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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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| Prosthetics transmittal letters |
| Update Number | Date |
| [PROSTHET-2-23](https://humanservices.arkansas.gov/wp-content/uploads/PROSTHET-2-23.doc) | June 1, 2025 |
| [PROSTHET-1-23](https://humanservices.arkansas.gov/wp-content/uploads/PROSTHET-1-23.doc) | August 1, 2024 |

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| Prosthetics NOTICES OF RULE MAKING |
| Number | Date | Subject |
| [NOTICE-003-17](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-003-17.doc) | November 1, 2017 | Removal of Processing Hold on Paper Claims |
| [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-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-002-13](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-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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| Prosthetics Official Notices |
| Number | Date | Subject |
| [ON-023-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-023-25.docx) | July 1, 2025 | New Formula Procedure Codes and Formula Rate Changes - Effective 7/15/2025 |
| [ON-022-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-022-25.docx) | June 30, 2025 | Prescribing Information for Durable Medical Equipment and Updates to Orthotic Procedure Codes L3204, L3206, and L3207 |
| [ON-046-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-046-24.doc) | November 22, 2024 | Request for Confinement Equipment – Effective 12/1/2024 |
| [ON-038-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-038-24.doc) | October 24, 2024 | REVISED: Billing Medicaid When a Member’s Other Insurance Covers Diabetic Supplies Under Durable Medical Equipment (DME) |
| [ON-026-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-026-24.doc) | July 18, 2024 | New Diabetic Supply Billing Update |
| [ON-024-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-024-24.doc) | June 27, 2024 | Upcoming Continuous Glucose Monitor and Diabetic Supplies Training Update |
| [ON-023-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-023-24.doc) | June 20, 2024 | Upcoming Continuous Glucose Monitor and Diabetic Supplies Training Update |
| [ON-008-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-008-24.doc) | March 27, 2024 | Coverage for Procedure S1040 |
| [ON-042-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-042-23.doc) | October 6, 2023 | Procedure Code A9274 |
| [ON-038-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-038-23.doc) | September 25, 2023 | Procedure Code A7508 |
| [ON-033-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-033-23.doc) | August 25, 2023 | Prior Authorization (PA) Removed from Prosthetic Codes for Under 21 |
| [ON-028-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-028-23.doc) | August 4, 2023 | Arkansas Department of Human Services Reimbursement Change for Procedure Code B4162 |
| [ON-020-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-020-23.doc) | May 19, 2023 | Prior Authorization (PA) Removed from Prosthetic Codes for Under 21 |
| [ON-018-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-018-23.doc) | May 4, 2023 | E2510 requires PA |
| [ON-014-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-014-23.doc) | April 7, 2023 | Procedure Code E8001 EP – Prior Authorization Required |
| [ON-012-22](https://humanservices.arkansas.gov/wp-content/uploads/ON-012-22.doc) | March 25, 2022 | Adjunct Continuous Glucose Monitor (CGM) Covered by Arkansas Medicaid |
| [ON-012-21](https://humanservices.arkansas.gov/wp-content/uploads/ON-012-21.doc) | September 30, 2021 | T4534 (Youth size pull-on) Will be Covered Effective 10/1/2021 |
| [ON-003-20](https://humanservices.arkansas.gov/wp-content/uploads/ON-003-20.doc) | April 10, 2020 | DME Rate Changes Effective April 1, 2020 |
| [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 |
| [DMS-2010-J-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-10-J-3.doc) | April 9, 2010 | New Medicare Requirement for Suppliers of Medical Equipment and Supplies |
