



Division of Medical Services Program Planning & Development

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480 ·



OFFICIAL NOTICE

DMS-2009-W-1

TO: Health Care Provider – All Providers
DATE: August 26, 2009
SUBJECT: FFY 2010 ICD-9-CM Diagnosis Codes

I. General Information

A review of the 2010 ICD-9-CM diagnosis codes has been completed. **Effective for claims with dates of service on or after October 1, 2009**, the Arkansas Medicaid Program will implement the revisions included in the 2010 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, 2009**. The new diagnosis codes will be covered with the exception of those in section II of this notice.

II. Non-covered 2010 ICD-9-CM Diagnosis Codes

V72.60 V72.61
V72.62 V72.69

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

