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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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| Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services transmittal letters |
| Update Number | Date |
| [THERAPY-1-23](https://humanservices.arkansas.gov/wp-content/uploads/THERAPY-1-23.doc) | June 1, 2025 |

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| Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services 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-002-14](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-14.doc) | June 15, 2014 | 2014 Current Procedure Terminology (CPT®) Code Conversion |

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| Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services Official Notices |
| Number | Date | Subject |
| [ON-011-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-011-23.doc) | March 21, 2023 | Therapy Treatment Services Rate Increase |
| [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-002-10](https://humanservices.arkansas.gov/wp-content/uploads/ON-002-10.doc) | September 1, 2010 | Medicaid Cancellation Effective November 1, 2010 |
| [DMS-2008-FF-2](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-2004-FF-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-AR-3.doc) | November 1, 2004 | Revision of Form DMS-640 |
| [DMS-2004-FF-2](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-FF-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-C-1.doc) | April 6, 2004 | Corrections in Billing Instructions |
| [DMS-2003-FF-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-C-3.doc) | January 21, 2004 | HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003 |
| [DMS-2003-FF-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-AR-3.doc) | October 7, 2003 | Occupational, Physical, Speech Therapy Program Policy |

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| Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services RA messages |
| Date | Subject |
| [06/05/25-07/03/25](https://humanservices.arkansas.gov/wp-content/uploads/250605.docx) | New Coverage for Comprehensive Autism Evaluation Codes Under THER Contract Effective 7/1/2025 |
| [03/20/25-04/03/25](https://humanservices.arkansas.gov/wp-content/uploads/250320.docx) | ARKids Hearing/Vision Screenings |
| [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 |
| [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 |
| [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 |