



**Division of Medical Services
Program Planning & Development**

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OFFICIAL NOTICE

DMS-2009-J-1

TO: Health Care Provider – Prosthetics

DATE: August 3, 2009

SUBJECT: Procedure Code J1642

Effective for dates of service on and after August 3, 2009, procedure code J1642, described as "Injection, heparin sodium, (heparin lock flush), per 10 units" will become payable to Prosthetic providers. The procedure code will be covered for all ages and will be billable on electronic and paper claims. Prosthetic providers may bill J1642, modifier NU, to indicate this service on the claim form.

NOTE: A National Drug Code (NDC) is not required when billing J1642.

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 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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