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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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| Nurse Practitioner transmittal letters | | |
| Update Number | Date |
| [NURSEPRA-2-25](https://humanservices.arkansas.gov/wp-content/uploads/NURSEPRA-2-25.docx) | July 1, 2025 |
| [NURSEPRA-1-25](https://humanservices.arkansas.gov/wp-content/uploads/NURSEPRA-1-25.docx) | July 1, 2025 |
| [NURSEPRA-3-23](https://humanservices.arkansas.gov/wp-content/uploads/NURSEPRA-3-23.doc) | June 1, 2025 |

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| Nurse Practitioner 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-001-14](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-001-14.doc) | July 1, 2014 | Implementation of Additional Nurse Practitioner CPT® Codes |
| [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 |

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| Nurse Practitioner Official Notices | | | |
| Number | Date | Subject |
| [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-008-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-008-25.docx) | March 6, 2025 | Coverage for Procedure Codes 38220, 38221, and 38222 |
| [ON-004-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-004-25.doc) | January 30, 2025 | Covered Services for Sexual Abuse Exams |
| [ON-044-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-044-24.doc) | November 18, 2024 | Coverage for Procedure Code Q0138 |
| [ON-001-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-001-24.doc) | September 11, 2024 | EPSDT Billing Updates for Procedure Code 96110 - REVISED |
| [ON-022-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-022-24.doc) | June 14, 2024 | Coverage Added for Procedure Code 10061 |
| [ON-013-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-013-24.doc) | April 15, 2024 | Coverage Added for Procedure Codes 49082, 95145, and 95165 |
| [ON-011-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-011-24.doc) | April 5, 2024 | Coverage for 99205 U2 |
| [ON-010-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-010-24.doc) | April 1, 2024 | Vaccine Counseling for EPSDT Members |
| [ON-009-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-009-24.doc) | March 28, 2024 | Coverage for Procedure T1015 Medication Assistance Treatment (MAT) Services (X2 & X4 Modifiers) |
| [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-021-21](https://humanservices.arkansas.gov/wp-content/uploads/ON-021-21.doc) | November 24, 2021 | Procedure Code 99401 |
| [ON-006-20](https://humanservices.arkansas.gov/wp-content/uploads/ON-006-20.doc) | July 1, 2020 | CORRECTION—Administration Fees for Influenza Immunization and Other Vaccines |
| [ON-003-18](https://humanservices.arkansas.gov/wp-content/uploads/ON-003-18.doc) | October 1, 2018 | Opioid Use Disorder Treatment Drugs |
| [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-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-004-10](https://humanservices.arkansas.gov/wp-content/uploads/ON-004-10.doc) | December 1, 2010 | CMS-1500 Replaces DMS-694 for EPSDT Screenings or Services |
| [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-KK-5](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-KK-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-10-A-5.doc) | March 29, 2010 | 2010 HCPCS Procedure Code Conversion |
| [DMS-2010-KK-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-10-A-4.doc) | March 29, 2010 | 2010 CPT Procedure Code Conversion |
| [DMS-2009-KK-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-3.doc) | November 6, 2009 | Vaccines for Children Program (VFC) |
| [DMS-2009-KK-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-2.doc) | September 1, 2009 | Medicaid Coverage of H1N1 Vaccine Administration |
| [DMS-2009-KK-13](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-AR-8.doc) | March 1, 2009 | HCPCS Procedure Code Conversion |
| [DMS-2009-KK-12](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-12.doc) | March 1, 2009 | CPT Procedure Code Conversion |
| [DMS-2008-KK-11](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-KK-10](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-10.doc) | November 10, 2008 | Vaccines for Children Program |
| [DMS-2008-KK-8](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-AR-4.doc) | September 1, 2008 | Correct Billing for Vaccines for Children (VFC) |
| [DMS-2008-KK-9](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-KK-7](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-KK-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-6.doc) | June 1, 2008 | Current Procedural Terminology (CPT) Code 90702 |
| [DMS-2008-KK-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-4.doc) | May 1, 2008 | 2008 HCPCS Procedure Code Conversion |
| [DMS-2008-KK-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-2.doc) | May 1, 2008 | 2008 CPT Procedure Code Conversion |
| [DMS-2008-KK-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-2007-KK-7](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-AR-3.doc) | January 11, 2008 | Fee Schedules |
| [DMS-2008-KK-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-KK-6](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-KK-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-4.doc) | October 18, 2007 | Family Planning Services |
| [DMS-2007-KK-3](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-KK-1](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-KK-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-2.doc) | March 1, 2007 | 2007 Current Procedural Terminology (CPT) Procedure Code Conversion |
| [DMS-2006-KK-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-KK-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-4.doc) | June 20, 2006 | Family Planning Services |
| [DMS-2006-KK-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-2.doc) | March 1, 2006 | 2006 HCPCS Procedure Code Conversion |
| [DMS-2006-KK-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-1.doc) | March 15, 2006 | 2006 CPT Procedure Code Conversion |
| [DMS-2005-KK-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-O-1.doc) | January 1, 2006 | Prescription Drug Coverage for Dual Eligibles Covered by Medicare |
| [DMS-2005-KK-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-KK-3.doc) | January 1, 2006 | Injection Procedure Codes J0270 and J0275 |
| [DMS-2005-KK-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-A-1.doc) | April 4, 2005 | 2005 CPT Procedure Code Conversion |
| [DMS-2004-KK-6](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-KK-10](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-O-3.doc) | December 8, 2004 | Evidence-Based Preferred Drug List |
| [DMS-2004-KK-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-AR-3.doc) | November 1, 2004 | Revision of Form DMS-640 |
| [DMS-2004-KK-12](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-8.doc) | October 15, 2004 | Influenza Virus Vaccine, for Intranasal Use |
| [DMS-2004-KK-9](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-KK-9.doc) | October 11, 2004 | Procedure Code J2996 – Alteplase Recombinant |
| [DMS-2004-KK11](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-KK-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-O-1.doc) | May 7, 2004 | Corrections in Billing Instructions |
| [DMS-2004-KK-3](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-KK-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-KK-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-1.doc) | February 27, 2004 | 2004 CPT Procedure Code Conversion |
| [DMS-2003-KK-11](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-9.doc) | January 20, 2004 | HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003 |
| [DMS-2003-KK-9](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-KK-12](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-KK-14](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-KK-8](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-AR-3.doc) | October 7, 2003 | Occupational, Physical, Speech Therapy Program Policy |
| [DMS-2003-KK-10](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-8.doc) | August 12, 2003 | Extension of Pharmacy Benefit for Living Choices Assisted Living Waiver Participants |
| [DMS-2003-KK-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-6.doc) | July 9, 2003 | DEA Schedule II Stimulants for Age-Appropriateness |
| [DMS-2003-KK-7](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-L-6.doc) | June 18, 2003 | Coverage of Leuprolide Acetate Implant |
| [DMS-2003-KK-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-4.doc) | June 6, 2003 | Prescription Drug Prior Approval for Long Term Care Certified Recipients |

