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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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| Dental transmittal letters |
| Update Number | Date |
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| Dental 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-002-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-15.doc) | December 18, 2015 | 2015 Current Procedure Terminology (CPT®) 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-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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| Dental Official Notices |
| Number | Date | Subject |
| [ON-042-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-042-24.doc) | November 20, 2024 | REVISED: Newly Covered Dental Procedure Codes |
| [ON-031-24](https://humanservices.arkansas.gov/wp-content/uploads/ON-031-24.doc) | September 27, 2024 | Dental Fee for Service Changes Effective November 1, 2024 |
| [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-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 |
| [DMS-2009-E-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-E-1.doc) | November 1, 2009 | Coverage Issues Regarding $500 Benefit Limit for Beneficiaries Age 21 and Over |
| [DMS-2009-E-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-AR-8.doc) | March 1, 2009 | 2009 HCPCS Procedure Code Conversion |
| [DMS-2008-E-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-E-3.doc) | November 10, 2008 | Provider Supplemental Eligibility Strip |
| [DMS-2008-E-2](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-E-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-4.doc) | May 1, 2008 | 2008 HCPCS Procedure Code Conversion |
| [DMS-2007-E-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-AR-3.doc) | January 11, 2008 | Fee Schedules |
| [DMS-2007-E-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-2007-E-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-AR-1.doc) | March 1, 2007 | 2007 HCPCS Procedure Code Conversion |
| [DMS-2006-E-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-E-2.doc) | January 1, 2007 | Treatment of Procedure Codes D1205 and D1201 |
| [DMS-2004-E-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-O-3.doc) | December 8, 2004 | Evidence-Based Preferred Drug List |
| [DMS-2003-E-10](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-E-10.doc) | February 20, 2004 | Procedure Code Changes |
| [DMS-2004-E-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-E-1.doc) | February 19, 2004 | Supernumerary Teeth |
| [DMS-2003-E-9](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-E-9.doc) | October 13, 2003 | Additional HIPAA Procedure Code Corrections for Section 262.100 |
| [DMS-2003-E-8](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-E-8.doc) | October 1, 2003 | HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003  |
| [DMS-2003-E-7](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-E-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-6.doc) | July 9, 2003 | DEA Schedule II Stimulants for Age-Appropriateness |
| [DMS-2003-E-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-E-6.doc) | June 19, 2003 | X-ray and Fillings Reimbursement Changes |
| [DMS-2003-E-3](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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| Dental rA messages |
| Date | Subject |
| [05/08/25-05/22/25](https://humanservices.arkansas.gov/wp-content/uploads/250508.docx) | Dental Coverage Update for FRAIL and Working Disabled |
| [08/02/18-08/30/18](https://humanservices.arkansas.gov/wp-content/uploads/180802.doc) | Deferred Comp |
| [07/20/17-07/27/17](https://humanservices.arkansas.gov/wp-content/uploads/170720.doc) | Pen and Ink Change |
| [04/20/17-05/04/17](https://humanservices.arkansas.gov/wp-content/uploads/170420.doc) | Professional Claims Payment for Admitted Inmate Population |
| [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 |
| [07/30/15-08/06/15](https://humanservices.arkansas.gov/wp-content/uploads/150730.doc) | Dental Claims Submission |
| [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 |
| [09/04/14-09/11/14](https://humanservices.arkansas.gov/wp-content/uploads/140904.doc) | Prior Authorization Changes for Outpatient Dental Providers |
| [08/01/13-08/29/13](https://humanservices.arkansas.gov/wp-content/uploads/130801.doc) | Pen and Ink Correction |
| [12/13/12-01/24/12](https://humanservices.arkansas.gov/wp-content/uploads/121213.doc) | Orthodontic Study Models (D0470) |
| [05/03/12-05/10/12](https://humanservices.arkansas.gov/wp-content/uploads/120503.doc) | Procedure Code D2931 |
| [04/05/12-05/03/12](https://humanservices.arkansas.gov/wp-content/uploads/120405.doc) | Orthodontic Records |
| [01/26/12-02/16/12](https://humanservices.arkansas.gov/wp-content/uploads/120126.doc) | Complete the EPSDT Referral Fields For EPSDT Claims |
| [03/10/11-03/17/11](https://humanservices.arkansas.gov/wp-content/uploads/110310.doc) | Limitation on Nitrous Oxide |
| [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 |
| [05/13/10-05/20/10](https://humanservices.arkansas.gov/wp-content/uploads/100513.doc) | Adult Dental Services for Pregnant Women |
| [12/24/09-12/31/09](https://humanservices.arkansas.gov/wp-content/uploads/091224.doc) | Dental Prior Authorization |
| [10/01/09-10/08/09](https://humanservices.arkansas.gov/wp-content/uploads/091001.doc) | Procedure Codes D0210 and D0330 |
| [01/08/09-01/22/09](https://humanservices.arkansas.gov/wp-content/uploads/090108.doc) | Dental Digital Models Of Diagnostic Casts |
| [03/22/07-03/28/07](https://humanservices.arkansas.gov/wp-content/uploads/070322.doc) | Procedure Codes (PC) D1201, D1203 and D1205 |
| [06/29/06-07/05/06](https://humanservices.arkansas.gov/wp-content/uploads/060629.doc) | Procedure Code D9248 |
| [05/11/06-05/17/06](https://humanservices.arkansas.gov/wp-content/uploads/060511.doc) | Procedure Codes D1201 and D1205 |
| [05/04/06-05/10/06](https://humanservices.arkansas.gov/wp-content/uploads/060504.doc) | Procedure Code D1201 |
| [03/17/05-03/24/05](https://humanservices.arkansas.gov/wp-content/uploads/050317.doc) | Revised Dental Provider Contact Information |
| [11/27/03-12/04/03](https://humanservices.arkansas.gov/wp-content/uploads/031127.doc) | Procedure Code 02740 |