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| 220.000 Benefit Limits | 7-1-25 |

A. Arkansas Medicaid clients aged twenty-one (21) and older are limited to sixteen (16) FQHC core service encounters per state fiscal year (SFY, July 1 through June 30).

 The following services are counted toward the sixteen (16) encounters per SFY benefit limit:

1. Federally Qualified Health Center (FQHC) encounters;

2. Physician visits in the office, patient’s home, or nursing facility;

3. Certified nurse-midwife visits;

4. RHC encounters;

5. Medical services provided by a dentist;

6. Medical services provided by an optometrist; and

7. Advanced practice registered nurse services in the office, patient’s home, or nursing facility.

B. The following services are not counted toward the sixteen (16) encounters per SFY benefit limit:

1. FQHC inpatient hospital visits do not count against the FQHC encounter benefit limit. Medicaid covers only one (1) FQHC inpatient hospital visit per Medicaid-covered inpatient day, for clients of all ages.

2. Obstetric and gynecologic procedures reported by CPT surgical procedure code do not count against the FQHC encounter benefit limit.

3. Postpartum visits are to be billed as an encounter, with an appropriate postpartum diagnosis code. These will not count against the FQHC encounter benefit limit.

4. Family planning surgeries and encounters do not count against the FQHC encounter benefit limit.

5. Medication Assisted Treatment for Opioid Use Disorder does not count against the FQHC encounter limit when it is the primary diagnosis ([View ICD OUD Codes](https://humanservices.arkansas.gov/wp-content/uploads/MAT_ICD-10_ProcCodes.docx)).

C. Medicaid clients under the age of twenty-one (21) in the Child Health Services (EPSDT) Program are not subject to an FQHC encounter benefit limit.