

ARKANSAS REGISTER

Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State
Mark Martin
500 Woodlane, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-5070
www.sos.arkansas.gov



For Office
Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Douglas Nelson E-mail douglas.nelson@dhs.arkansas.gov Phone 501-320-3960

Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201

Rule Title: VISUAL-2-16

Intended Effective Date
(Check One)

Date

Emergency (ACA 25-15-204)

Legal Notice Published

4/12/2017

10 Days After Filing (ACA 25-15-204)

Final Date for Public Comment

05/11/2017

Other 07/01/2017
(Must be more than 10 days after filing date.)

Reviewed by Legislative Council

06/16/2017

Adopted by State Agency

07/01/2017

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Jean Hecker jean.hecker@dhs.arkansas.gov

Contact Person

E-mail Address

Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Signature

(501) 683-4997

dawn.stehle@dhs.arkansas.gov

Phone Number

E-mail Address

Director

Title

6/16/17

Date

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Brian Jones

TELEPHONE 501-537-2064 **FAX** 501-682-3889 **EMAIL:** brian.jones@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Visual 2-16

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

(a) How the additional benefits of the more costly rule justify its additional cost;

(b) The reason for adoption of the more costly rule;

(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

(a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

Next Fiscal Year

General Revenue _____
Federal Funds _____

General Revenue _____
Federal Funds _____

Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total _____

Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue (286,337) _____
 Federal Funds (686,936) _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total (973,273) _____

General Revenue (286,337) _____
 Federal Funds (686,936) _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total (973,273) _____

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ _____

\$ _____

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ (286,337)

\$ (286,337)

Saving / cost avoidance was generated by setting limits on procedures that previously had no limit.

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes

No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.



Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437
501-320-6428 · Fax: 501-404-4619
TDD/TTY: 501-682-6789



TO: Arkansas Medicaid Health Care Providers – Visual Care

EFFECTIVE DATE: July 1, 2017

SUBJECT: Provider Manual Update Transmittal VISUAL-2-16

REMOVE

Section	Effective Date
214.200	11-1-09
221.000	10-13-03
242.110	9-15-11

INSERT

Section	Effective Date
214.200	7-1-17
221.000	7-1-17
242.110	7-1-17

Explanation of Updates

Section 214.200 has been updated to include information regarding prior authorized orthoptic and/or pleoptic training, sensorimotor examination and developmental testing being performed in a licensed optometrist or ophthalmologist office.

Section 221.000 has been updated with information regarding the risks of non-payment for services performed before acquiring prior authorization.

Section 242.110 has been updated with information pertaining to Contact Lens Services procedure code S0592.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

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

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making 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.

Dawn Stehle
Director

TOC not required

- 214.200 Coverage and Limitations of the Under Age 21 Program 7-1-17
- A. One examination and one pair of glasses are available to eligible Medicaid beneficiaries every twelve (12) months.
1. If repairs are needed, the eyeglasses must have been originally purchased through the Arkansas Medicaid Program in order for repairs to be made.
 2. If the glasses are lost or broken beyond repair within the twelve (12)-month benefit limit period, one additional pair will be available through the optical laboratory. After the first replacement pair, any additional pair will require prior authorization. There will be no co-payment assessed for replacement glasses requiring prior authorization.
 3. All replacements will be made by the optical laboratory and the doctor's office may make repairs only when necessary.
 4. EPSDT beneficiaries will have no co-pays. ARKids First-B beneficiaries will be assessed a \$10.00 co-pay. All co-pays will be applied to examination codes rather than to tests or procedures.
- B. Prescriptive and acuity minimums must be met before glasses will be furnished. Glasses should be prescribed only if the following conditions apply:
1. The strength of the prescribed lens (for the poorer eye) should be a minimum of $-.75D + 1.00D$ spherical or a minimum of $.75$ cylindrical or the unaided visual acuity of the poorer eye should be worse than 20/30 at a distance.
 2. Reading glasses may be furnished based on the merits of the individual case. The doctor should indicate why such corrections are necessary. All such requests will be reviewed on a prior approval basis.
- C. Plastic or polycarbonate lenses only are covered under the Arkansas Medicaid Program.
- D. When the prescription has met the prescriptive and acuity minimum qualifications, Medicaid will purchase eyeglasses through a negotiated contract with an optical laboratory.
- E. The eyeglasses will be forwarded to the doctor's office where he or she will be required to verify the prescription and fit or adjust them to the patient's needs.
- F. Eye prosthesis and polishing services require a prior authorization.
- G. Contact lenses are covered if medically necessary with a prior authorization. Please refer to Section 212.000 for contact lens guidelines.
- H. Eyeglasses for children diagnosed as having the following diagnoses must have a surgical evaluation in conjunction with supplying eyeglasses.
1. Ptosis (droopy lid)
 2. Congenital cataracts
 3. Exotropia or vertical tropia
 4. Children between the ages of twelve (12) and twenty-one (21) exhibiting exotropia
- I. Prior authorized orthoptic and/or pleoptic training (procedure code 92065) may be performed only in the office of a licensed optometrist or ophthalmologist for Medicaid eligible children ages twenty (20) and under and for CHIP eligible children ages eighteen (18) and under.
1. The initial prior authorization request must include objective and subjective measurements and tests used to indicate diagnosis.

