



**Arkansas Department
Of Health and Human Services
Division of Medical Services**



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OFFICIAL NOTICE

DMS-2007-W-2

TO: Health Care Provider – All Providers

DATE:

SUBJECT: FFY 2008 ICD-9-CM Diagnosis Codes

Effective for claims with dates of service on or after October 1, 2007, the Arkansas Medicaid Program will implement the revisions included in the 2008 International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). Providers must enter the updated diagnosis code, if applicable, on **claims with dates of service on or after October 1, 2007**.

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 only).

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at 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) messages are available for downloading from the Arkansas Medicaid website:
www.medicaid.state.ar.us.

Roy Jeffus, Director

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