



Arkansas Department of Human Services

Division of Medical Services

Donaghey Plaza South

PO Box 1437

Little Rock, Arkansas 72203-1437

Internet Website: www.medicaid.state.ar.us

Telephone: (501) 682-8292 TDD: (501) 682-6789 or 1-877-708-8191 FAX: (501) 682-1197

OFFICIAL NOTICE

DMS-2004-A-6 DMS-2004-L-15
DMS-2004-HH-2 DMS-2004-R-15

TO: Health Care Provider – Ambulatory Surgical Center; Certified Registered Nurse Anesthetist (CRNA); Hospital and Physician

DATE:

SUBJECT: CPT Procedure Code 43843 Made Non-Payable

Effective for dates of service on and after December 1, 2004, CPT procedure code **43843** will be non-payable.

This procedure code's description is not specific enough to prevent its being used for gastric banding procedures that are not covered by Medicaid. Other covered procedure codes are more specific in description and can be used.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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 or 1-877-708-8191. Both telephone numbers are voice and TDD.

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 (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.