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Special issue

# PR **NEWS** PROVIDERS'

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Arkansas  
**BlueCross BlueShield**

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# Arkansas Blue Cross and Blue Shield

## Outpatient Hospital Fee Schedule

### Notice of Material Amendment/ 90-Day Notice

**Effective July 1, 2026**, Arkansas Blue Cross and Blue Shield will implement updated fee schedule allowances for codes G0491, 90989, 90993, 90947, 90945, 90935, 90937, and 90999 in an Outpatient Hospital facility.

For questions or additional information, please contact your local [Network Development Representative \(NDR\)](#) or the Provider Reimbursement team at [providerreimbursement@arkbluecross.com](mailto:providerreimbursement@arkbluecross.com).

CODE	DESCRIPTION	OPH ALLOWANCE	EFFECTIVE DATE
G0491	DIALYSIS ACU KIDNEY NO ESRD	\$349.00	7/1/2026
90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE	\$365.00	7/1/2026
90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	\$365.00	7/1/2026
90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	\$234.00	7/1/2026
90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	\$234.00	7/1/2026
90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	\$349.00	7/1/2026
90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	\$349.00	7/1/2026
90999	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT	\$349.00	7/1/2026