



Arkansas Department of Human Services

Division of Medical Services

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OFFICIAL NOTICE

DMS-2003-G-4

TO: Health Care Provider – Child Health Services (EPSDT)

DATE: October 13, 2003

SUBJECT: Addition to Section 242.130

Information was inadvertently removed from the billing section 242.130 (A) of the Child Health Services (EPSDT) manual. Although procedure codes have been revised, policy *has not* been changed regarding periodic and interperiodic vision and hearing screens when performed within seven days of a full periodic or interperiodic screen.

Therefore, Arkansas Medicaid does not cover an EPSDT periodic vision screen or an EPSDT periodic hearing screen on the same day or within 7 days of an EPSDT complete screen or an EPSDT interperiodic full medical screen by the same or different providers. Also, an EPSDT interperiodic vision screen or an EPSDT interperiodic hearing screen must not be billed on the same day or within 7 days of an EPSDT complete medical screen or an EPSDT interperiodic full medical screen by the same or different providers. The billing combinations represent a duplication of services.

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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Interim Director

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.

