Arkansas Department
Of Health and Human Services
Division of Medical Services

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OFFICIAL NOTICE

DMS-2007-L-4

TO: **Health Care Provider – Hospital**

DATE: **April 12, 2007**

SUBJECT: **Family Planning Services**

The purpose of this Official Notice is to notify Hospital providers of the requirements for billing inpatient family planning surgical services in accordance with the Centers for Medicare and Medicaid Services (CMS).

Effective for claims received on and after **April 20, 2007,** all inpatient claims submitted for family planning surgical services will require a family planning **diagnosis code** on the claim form. Inpatient hospital claims that include a procedure code for a family planning surgical service *will deny* if no family planning **diagnosis code** is indicated on the claim. Additionally, all other established billing requirements must be met in order for a claim to be approved for payment.

Thank you for your participation in the Arkansas Medicaid Program.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at the In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) ages are available for downloading from the Arkansas Medicaid website:
***www.medicaid.state.ar.us*.**

Roy Jeffus, Director