



5111 ROGERS AVE., SUITE 476
FORT SMITH, AR 72903

P.O. BOX 180001
FORT SMITH, AR 72918-0001

479-649-8501 • Toll free: 877-350-2362
Fax: 479-649-0799 (Review) • Fax: 479-649-0776 (CHMS)

AFMC DMS-640 Validation Process Tool

Note: A validation will be performed and an Authorization Number issued for complete DMS-640 forms only. If the DMS-640 form is incomplete, the validation cannot be completed as it does not contain sufficient information to be entered into the billing system. Incomplete DMS-640 forms must be resubmitted as a new request. The required information is listed below. Additional details regarding DMS-640 requirements are outlined in Section II, 204.000, A., 2. A., and 214.200 of the Arkansas Medicaid Manual.

- **Client Name**
- **Client Medicaid ID number**
- **Therapy Procedure Codes (CPT) along with applicable Modifiers and the total number of Units requested for each code.**
- **Start Date for Therapy Treatment**
- **End Date for Therapy Treatment**
- **Treatment Diagnosis ICD 10 code (a description will not be accepted)**
- **Provider Name**
- **Provider Medicaid ID number (NPI will not be accepted)**
- **Provider Current Address**
- **Provider Email**

Unit Calculation Example:

The child is prescribed 120 minutes per week for Physical Therapy.

One therapy unit is equal to 15 minutes. 120 minutes divided by 15= 8 units per week.

The child's length of treatment time is for 6 months which= 24 weeks.

8 units per week x 24 weeks = 192 units total.

The provider would request: 97110 for 192 units.

***If a therapy assistant will be used, the provider must calculate the number of units that will be used for the assistant (97110 for 96 units, and 97110 UB for 96 units to equal 192 units total).*

This form is not required. This a tool to assist providers in submitting completed forms to avoid delay or interruption in billing therapy services. This form can be printed, information added, and submitted with the request if the provider chooses.