

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: October 1, 2007

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(13) Eye Prostheses and Cleaning, ~~Enlargement and Reduction~~

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. The Medicaid maximum rates were established using the 2005 Medicare fee schedule. The State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule are published.

(14) Ear Molds

Reimbursement is based on the lesser of the amount billed or 68% of the dealer invoice.

(15) Desensitization Injections

Medicaid will pay a physician's fee up to the Title XIX (Medicaid) maximum for administering the injection and up to the Title XIX (Medicaid) maximum per vial of antigen. Refer to Attachment 4.19-B, Page 2, Item 5.

Effective for claims with dates of service on or after July 1, 1992, the Title XIX maximum rates were decreased by 20%.



Arkansas Department of Health and Human Services

Division of Medical Services



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TO: Arkansas Medicaid Health Care Providers – Visual Care

DATE: October 1, 2007

SUBJECT: Provider Manual Update Transmittal #98

REMOVE Section	Date	INSERT Section	Date
242.110	8-1-07	242.110	10-1-07
242.430	8-1-07	242.430	10-1-07

Explanation of Updates

Section 242.110 is revised to add procedure codes **V2625** and **V2626**. These codes are related to eye prosthesis.

Section 242.430 is revised to change the word “recipient” to “beneficiary.”

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

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.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC not required

242.110 Visual Procedure Codes

10-1-07

The following services are covered under the Arkansas Medicaid Program. "W/PA" means that a service requires prior authorization.

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
DIAGNOSTIC AND ANCILLARY SERVICES				
S0620	—	<u>ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT</u> This service <u>must</u> include the following: case history, general health observation, external exam of the eye and adnexa, ophthalmoscopic examination, determination of refractive state, basic sensorimotor and binocularity examination. It may also include initiation of diagnostic and treatment programs or referral.	yes	yes
S0621	—	<u>ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; ESTABLISHED PATIENT</u> This service <u>must</u> include the following: case history, general health observation, external exam of the eye and adnexa, ophthalmoscopic examination, determination of refractive state, basic sensorimotor and binocularity examination. It may also include initiation of diagnostic and treatment programs or referral.	yes	yes
92340	—	<u>FITTING OF SPECTACLES, EXCEPT FOR APHAKIA: MONOFOCAL</u> Fitting includes measurement of anatomical facial characteristics, the writing of laboratory specifications, and the final adjustment of the spectacles to the visual axes and anatomical topography.	yes	yes
92370	—	<u>REPAIR AND REFITTING OF SPECTACLES</u> <u>Repair and refitting spectacles; except for aphakia</u>	yes	yes

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
99173	UB	<u>SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL</u> This procedure must include at a minimum three components listed under procedure code S0620 or S0621. This code may not be billed in conjunction with procedure code S0620 or S0621.	yes	yes
CONTACT LENS SERVICES				
S0592	—	<u>COMPREHENSIVE CONTACT LENS EVALUATION</u> This service must include the following: biomicroscopy, multiple ophthalmometry, case history, tear flow, measurement of ocular adnexa, initial tolerance evaluation, and may include other tests. This procedure does not include contact lens and should be billed in conjunction with other contact lens procedure codes. If billing this code, DO NOT bill S0620 or S0621. Contacts and glasses may be ordered using this code.	yes	yes
S0512	—	<u>SUPPLYING AND FITTING OF CONTACT LENS (SOFT)</u> Spherical, aphakic, lenticular, toric, hydrophilic (per lens)	yes W/PA	yes W/PA
S0512	—	<u>SUPPLYING AND FITTING OF CONTACT LENS (GAS PERMEABLE)</u> Spherical, aphakic, lenticular, toric, prism ballast (per lens)	yes W/PA	yes W/PA
V2501	UA	<u>SUPPLYING AND FITTING OF KERATOCONUS LENS (HARD OR GAS PERMEABLE) - per lens</u>	yes W/PA	yes W/PA
S0512	—	<u>SUPPLYING AND FITTING OF MONOCULAR LENS (HARD OR GAS PERMEABLE) - per lens</u>	yes W/PA	yes W/PA
V2501	U1	<u>SUPPLYING AND FITTING OF MONOCULAR LENS (SOFT LENS) - per lens</u>	yes W/PA	yes W/PA
S0512	—	<u>SUPPLYING AND FITTING OF CONTACT LENS (SOFT)</u> Spherical, aphakic, lenticular, toric, hydrophilic (per lens)	yes W/PA	yes W/PA
S0500	—	<u>DISPOSABLE CONTACTS (PER LENS)</u>	yes W/PA	yes W/PA

