant woman only thru postpartum. Must meet monthly income guidelines and resource limit.	Pays on hospital & physician charges & prescriptions
67	Pregnant Women Spend Down	N	Good for 3 months but must end birth month.	Covers pregnant women (PW) only. Must have enough medical bills to spend down excess income. Covers PW until the last day of birth month, not eligible beyond this date.	Pays on hospital & physician charges & prescriptions
69 ☆☆ <input checked="" type="checkbox"/>	Family Planning Waiver	N	Reevaluated every 12 months	<input checked="" type="checkbox"/> <u>Covers one gyn appointment yearly and cover birth control prescriptions and some medical/surgical procedures for birth control.</u> ☆☆ <b><u>Review restraints on medical/surgical procedures.</u></b>	Same as coverage.
76	Unemployed Parent Exceptional Category	Y	Reevaluated every 6 months	Cover parents & children. Medicaid starts 30 days after unemployment begins. Primary wage earner (PWE) for the family for past two years must be unemployed. PWE must have 6 quarters in at least one of four 13 calendar quarter period. ( A quarter of work exists if PWE earned \$50 during a calendar quarter— school attendance can also be substituted for work quarters) If patient has received even one check of unemployment benefits, this verifies the 6 quarters of work. <b>OUR PATIENTS DO NOT USUALLY MEET THIS ELIGIBILITY BECAUSE THEIR ACCIDENT ETC HAPPENS AND THAT IS FIRST DAY OF UNEMPLOYMENT OR THEY DO NOT HAVE ENOUGH WORK HISTORY TO QUALIFY.</b>	Pays on hospital & physician charges & prescriptions

77	Unemployed Parent Spend down Category	N	3 months. Patient must have enough medical bills to SD their excess income	SAME AS ABOVE – Except Spend down	Pays on hospital & physician charges & prescriptions
80	Refugee Resettlement Grant	N/A	Reevaluated every 6 months	Covers Refugees & children who are resettling in USA.. Based on 29% of poverty level. Individual receives a grant and Medicaid. If refugee has a sponsor, the sponsor's income/resources are deemed to refugee. Very few qualify for this.	Pays on hospital & physician charges & prescriptions
81	Refugee Resettlement No Grant	Y	Reevaluated every 6 months	Same as above except family only receives Medicaid.	Pays on hospital & physician charges & prescriptions
86	Refugee Resettlement Exceptional Category	Y	Reevaluated every 6 months	Same as above except family has to meet the monthly income guidelines.	Pays on hospital & physician charges & prescriptions
87	Refugee Resettlement Spend down Category	N	3 month spend down	Same as above except family has to have enough medical bills to spend down quarterly income	Pays on hospital & physician charges & prescriptions
88	Specified Low Income Medicare Beneficiary (SMB)	N/A	Reevaluated every 12 months	DOES NOT PAY ANY MEDICAL BILLS. ONLY BENEFIT RECEIVED IS THAT STATE PAYS INDIVIDUAL'S MEDICARE PREMIUM.	<input checked="" type="checkbox"/> Does not pay on any medical bills, prescriptions etc.
91	Foster Care	Y	Evaluated every 12 months or closes when child is returned to family	Covers children whom the state has taken over custody. Children may be foster homes or institutions. Child receives grant and Medicaid. If child has income, income is counted in grant.	Pays on hospital & physician charges & prescriptions
96	Foster Care Exceptional Category	Y	Evaluated every 6 months	Same as above except child must meet the monthly income guidelines.	Pays on hospital & physician charges & prescriptions
97	Foster Care Exceptional Spend Down	N	3 month coverage	Same as above except child's income exceeds monthly guidelines and child must have enough medical bills to spend down excess income over \$325.00	Pays on hospital & physician charges & prescriptions