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| all provider notifications |
| [View or print notifications for all provider types.](https://humanservices.arkansas.gov/wp-content/uploads/Static_O.docx) |

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| Hospital/CAH/ESRD transmittal letters |
| Update Number | Date |
| [HOSPITAL-4-23](https://humanservices.arkansas.gov/wp-content/uploads/HOSPITAL-4-23.doc) | June 1, 2025 |
| [HOSPITAL-3-24](https://humanservices.arkansas.gov/wp-content/uploads/HOSPITAL-3-24.doc) | November 1, 2024 |
| [HOSPITAL-2-24](https://humanservices.arkansas.gov/wp-content/uploads/HOSPITAL-2-24.doc) | September 1, 2024 |

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| Hospital/CAH/ESRD NOTICES OF RULE MAKING |
| Number | Date | Subject |
| [NOTICE-005-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-005-15.doc) | March 1, 2016 | Coverage of Vaccine Current Procedure Terminology (CPT®) Procedure Codes 90620 and 90621 |
| [NOTICE-003-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-003-15.doc) | December 18, 2015 | 2015 Healthcare Common Procedural Coding System Level II (HCPCS) Code Conversion |
| [NOTICE-002-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-15.doc) | December 18, 2015 | 2015 Current Procedure Terminology (CPT®) Code Conversion |
| [NOTICE-004-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-004-15.doc) | October 1, 2015 | Coverage of Vaccine Current Procedure Terminology (CPT**®**) Procedure Code 90651 |
| [NOTICE-003-14](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-003-14.doc) | June 15, 2014 | 2014 Healthcare Common Procedural Coding System Level II (HCPCS) Code Conversion |
| [NOTICE-002-14](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-14.doc) | June 15, 2014 | 2014 Current Procedure Terminology (CPT®) Code Conversion |
| [NOTICE-003-13](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-003-13.doc) | September 1, 2013 | Coverage of Influenza Virus Vaccine Current Procedural Terminology (CPT®) Procedure Codes 90654, 90685, 90686, and 90688 |
| [NOTICE-001-13](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-001-13.doc) | March 15, 2013 | 2013 Current Procedure Terminology (CPT®) Code Conversion |
| [NOTICE-002-13](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-13.doc) | March 15, 2013 | 2013 Healthcare Common Procedural Coding System Level II (HCPCS) Code Conversion |
| [NOTICE-001-12](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-001-12.doc) | May 11, 2012 | 2012 Current Procedure Terminology (CPT®) Code Conversion |
| [NOTICE-002-12](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-12.doc) | May 11, 2012 | 2012 Healthcare Common Procedural Coding System Level II (HCPCS) Code Conversion |

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| Hospital/CAH/ESRD Official Notices |
| Number | Date | Subject |
| [ON-025-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-025-25.docx) | July 15, 2025 | Inpatient Claims and Use of Condition Codes |
| [ON-019-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-019-25.docx) | June 26, 2025 | REVISED – Obstetrics (OB) Services Billing Changes (Global/ Itemized) and Postpartum Visits |
| [ON-010-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-010-25.docx) | March 24, 2025 | Coverage for Procedure Code 58674 |
| [ON-009-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-009-25.docx) | March 13, 2025 | Inpatient MUMP Claims Processing Changes |
| [ON-047-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-047-24.doc) | December 11, 2024 | Upper Airway Stimulation |
| [ON-030-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-030-24.doc) | September 18, 2024 | IMMEDIATE CHANGES: Changes to Physician Assistant Independent Billing - State Plan Amendment 24-0003 |
| [ON-005-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-005-24.doc) | March 1, 2024 | Coverage for Procedure 87635 |
| [ON-004-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-004-24.doc) | February 29, 2024 | REVISED - Long-Acting Reversible Contraceptive (LARC) Covered During Inpatient Stay |
| [ON-048-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-048-23.doc) | January 3, 2024 | Long-Acting Reversible Contraceptive (LARC) Covered During Inpatient Stay |
| [ON-026-22](https://humanservices.arkansas.gov/wp-content/uploads/ON-026-22.doc) | June 7, 2022 | Inpatient Hospital Billing of ACU Beds |