| [DMS-2010-J-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-10-A-5.doc) | March 29, 2010 | 2010 HCPCS Procedure Code Conversion |
| [DMS-2009-J-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-J-1.doc) | August 3, 2009 | Procedure Code J1642  |
| [DMS-2009-J-7](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-AR-8.doc) | March 1, 2009 | 2009 HCPCS Procedure Code Conversion |
| [DMS-2008-Q-4](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-J-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-J-5.doc) | June 1, 2008 | Additional Modifiers for Nutritional Formulas for Beneficiaries Ages 0 through Four Years for June 1, 2007 through May 31, 2008 |
| [DMS-2008-J-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-4.doc) | May 1, 2008 | 2008 HCPCS Procedure Code Conversion |
| [DMS-2008-J-4](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-J-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-J-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-CA-5.doc) | December 20, 2007 | Fees Schedules |
| [DMS-2007-J-2](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 Codes (NDC) When Billing Drug Procedure Codes |
| [DMS-2007-J-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-AR-1.doc) | March 1, 2007 | 2007 HCPCS Procedure Code Conversion |
| [DMS-2006-J-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-2.doc) | March 1, 2006 | 2006 CPT Procedure Code Conversion |
| [DMS-2004-J-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-R-20.doc) | May 20, 2005 | Exogen – Ultrasonic Osteogenic Stimulator for Treatment of Non-Union Fractures |
| [DMS-2003-J-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-J-4.doc) | January 20, 2004 | Procedure Code Revisions |
| [DMS-2003-J-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-J-3.doc) | September 27, 2003 | HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003  |
| [DMS-2003-J-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-J-1.doc) | July 9, 2003 | Criteria for Use of External Infusion Pump (Mechanical, Reusable) |
| [DMS-2003-J-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-J-2.doc) | April 15, 2003 | Revisions in Orthotic/Prosthetic and Diabetic Shoe Procedure Codes |

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| Prosthetics rA messages |
| Date | Subject |
| [03/06/25-03/20/25](https://humanservices.arkansas.gov/wp-content/uploads/250306.docx) | Units Per Day (UPD) Updated for E2384 and E2387 |
| [08/07/14-08/28/14](https://humanservices.arkansas.gov/wp-content/uploads/140807.doc) | Pen and Ink Change |
| [08/07/14-08/28/14](https://humanservices.arkansas.gov/wp-content/uploads/140807.doc) | PKU Periflex Jr. Plus |
| [08/09/12-09/06/12](https://humanservices.arkansas.gov/wp-content/uploads/120809.doc) | Negative Pressure Wound Therapy Pump Accessories and Supplies |
| [03/15/12-03/22/12](https://humanservices.arkansas.gov/wp-content/uploads/120315.doc) | Prosthetics Section 242.120, Procedure Code A4351 NU U1 |
| [05/19/11-05/26/11](https://humanservices.arkansas.gov/wp-content/uploads/110519.doc) | Name Change |
| [11/26/09-12/03/09](https://humanservices.arkansas.gov/wp-content/uploads/091126.doc) | Revision to Prosthetics Update #133 |
| [03/22/07-03/28/07](https://humanservices.arkansas.gov/wp-content/uploads/070322.doc) | Procedure Codes (PC) S8105 and E0445 |
| [09/28/06-10/04/06](https://humanservices.arkansas.gov/wp-content/uploads/060928.doc) | Procedure Code Corrections in Prosthetics Update #85 |
| [04/05/06-04/13/06](https://humanservices.arkansas.gov/wp-content/uploads/060405.doc) | POS Code 33 |
| [11/03/05-11/10/05](https://humanservices.arkansas.gov/wp-content/uploads/051103.doc) | Procedure Code Z2076 |
| [08/18/05-08/25/05](https://humanservices.arkansas.gov/wp-content/uploads/050818.doc) | Procedure Code 95115 |
| [08/18/05-08/25/05](https://humanservices.arkansas.gov/wp-content/uploads/050811.doc) | Prosthetics Update #67 |
| [09/23/04-09/30/04](https://humanservices.arkansas.gov/wp-content/uploads/040923.doc) | Procedure Code Z2481 |
| [07/22/04-07/29/04](https://humanservices.arkansas.gov/wp-content/uploads/040722.doc) | FYI |