TO: Arkansas Medicaid Health Care Providers – Certified Nurse-Midwife

EFFECTIVE DATE: July 1, 2025

SUBJECT: Provider Manual Update Transmittal CNM-2-25

|  |  |  |  |
| --- | --- | --- | --- |
| **REMOVE** | | **INSERT** | |
| **Section** | **Effective Date** | **Section** | **Effective Date** |
| 213.600 | 3-15-10 | 213.600 | 7-1-25 |
| 240.100 | 7-1-20 | 240.100 | 7-1-25 |
| 240.110 | 7-1-06 | 240.110 | 7-1-25 |
| — | — | 240.120 | 7-1-25 |
| — | — | 240.130 | 7-1-25 |
| 240.200 | 10-13-03 | 240.200 | 7-1-25 |
| 272.470 | 2-1-22 | 272.470 | 7-1-25 |
| 272.490 | 10-13-03 | 272.490 | 7-1-25 |
| 272.491 | 2-1-22 | — | — |
| 272.492 | 2-1-22 | — | — |
| 272.493 | 2-1-22 | — | — |

Explanation of Updates

Section 213.600 is modified to change the benefit limit of 12 medical visits per state fiscal year to 16 visits and clarifies that properly coded obstetrical visits are exempt from this limit.

Section 240.100 clarifies the process for requesting prior authorization.

Section 240.110 explains the process for requesting a post-procedural authorization.

A new section heading numbered 240.120, is added and includes information formerly found in 240.110. This new section focuses on the post-procedural authorization process for beneficiaries under age 21.

A new section heading numbered section 240.130, is added; remaining information formerly included in 240.110 is removed. New information details the post-procedural authorization process for beneficiaries aged 21 and older in this section.

Section 240.200 is modified to specify that prescriptions may be reimbursed but only when prescribed by a certified nurse-midwife with prescriptive authority. The location where pharmacy information can be accessed is updated to the current vendor for pharmacy benefits.

Section 272.470 is updated with minor technical edits.

Section 272.490, Obstetrical Care, is modified to remove global billing instruction and instead use the new designations of prenatal, delivery, and post postpartum services with the effective date of July 1, 2025.

Section 272.491, Method 1 – “Global” or “All Inclusive” Rate,” is removed.

The heading for section 272.492, Method 2 – “Itemized Billing,” is removed; some information from this section is integrated into the modified section 272.490.

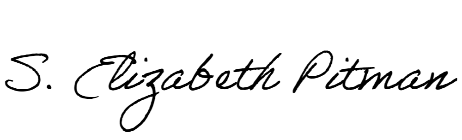
This update transmittal memorandum indicates which sections of your provider manual have been revised. Electronic versions of provider manuals available from the Arkansas Medicaid website have changes incorporated. See Section I for instructions on updating a paper copy of the manual.

If you have questions regarding this transmittal, please contact the Provider Assistance Center at  
(800) 457-4454 toll-free or locally at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Rules Promulgation at (501) 320-6428.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making, and remittance advice (RA) messages are available for downloading from the [Division of Medical Services website](https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/).

Thank you for your participation in the Arkansas Medicaid Program.

   
 Elizabeth Pitman

Director