| [ON-003-18](https://humanservices.arkansas.gov/wp-content/uploads/ON-003-18.doc) | October 1, 2018 | Opioid Use Disorder Treatment Drugs |
| [ON-001-15](https://humanservices.arkansas.gov/wp-content/uploads/ON-001-15.doc) | June 1, 2015 | Transition of the Retrospective Therapy Reviews and Prior Authorizations for Personal Care Under 21 |
| [ON-003-14](https://humanservices.arkansas.gov/wp-content/uploads/ON-003-14.doc) | October 1, 2014 | Healthcare Common Procedural Coding System Level II (HCPCS): J7301 |
| [ON-006-12](https://humanservices.arkansas.gov/wp-content/uploads/ON-006-12.doc) | July 1, 2012 | Medicaid Payment Adjustment for Provider-Preventable Conditions Including Health Care-Acquired Conditions |
| [ON-007-10](https://humanservices.arkansas.gov/wp-content/uploads/ON-007-10.doc) | July 1, 2011 | Prior Authorization for Procedure Codes 87901, 87903, and 87904 |
| [ON-003-11](https://humanservices.arkansas.gov/wp-content/uploads/ON-003-11.doc) | March 15, 2011 | 2011 Healthcare Common Procedural Coding System Level II (HCPCS) Code Conversion |
| [ON-002-11](https://humanservices.arkansas.gov/wp-content/uploads/ON-002-11.doc) | March 15, 2011 | 2011 Current Procedure Terminology (CPT®) Code Conversion |
| [ON-006-10](https://humanservices.arkansas.gov/wp-content/uploads/ON-006-10.doc) | October 11, 2010 | Medicaid Coverage of Procedure Code 90662 |
| [DMS-2010-L-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-10-A-6.doc) | April 26, 2010 | Coverage of Human Papilloma Virus (HPV) Vaccine (Quadrivalent) for male Medicaid Beneficiaries Ages 9 years through 18 years and Human Papilloma Virus (HPV) Vaccine (Bivalent) for female Medicaid Beneficiaries Ages 9 years through 18 years |
| [DMS-2010-L-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-10-A-5.doc) | March 29, 2010 | 2010 HCPCS Procedure Code Conversion  |
| [DMS-2010-L-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-10-A-4.doc) | March 29, 2010  | 2010 CPT Procedure Code Conversion |
| [DMS-2009-L-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-3.doc) | November 6, 2009 | Vaccines for Children Program (VFC) |
| [DMS-2009-L-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-2.doc) | September 1, 2009 | Medicaid Coverage of H1N1 Vaccine Administration |
| [DMS-2009-L-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-1.doc) | August 31, 2009 | Billing for the Essure Procedure and/or Device |
| [DMS-2009-L-14](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-AR-8.doc) | March 1, 2009 | 2009 HCPCS Procedure Code Conversion |
| [DMS-2009-L-13](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-12.doc) | March 1, 2009 | 2009 CPT Procedure Code Conversion |
| [DMS-2009-L-15](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-L-15.doc) | February 23, 2009 | Coverage of J1300 |
| [DMS-2008-L-12](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-11.doc) | November 18, 2008 | ARKids First-B Wellness Screen Indicator Added to Eligibility Response |
| [DMS-2008-L-11](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-10.doc) | November 10, 2008 | Vaccines for Children Program |
| [DMS-2008-L-9](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-AR-4.doc) | September 1, 2008 | Correct Billing for Vaccines for Children (VFC) |
| [DMS-2008-L-10](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-9.doc) | August 7, 2008 | Medicaid Tamper Resistant Requirement Guidance from the Centers for Medicare and Medicaid (CMS) and the National Council for Prescription Drug Programs (NCPDP) |
| [DMS-2008-L-7](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-C-3.doc) | July 1, 2008 | Transition of the Retrospective Therapy Reviews and Prior Authorizations for Personal Care under 21 |
| [DMS-2008-L-8](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-8.doc) | June 9, 2008 | Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Codes (NDC) when Billing Drug HCPC/CPT Codes and Extension of the Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Codes (NDC) When Billing Drug Procedure Codes for Institutional Outpatient Provider Claims. |
| [DMS-2008-L-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-6.doc) | June 1, 2008 | Current Procedural Terminology (CPT) Code 90702 |
| [DMS-2008-L-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-4.doc) | May 1, 2008 | 2008 HCPCS Procedure Code Conversion |
