



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

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OFFICIAL NOTICE

**DMS-2009-L-15
DMS-2009-R-15**

TO: Health Care Providers – AHECS, Hospital, Physician
DATE: February 23, 2009
SUBJECT: Coverage of J1300

Effective for dates of service on and after February 23, 2009, **J1300 “Injection, eculizumab, 10mg”** will be covered for all ages by Arkansas Medicaid to treat paroxysmal nocturnal hemoglobinuria. J1300 will require a primary diagnosis of ICD-9 diagnosis code 283.2, and is billable electronically and on paper. In accordance with the Federal Deficit Reduction Act of 2005, J1300 will require National Drug Code (NDC) billing protocol.

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