2. The initial prior authorization approved for this treatment will consist of sixteen (16) treatments in a twelve (12)-month period with no more than one treatment per seven (7) calendar days.
 3. An extension of benefits may be requested for medical necessity.
 4. Requests for extension of benefits must include the initial objective and subjective measures with diagnosis along with subjective and objective measures after the initial sixteen (16) treatments are completed to show progress and the need for, or benefit of, further treatment.
 5. For a list of diagnoses that are covered for orthoptic and/or pleoptic training ([View ICD Codes.](#)).
- J. Prior authorized sensorimotor examination (procedure code 92060) may be performed only in the office of a licensed optometrist or ophthalmologist for Medicaid eligible children ages twenty (20) and under and for CHIP eligible children ages eighteen (18) and under who have received a covered diagnosis based on specific observed and documented symptoms.
1. Benefit limit of one (1) sensorimotor examination in a twelve (12) month period.
 2. An extension of benefits may be requested for medical necessity.
 3. For a list of diagnoses that are covered for sensorimotor examination ([View ICD Codes.](#)).
- K. Prior authorized developmental testing (procedure code 96111) may be performed only in the office of a licensed optometrist or ophthalmologist for Medicaid eligible children ages twenty (20) and under and for CHIP eligible children ages eighteen (18) and under who have received a covered diagnosis based on specific observed and documented symptoms.
1. Benefit limit of one (1) developmental testing in a twelve (12) month period.
 2. An extension of benefits may be requested for medical necessity.
 3. For a list of diagnoses that are covered for developmental testing ([View ICD Codes.](#)).

221.000 How to Obtain Prior Authorization

7-1-17

To obtain prior authorization to provide services not ordinarily covered, the provider must submit in writing a brief, yet descriptive, account of the services requested and, if possible, the procedure code to be used when billing. All supportive information available should be submitted.

Send all requests for prior authorization to the Division of Medical Services, Medical Assistance Unit. [View or print Division of Medical Services, Medical Assistance Unit contact information.](#)

All requests for prior authorization will be reviewed by the visual care consultants. All or part of the services requested may be approved. Approval or denial of the services requested will be given in writing. In no event will prior authorization be given over the telephone.

The approval of the request for prior authorization will be signed by the visual care consultants or authorized personnel and assigned a prior authorization control number. The prior authorization control number must be indicated on the claim.

Prior Authorization (PA) requests should be submitted and approved PRIOR to the delivery of any requested service that requires prior authorization. PA requests received retrospectively (after the date of service of the requested service), will be evaluated for medical necessity and if approved will allow payment for related claims (subject to timely filing rules) performed prior to

submission of the PA request. PLEASE NOTE: A provider who performs a service that requires a prior authorization before receiving PA approval is at risk for non-payment for the service in the event that the retrospectively submitted PA request is denied.

242.110 Visual Procedure Codes

7-1-17

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> Repair and refitting spectacles; except for aphakia	yes	yes W/PA

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.	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
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
LOW VISION SERVICES				
92002		<u>OPHTHALMOLOGICAL SERVICES:</u> Medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	yes	yes

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
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> With multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure).	yes W/PA	no
96111	—	<u>DEVELOPMENTAL TESTING</u> Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.	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	yes W/PA
92326	—	<u>SOFT LENS (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	yes W/PA
92326	—	<u>GAS PERMEABLE (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	yes W/PA
92326	—	<u>APHAKIC LENS</u> Post-operative cataract.	yes W/PA	yes W/PA
V2799	—	<u>UNSPECIFIED PROCEDURE</u>	yes	yes
EYE PROSTHESIS				

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
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</u> of ocular prosthesis	yes W/PA	yes W/PA
V2626	—	<u>REDUCTION</u> of ocular prosthesis	yes W/PA	yes W/PA