| [DMS-2008-L-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-2.doc) | May 1, 2008 | 2008 CPT Procedure Code Conversion |
| [DMS-2008-L-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-5.doc) | March 21, 2008 | April 1, 2008 is the effective date for implementation of the Tamper-Resistant Prescription Pads Requirement under the Medicaid Program |
| [DMS-2008-L-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-1.doc) | January 14, 2008 | Extension of the Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Codes (NDC) When Billing Drug Procedure Codes for Institutional Outpatient Provider Claims |
| [DMS-2007-L-8](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-CA-5.doc) | December 20, 2007 | Fees Schedules |
| [DMS-2007-L-7](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-5.doc) | October 24, 2007 | Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Code (NDC) When Billing Drug Procedure Codes |
| [DMS-2007-L-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-4.doc) | October 18, 2007 | Family Planning Services |
| [DMS-2007-L-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-3.doc) | October 1, 2007 | Tamper-Resistant Prescription Pads Under the Medicaid Program |
| [DMS-2007-L-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-O-1.doc) | April 11, 2007 | Human Papilloma Virus Vaccine for female Medicaid Beneficiaries Aged 9 through 18 |
| [DMS-2007-L-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-2.doc) | March 1, 2007 | 2007 Current Procedural Terminology (CPT) Procedure Code Conversion |
| [DMS-2007-L-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-AR-1.doc) | March 1, 2007 | 2007 HCPCS Procedure Code Conversion |
| [DMS-2006-L-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-5.doc) | July 10, 2006 | Vaccines Available in the Vaccines for Children (VFC) Program |
| [DMS-2006-L-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-4.doc) | June 20, 2006 | Family Planning Services |
| [DMS-2006-L-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-2.doc) | March 1, 2006 | 2006 HCPCS Procedure Code Conversion |
| [DMS-2006-L-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-1.doc) | March 15, 2006 | 2006 CPT Procedure Code Conversion |
| [DMS-2005-L-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-O-1.doc) | January 1, 2006 | Prescription Drug Coverage for Dual Elgibles Covered by Medicare |
| [DMS-2005-L-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-CA-2.doc) | December 1, 2005 | 2006 ICD-9-CM Diagnosis Codes |
| [DMS-2004-L-19](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-L-19.doc) | May 20, 2005 | Enterra Therapy for Treatment of Gastroparesis |
| [DMS-2004-L-17](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-7.doc) | May 20, 2005 | Gastrointestinal Tract Imaging with Endoscopy Capsule |
| [DMS-2005-L-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-A-1.doc) | April 4, 2005 | 2005 CPT Procedure Code Conversion |
| [DMS-2004-L-10](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-O-2.doc) | February 1, 2005 | Coverage of Mirena (IUD) as a Family Planning Benefit |
| [DMS-2004-L-15](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-6.doc) | November 8, 2004 | CPT Procedure Code 43843 Made Non-Payable |
| [DMS-2004-L-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-AR-3.doc) | November 1, 2004 | Revision of Form DMS-640 |
| [DMS-2004-L-13](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-L-13.doc) | October 29, 2004 | Home Dialysis |
| [DMS-2004-L-16](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-8.doc) | October 15, 2004 | Influenza Virus Vaccine, for Intranasal Use |
| [DMS-2004-L-11](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-3.doc) | October 1, 2004 | Coverage of Zoledronic Acid Injection (J3487) Prior Authorization of Procedure Codes 15342 and 15343 |
| [DMS-2004-L-9](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-L-9.doc) | August 6, 2004 | External Fetal Monitoring |
| [DMS-2004-L-14](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-5.doc) | August 2, 2004 | Retroactive Reimbursement of Vaccines Made Available Through the Vaccines for Children (VFC) Program September 1, 2003 |
| [DMS-2004-L-7](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-O-1.doc) | May 7, 2004 | Corrections in Billing Instructions |
