

# ARKANSAS REGISTER

## Transmittal Sheet



Charlie Daniels  
Secretary of State  
State Capitol Room 026  
Little Rock, Arkansas 72201-1094  
(501) 682-3527

**For Office**

Use Only: Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Department of Health and Human Services

Department Division of Medical Services

Contact Patsy Hesson E-mail patsy.hesson@arkansas.gov Phone 682-8363

Statutory Authority for Promulgating Rule \_\_\_\_\_

Rule Title: Official Notice DMS-2008-A-6, DMS-2008-L-6, DMS-2008-AR-2, DMS-2008-KK-6, DMS-2008-G-2, DMS-2008-R-6, DMS-2008-II-6, DMS-2008-OO-5 – CPT Code 90702

Intended Effective Date \_\_\_\_\_ Date \_\_\_\_\_

- |   |                                      |                             |
|---|--------------------------------------|-----------------------------|
| <input type="checkbox"/> Emergency                            | Legal Notice Published.....          | <u>03/19/08 – 03/21/08.</u> |
| <input type="checkbox"/> 10 Days After Filing                 | Final Date for Public Comment.....   | <u>04/17/08</u>             |
| <input checked="" type="checkbox"/> Other <u>June 1, 2008</u> | Reviewed by Legislative Council..... | _____                       |
|   | Adopted by State Agency.....         | <u>06/01/08</u>             |

Electronic Copy of Rule Provided (per Act 1478 of 2003)

Electronic Copy of Rule to be e-mailed from: Becky Murphy becky.Murphy@arkansas.gov  
Contact Person Email Address

**CERTIFICATION OF AUTHORIZED OFFICER**  
I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended

  
Signature

(501) 682-8292  
Phone Number

roy.jeffus@arkansas.gov  
E-mail Address

Director  
Title

May 2, 2008  
Date

FILED  
AR. REGISTER  
08 MAY -1 PM 3:45  
BY CHARLIE DANIELS  
SECRETARY OF STATE  
STATE OF ARKANSAS





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

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437  
501-682-8368 · Fax: 501-682-2480 · TDD: 501-682-6789



**OFFICIAL NOTICE**

**DMS-2008-A-6  
DMS-2008-L-6**

**DMS-2008-AR-2  
DMS-2008-KK-6**

**DMS-2008-G-2  
DMS-2008-R-6**

**DMS-2008-II-6  
DMS-2008-OO-5**

**TO:** Health Care Provider – Ambulatory Surgical Center, ARKids First-B, Child Health Services (EPSDT), Federally Qualified Health Center (FQHC), Hospital, Nurse Practitioner, Physician, Rural Health Clinic and Arkansas Department of Health (ADH)

**DATE:**

**SUBJECT:** Current Procedural Terminology (CPT) Code 90702

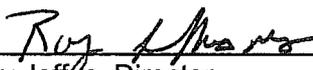
The purpose of this Official Notice is to inform providers that Current Procedural Terminology (CPT) code **90702** was made non-payable in error. CPT code **90702** is now reinstated and is payable to Vaccines for Children (VFC) providers when administered to children ages 0-6 years.

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 or (501) 682-6789 (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.**

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](http://www.medicaid.state.ar.us).

  
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Roy Jeffus, Director