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| Nurse Practitioner rA messages | |
| Date | Subject |
| [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 |
| [06/26/25-07/10/25](https://humanservices.arkansas.gov/wp-content/uploads/250626.docx) | Procedure 99417 added to Audit 6890 |
| [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) | EPSDT Services - Extension of Benefit Requests |
| [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 |
| [05/08/25-05/22/25](https://humanservices.arkansas.gov/wp-content/uploads/250508.docx) | Coverage Updates for Procedure Codes 11976, 11982, 58300, and 58301 |
| [04/10/25-04/24/25](https://humanservices.arkansas.gov/wp-content/uploads/250410.docx) | Nurse Practitioner Coverage for Antepartum Care |
| [04/10/25-04/24/25](https://humanservices.arkansas.gov/wp-content/uploads/250410.docx) | Update For 99402 FP UA UB |
| [03/20/25-04/03/25](https://humanservices.arkansas.gov/wp-content/uploads/250320.docx) | Diagnosis Group 700 Updated |
| [04/20/17-05/04/17](https://humanservices.arkansas.gov/wp-content/uploads/170420.doc) | Professional Claims Payment for Admitted Inmate Population |
| [05/05/16-05/12/16](https://humanservices.arkansas.gov/wp-content/uploads/160505.doc) | Procedure Codes 81470 and 81471 |
| [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 |
| [08/07/14-08/28/14](https://humanservices.arkansas.gov/wp-content/uploads/140807.doc) | PKU Periflex Jr. Plus |
| [08/01/13-08/29/13](https://humanservices.arkansas.gov/wp-content/uploads/130801.doc) | Pen and Ink Correction |
| [05/10/12-05/31/12](https://humanservices.arkansas.gov/wp-content/uploads/120510.doc) | Administration Fee |
| [01/26/12-02/16/12](https://humanservices.arkansas.gov/wp-content/uploads/120126.doc) | Complete the EPSDT Referral Fields for EPSDT Claims |
| [01/06/11-01/13/11](https://humanservices.arkansas.gov/wp-content/uploads/110106.doc) | Official Notice Correction - CMS-1500 Replaces DMS-694 for EPSDT Screenings or Services |
| [04/22/10-04/29/10](https://humanservices.arkansas.gov/wp-content/uploads/100422.doc) | Physicians, Independent Radiology, Hospital and Nurse Practitioner Fee Schedules |
| [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 |
| [08/03/06-08/09/06](https://humanservices.arkansas.gov/wp-content/uploads/060803.doc) | EPSDT/Sick Visits |
| [06/29/06-07/05/06](https://humanservices.arkansas.gov/wp-content/uploads/060629.doc) | Family Planning Procedure Codes 99144 and 99145 |
| [08/18/05-08/25/05](https://humanservices.arkansas.gov/wp-content/uploads/050818.doc) | Procedure Code 95115 |