| [DMS-2004-L-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-AR-2.doc) | April 22, 2004 | Recoupment of Overpayment for Occupational, Physical and Speech Therapy Services |
| [DMS-2004-L-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-C-1.doc) | April 6, 2004 | Corrections in Billing Instructions |
| [DMS-2004-L-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-L-1.doc) | April 6, 2004 | Influenza Virus Vaccine, Live, for Intranasal Use, CPT Procedure Code 90660, and Prior Approval of New Pharmacy and Therapeutic Agents |
| [DMS-2004-L-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-L-2.doc) | April 6, 2004 | Arkansas Medicaid Coverage of Infliximab, 10mg (Remicade), HCPCS Procedure Code J1745 |
| [DMS-2004-L-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-1.doc) | February 27, 2004 | 2004 CPT Procedure Code Conversion |
| [DMS-2003-L-8](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-A-2.doc) | December 9. 2003 | Requirements for Requests for Extension of Benefits for Clinical, Outpatient, Laboratory and X-ray Services |
| [DMS-2003-L-10](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-A-4.doc) | December 5, 2003 | Vaccines Available in the Vaccines for Children (VFC) Program |
| [DMS-2003-L-11](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-11.doc) | November 25, 2003 | Medicaid Reimbursement for Flu Vaccines Administered to Recipients Ages 19 and Older |
| [DMS-2003-L-7](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-AR-3.doc) | October 7, 2003 | Occupational, Physical, Speech Therapy Program Policy |
| [DMS-2003-L-9](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-A-3.doc) | October 3, 2003 | HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003  |
| [DMS-2003-L-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-L-5.doc) | August 14, 2003 | Discontinue Approval by the Professional Review Organization (PRO) for Outpatient Emergency Room Services |
| [DMS-2003-L-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-L-6.doc) | June 18, 2003 | Coverage of Leuprolide Acetate Implant |
| [DMS-2003-L-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-CA-1.doc) | June 6, 2003 | Primary Care Physician (PCP) Referral Requirement for Mental Health Admissions |
| [DMS-2003-L-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-CA-2.doc) | April 1, 2003 | Injections—Alteplase Recombinant and Tenecteplase |

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| Hospital/CAH/ESRD rA messages |
| Date | Subject |
| [07/24/25-08/07/25](https://humanservices.arkansas.gov/wp-content/uploads/250724.docx) | Procedure Code Q2009 Update |
| [06/26/25-07/10/25](https://humanservices.arkansas.gov/wp-content/uploads/250626.docx) | Obstetrics (OB) Services Billing Changes (Global/Itemized) and Postpartum Visits |
| [06/19/25-07/03/25](https://humanservices.arkansas.gov/wp-content/uploads/250619.docx) | CLIA Waived Codes with MOD QW |
| [05/22/25-06/05/25](https://humanservices.arkansas.gov/wp-content/uploads/250522.docx) | Age Update for Procedure Code 90739 HEPB VACC 2/4 DOSE ADULT IM |
| [05/08/25-05/22/25](https://humanservices.arkansas.gov/wp-content/uploads/250508.docx) | Coverage Updates for Procedure Codes J0741 and J1324 |
| [3/27/25-4/10/25](https://humanservices.arkansas.gov/wp-content/uploads/250327.docx) | Coverage for Procedure Code 58674 - LAPS ABLTJ UTERINE FIBROIDS |
| [03/20/25-04/03/25](https://humanservices.arkansas.gov/wp-content/uploads/250320.docx) | Diagnosis Group 700 Updated |
| [02/06/20-06/25/20](https://humanservices.arkansas.gov/wp-content/uploads/200206.doc) | Program Year 2019 Attestation Deadline |
| [09/14/17-11/03/17](https://humanservices.arkansas.gov/wp-content/uploads/170914.doc) | Z Code Crosswalk |
| [08/24/17-08/31/17](https://humanservices.arkansas.gov/wp-content/uploads/170824.doc) | Foster Care Intake Physical |
| [04/20/17-05/04/17](https://humanservices.arkansas.gov/wp-content/uploads/170420.doc) | Professional Claims Payment for Admitted Inmate Population |
| [07/07/16-07/14/16](https://humanservices.arkansas.gov/wp-content/uploads/160707.doc) | Inpatient Hospital Claims |
| [05/05/16-05/12/16](https://humanservices.arkansas.gov/wp-content/uploads/160505.doc) | Procedure Codes 81470 and 81471 |
| [4/07/16-04/14/16](https://humanservices.arkansas.gov/wp-content/uploads/160407.doc) | Procedure Codes 29000-29799 |
