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| all provider notifications |
| [View or print notifications for all provider types.](https://humanservices.arkansas.gov/wp-content/uploads/Static_O.docx) |

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| Child Health Services (EPSDT) transmittal letters |
| Update Number | Date |
| [EPSDT-2-23](https://humanservices.arkansas.gov/wp-content/uploads/EPSDT-2-23.doc) | September 1, 2024 |

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| Child Health Services (EPSDT) Notices OF RULE MAKING |
| Number | Date | Subject |
| [NOTICE-005-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-005-15.doc) | March 1, 2016 | Coverage of Vaccine Current Procedure Terminology (CPT®) Procedure Codes 90620 and 90621 |
| [NOTICE-002-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-15.doc) | December 18, 2015 | 2015 Current Procedure Terminology (CPT®) Code Conversion |
| [NOTICE-004-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-004-15.doc) | October 1, 2015 | Coverage of Vaccine Current Procedure Terminology (CPT**®**) Procedure Code 90651 |
| [NOTICE-003-13](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-003-13.doc) | September 1, 2013 | Coverage of Influenza Virus Vaccine Current Procedural Terminology (CPT®) Procedure Codes 90654, 90685, 90686, and 90688 |
| [NOTICE-001-12](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-001-12.doc) | May 11, 2012 | 2012 Current Procedure Terminology (CPT®) Code Conversion |

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| Child Health Services (EPSDT) Official Notices |
| Number | Date | Subject |
| [ON-002-11](https://humanservices.arkansas.gov/wp-content/uploads/ON-002-11.doc) | March 15, 2011 | 2011 Current Procedure Terminology (CPT®) Code Conversion |
| [ON-004-10](https://humanservices.arkansas.gov/wp-content/uploads/ON-004-10.doc) | December 1, 2010 | CMS-1500 Replaces DMS-694 for EPSDT Screenings or Services |
| [DMS-2010-G-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-10-A-6.doc) | April 26, 2010 | Coverage of Human Papilloma Virus (HPV) Vaccine (Quadrivalent) for male Medicaid Beneficiaries Ages 9 years through 18 years and Human Papilloma Virus (HPV) Vaccine (Bivalent) for female Medicaid Beneficiaries Ages 9 years through 18 years |
| [DMS-2010-G-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-10-A-4.doc) | March 29, 2010 | 2010 CPT Procedure Code Conversion |
| [DMS-2009-G-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-3.doc) | November 6, 2009 | Vaccines for Children Program (VFC) |
| [DMS-2009-G-7](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-12.doc) | March 1, 2009 | 2009 CPT Procedure Code Conversion |
| [DMS-2008-G-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-11.doc) | November 18, 2008 | ARKids First-B Wellness Screen Indicator Added to Eligibility Response |
| [DMS-2008-G-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-10.doc) | November 10, 2008 | Vaccines for Children Program |
| [DMS-2008-G-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-AR-4.doc) | September 1, 2008 | Correct Billing for Vaccines for Children (VFC) |
| [DMS-2008-G-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-9.doc) | August 7, 2008 | Medicaid Tamper Resistant Requirement Guidance from the Centers for Medicare and Medicaid (CMS) and the National Council for Prescription Drug Programs (NCPDP) |
| [DMS-2008-G-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-6.doc) | June 1, 2008 | Current Procedural Terminology (CPT) Code 90702 |
| [DMS-2008-G-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-2.doc) | May 1, 2008 | 2008 CPT Procedure Code Conversion |
| [DMS-2007-G-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-AR-3.doc) | January 11, 2008 | Fee Schedules |
| [DMS-2007-G-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-3.doc) | October 1, 2007 | Tamper-Resistant Prescription Pads Under the Medicaid Program |
| [DMS-2007-G-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-2.doc) | March 1, 2007 | 2007 Current Procedural Terminology (CPT) Procedure Code Conversion |
| [DMS-2006-G-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-5.doc) | July 10, 2006 | Vaccines Available in the Vaccines for Children (VFC) Program |
| [DMS-2006-G-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-A-1.doc) | March 15, 2006 | 2006 CPT Procedure Code Conversion |
| [DMS-2005-G-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-O-1.doc) | January 1, 2006 | Prescription Drug Coverage for Dual Eligibles Covered by Medicare |
| [DMS-2004-G-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-8.doc) | October 15, 2004 | Influenza Virus Vaccine, for Intranasal Use |
| [DMS-2004-G-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-5.doc) | August 2, 2004 | Retroactive Reimbursement of Vaccines Made Available Through the Vaccines for Children (VFC) Program September 1, 2003 |
| [DMS-2004-G-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-A-1.doc) | February 27, 2004 | 2004 CPT Procedure Code Conversion |
| [DMS-2003-G-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-A-4.doc) | December 5, 2003 | Vaccines Available in the Vaccines for Children (VFC) Program |
| [DMS-2003-G-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-11.doc) | November 25, 2003 | Medicaid Reimbursement for Flu Vaccines Administered to Recipients Ages 19 and Older |
| [DMS-2003-G-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-G-4.doc) | October 13, 2003 | Addition to Section 242.130 |
| [DMS-2003-G-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-G-3.doc) | September 27 2003 | HIPAA Corrections Required for Provider Manual Updates Effective October 13, 2003  |

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| Child Health Services (EPSDT) rA messages |
| Date | Subject |
| [08/24/17-08/31/17](https://humanservices.arkansas.gov/wp-content/uploads/170824.doc) | Foster Care Intake Physical |
| [08/06/15-08/13/15](https://humanservices.arkansas.gov/wp-content/uploads/150806.doc) | ARKids-B Beneficiaries No Longer Eligible For VFC Program Beginning August 1, 2015 |
| [05/28/15-06/04/15](https://humanservices.arkansas.gov/wp-content/uploads/150528.doc) | ARKids-B Beneficiaries No Longer Eligible For VFC Program Beginning August 1, 2015 |
| [05/10/12-05/31/12](https://humanservices.arkansas.gov/wp-content/uploads/120510.doc) | Administration Fee |
| [01/26/12-02/16/12](https://humanservices.arkansas.gov/wp-content/uploads/120126.doc) | Complete the EPSDT Referral Fields For EPSDT Claims |
| [01/06/11-01/13/11](https://humanservices.arkansas.gov/wp-content/uploads/110106.doc) | Official Notice Correction - CMS-1500 Replaces DMS-694 for EPSDT Screenings or Services |
| [11/20/08-11/27/08](https://humanservices.arkansas.gov/wp-content/uploads/081120.doc) | Supplemental Eligibility Response System |
| [11/13/08-11/20/08](https://humanservices.arkansas.gov/wp-content/uploads/081113.doc) | CPT Code 90660 |
| [10/02/08-10/09/08](https://humanservices.arkansas.gov/wp-content/uploads/081002.doc) | Procedure Code 90698 – Ages Covered Under VFC Correction |