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
LOW VISION SERVICES				
92002		<u>OPHTHALMOLOGICAL SERVICES:</u> <u>Medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient</u>	yes	yes
SUPPLEMENTAL PROCEDURES				
92081	—	<u>VISUAL FIELD EXAMINATION</u> Unilateral or bilateral, with interpretation and report; limited examination	yes	yes
92082	—	<u>VISUAL FIELD EXAMINATION</u> Unilateral or bilateral, with interpretation and report; intermediate examination	yes	yes
92083	—	<u>VISUAL FIELD EXAMINATION</u> Unilateral or bilateral, with interpretation and report; extended examination	yes	yes
MISCELLANEOUS SERVICES				
92100		<u>TONOMETRY</u> This procedure will only be covered when medically necessary. These conditions include, but are not limited to, diabetes, hypertension and age of the patient.	yes	yes
92065	—	<u>ORTHOPTIC AND PLEOPTIC TRAINING WITH CONTINUING MEDICAL DIRECTION AND EVALUATION</u>	yes W/PA	no
92060	—	<u>SENSORIMOTOR EXAMINATION</u> <u>With multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure).</u>	yes W/PA	no
96111	—	<u>DEVELOPMENTAL TESTING</u> <u>Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.</u>	yes W/PA	no
CONTACT LENS REPLACEMENT				
92326	—	<u>HARD LENS (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	no

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
92326	—	<u>SOFT LENS (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	no
92326	—	<u>GAS PERMEABLE (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	no
92326	—	<u>APHAKIC LENS</u> Post-operative cataract.	yes W/PA	yes W/PA
V2799	—	<u>UNSPECIFIED PROCEDURE</u>	yes	Yes
EYE PROSTHESIS				
V2623	—	<u>EYE PROSTHESIS</u> Prosthetic eye, plastic, custom	yes W/PA	yes W/PA
V2624	—	<u>POLISHING OF PROSTHESIS</u> Polishing/resurfacing of ocular prosthesis	yes W/PA	yes W/PA
V2625	—	<u>ENLARGEMENT of ocular prosthesis</u>	yes W/PA	yes W/PA
V2626	—	<u>REDUCTION of ocular prosthesis</u>	yes W/PA	yes W/PA

242.430 Special Processing Procedures**10-1-07**

The Visual Care claim form DMS-26-V **must** be used by the ophthalmologists or optometrists when billing the Medicaid Program for non-prescription services. Submit the completed claim form to EDS.

If prescription services are required and are within the allowable limits outlined in section 213.200, the provider must complete the prescription form provided by the optical contractor. Visual Care providers who submit claims electronically must submit a copy of the eligibility verification for the date on which the service is being provided along with the prescription form to the optical contractor for processing. The printout will provide verification of the **beneficiary's** eligibility, last visual exam date and last optical prescription date. (A photocopy of the **beneficiary's** plastic identification card will not be accepted by the optical contractor.) The prescription form and the eligibility verification can be faxed or mailed to the optical contractor, Select Optical. [View or print Select Optical's contact information.](#)

If the copy of the eligibility on the date of service is not verified, and/or the benefit has been exhausted, the optical contractor will not fill the prescription and will return the claim to the physician.