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

|  |  |  |
| --- | --- | --- |
| Rehabilitative Hospital transmittal letters | | |
| Update Number | Date |
| [REHABHSP-1-23](https://humanservices.arkansas.gov/wp-content/uploads/REHABHSP-1-23.doc) | June 1, 2025 | |

|  |  |  |  |
| --- | --- | --- | --- |
| Rehabilitative Hospital NOTICES OF RULE MAKING | | | |
| Number | Date | Subject |
| [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-002-14](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-14.doc) | June 15, 2014 | 2014 Current Procedure Terminology (CPT®) Code Conversion | |

|  |  |  |  |
| --- | --- | --- | --- |
| Rehabilitative Hospital Official Notices | | | |
| Number | Date | Subject |
| [ON-013-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-013-25.docx) | April 30, 2025 | Allow Initial Prior Authorization (PA) Requests for ten (10) days for Acute Care Rehabilitation Hospital Stays |
| [ON-009-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-009-25.docx) | March 13, 2025 | Inpatient MUMP Claims Processing Changes |
| [ON-001-23](https://humanservices.arkansas.gov/wp-content/uploads/ON-001-23.doc) | January 5, 2023 | MUMP Reinstated – Effective 1/1/2023 |
| [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 |
| [DMS-2008-Y-8](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-Y-6](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-Y-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-Y-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-4.doc) | May 1, 2008 | 2008 HCPCS Procedure Code Conversion |
| [DMS-2008-Y-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-AL-1.doc) | April 1, 2008 | Fee Schedules |
| [DMS-2008-Y-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-Y-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-Y-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 Procedure Codes |
| [DMS-2007-Y-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-3.doc) | October 1, 2007 | Tamper-Resistant Prescription Pads Under the Medicaid Program |
| [DMS-2005-Y-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-A-1.doc) | April 4, 2005 | 2005 CPT Procedure Code Conversion |
| [DMS-2004-Y-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-AR-3.doc) | November 1, 2004 | Revision of Form DMS-640 |
| [DMS-2004-Y-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-Y-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-C-1.doc) | April 6, 2004 | Corrections in Billing Instructions |
| [DMS-2004-Y-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-1.doc) | February 27, 2004 | 2004 CPT Procedure Code Conversion |
| [DMS-2003-Y-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-AR-3.doc) | October 7, 2003 | Occupational, Physical, Speech Therapy Program Policy |
| [DMS-2003-Y-4](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-Y-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 |

|  |  |
| --- | --- |
| Rehabilitative Hospital rA messages | |
| Date | Subject |
| [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 |
| [05/08/14-05/29/14](https://humanservices.arkansas.gov/wp-content/uploads/140508.doc) | Procedure Code 77417 |
| [11/16/06-11/22/06](https://humanservices.arkansas.gov/wp-content/uploads/061116.doc) | Billing for Beneficiary’s Outpatient Hospital Clinic |