| [03/03/16-03/10/16](https://humanservices.arkansas.gov/wp-content/uploads/160303.doc) | HCPC Code P9012 |
| [01/21/16-1/28/16](https://humanservices.arkansas.gov/wp-content/uploads/160121.doc) | 24-Day Cap on Inpatient Hospital Days |
| [01/07/16-02/04/16](https://humanservices.arkansas.gov/wp-content/uploads/160107.doc) | Crossover Billing Forms Clarification |
| [08/06/15-08/13/15](https://humanservices.arkansas.gov/wp-content/uploads/150806.doc) | ARKids-B Beneficiaries No Longer Eligible For VFC Program Beginning August 1, 2015 |
| [08/06/15-08/13/15](https://humanservices.arkansas.gov/wp-content/uploads/150806.doc) | New ARKids-B Services Added To Benefit Coverage August 1, 2015 |
| [05/28/15-06/04/15](https://humanservices.arkansas.gov/wp-content/uploads/150528.doc) | New ARKids-B Services to be Added to Benefit Coverage Beginning August 1, 2015 |
| [05/28/15-06/04/15](https://humanservices.arkansas.gov/wp-content/uploads/150528.doc) | ARKids-B Beneficiaries No Longer Eligible for VFC Program Beginning August 1, 2015 |
| [12/18/14-02/26/15](https://humanservices.arkansas.gov/wp-content/uploads/141218.doc) | Vaccines for ARKids First-B Beneficiaries |
| [12/18/14-02/26/15](https://humanservices.arkansas.gov/wp-content/uploads/141218.doc) | New ARKids First-B Services Will Not Be Added to Benefit Coverage Beginning January 1, 2015 |
| [12/11/14-01/08/15](https://humanservices.arkansas.gov/wp-content/uploads/141211.doc) | New Services Being Added to ARKids-B |
| [11/20/14-01/29/15](https://humanservices.arkansas.gov/wp-content/uploads/141120.doc) | Vaccines for ARKids-B |
| [10/23/14-11/20/14](https://humanservices.arkansas.gov/wp-content/uploads/141023.doc) | Form DMS-640 - Occupational, Physical and Speech Therapy for Medicaid Eligible Beneficiaries Under Age 21 Prescription/Referral |
| [05/08/14-05/29/14](https://humanservices.arkansas.gov/wp-content/uploads/140508.doc) | Procedure Code 77417 |
| [08/01/13-08/29/13](https://humanservices.arkansas.gov/wp-content/uploads/130801.doc) | Pen and Ink Correction |
| [05/02/13-05/30/13](https://humanservices.arkansas.gov/wp-content/uploads/130502.doc) | Procedure Code 95012 |
| [05/02/13-05/23/13](https://humanservices.arkansas.gov/wp-content/uploads/130502.doc) | Public Workgroups for Neonatal Services |
| [05/10/12-05/31/12](https://humanservices.arkansas.gov/wp-content/uploads/120510.doc) | Administration Fee |
| [02/23/12-03/01/12](https://humanservices.arkansas.gov/wp-content/uploads/120223.doc) | Procedure Codes 15121 and 29826 |
| [08/04/11-08/11/11](https://humanservices.arkansas.gov/wp-content/uploads/110804.doc) | Procedure Codes 74740 and 74742 |
| [04/14/11-04/21/11](https://humanservices.arkansas.gov/wp-content/uploads/110414.doc) | New Discharge Status Code 21 to Define Discharges or Transfers to Court/Law Enforcement |
| [04/22/10-04/29/10](https://humanservices.arkansas.gov/wp-content/uploads/100422.doc) | Physicians, Independent Radiology, Hospital and Nurse Practitioner Fee Schedules |
| [08/27/09-09/03/09](https://humanservices.arkansas.gov/wp-content/uploads/090827.doc) | Procedure Code 76390 |
| [08/27/09-09/03/09](https://humanservices.arkansas.gov/wp-content/uploads/090827.doc) | Changed Fee Schedule to Reflect Current Policy Regarding Procedure Code G0269 |
| [11/13/08-11/20/08](https://humanservices.arkansas.gov/wp-content/uploads/081113.doc) | CPT Code 90660 |
| [10/02/08-10/09/08](https://humanservices.arkansas.gov/wp-content/uploads/081002.doc) | Procedure Code 90698 – Ages Covered Under VFC Correction |
| [03/13/08-03/20/08](https://humanservices.arkansas.gov/wp-content/uploads/080313.doc) | Rule Clarification Regarding Post-Essure (CPT 58565) Service |
| [11/16/06-11/22/06](https://humanservices.arkansas.gov/wp-content/uploads/061116.doc) | Billing For Beneficiary’s Outpatient Hospital Clinic |
| [06/29/06-07/05/06](https://humanservices.arkansas.gov/wp-content/uploads/060629.doc) | Family Planning Procedure Codes 99144 and 99145 |
| [05/05/05-05/26/05](https://humanservices.arkansas.gov/wp-content/uploads/050505.doc) | Outpatient External Fetal Monitoring |
| [12/09/04-12/16/04](https://humanservices.arkansas.gov/wp-content/uploads/041209.doc) | CPT Procedure Code 43843 |
| [08/26/04-09/16/04](https://humanservices.arkansas.gov/wp-content/uploads/040826.doc) | Official Notice DMS-2004-L-9, CA-2 Dated August 6, 2004 – External Fetal Monitoring |