

EXHIBIT I

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of Medical Services
DIVISION DIRECTOR Eugene Gessow
CONTACT PERSON Robert Nix
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 682-8362 FAX NO. 682-2480 E-MAIL Robert.nix@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Jeffrey Wood
PRESENTER E-MAIL jeffrey.wood@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule?

Visual-1-11

2. What is the subject of the proposed rule?

Updating the Visual Manual to reflect current procedures and to add prior authorization to HCPCS Code S0592.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ___ No X.
If yes, please provide the federal rule, regulation, and/or statute citation.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes ___ No X.

If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes ___ No ___



5. Is this a new rule? Yes ___ No X If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes ___ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes X No ___ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of this proposed rule is to update the Visual Care manual to reflect what is currently covered by DMS and to add prior authorization to HCPCS Code S0592. The proposed rule is necessary because the manual is not reflective on the procedure codes that are currently covered and it also prevents providers from billing a routine ophthalmological examination and the contact lens evaluation on the same date of service (as currently outlined in policy).

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

9. Will a public hearing be held on this proposed rule? Yes ___ No X.
If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

July 12, 2011

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

September 15, 2011

12. Do you expect this rule to be controversial? Yes ___ No X If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Randy Helms

TELEPHONE NO. 682-1857 FAX NO. 682-2480 EMAIL: randy.helms@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE – Visual-1-11

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes ____ No X.

2. Does this proposed, amended, or repealed rule affect small businesses?
Yes ____ No X.

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total _____

Total _____

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

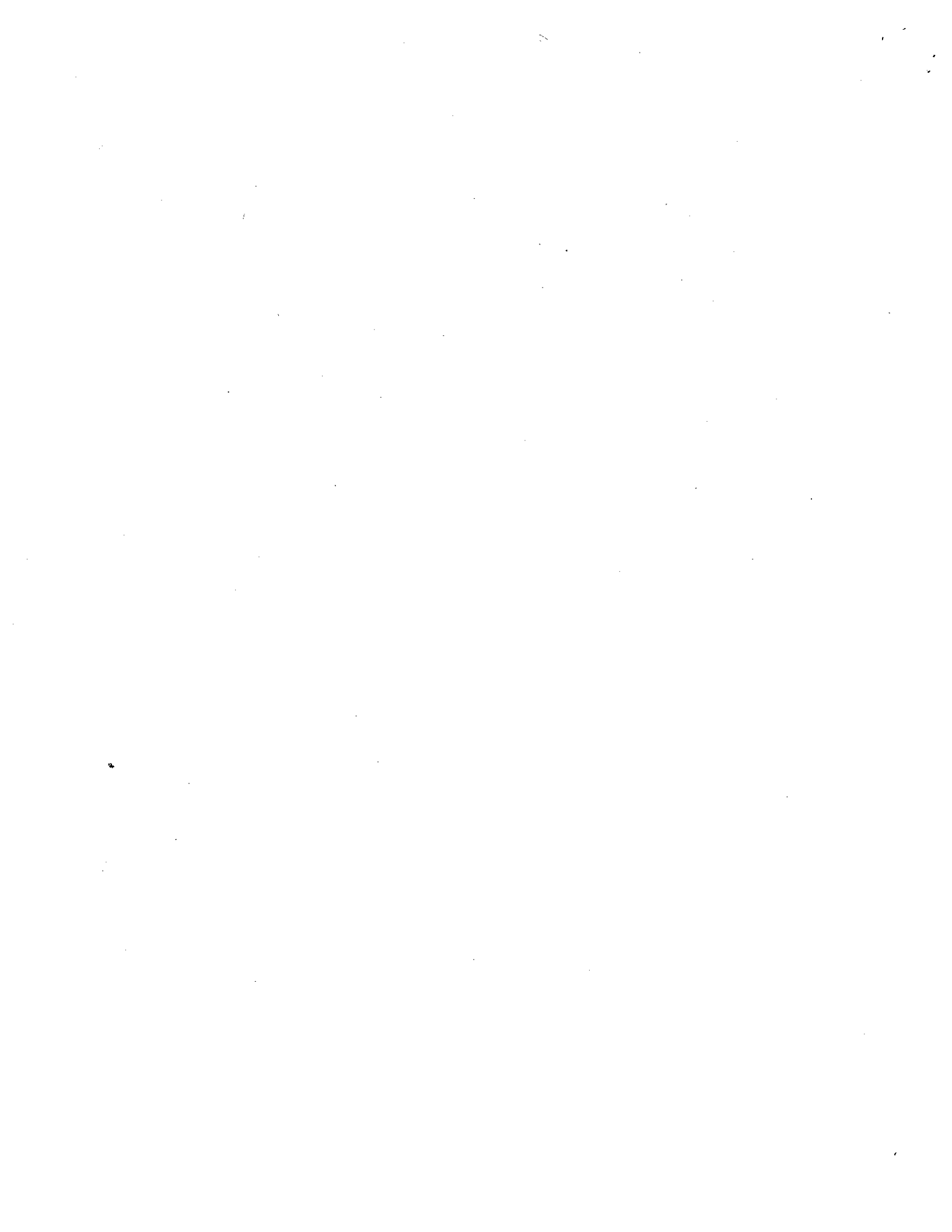
6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year

Next Fiscal Year

None

None



Summary for

Visual -1-11

Effective September 15, 2011, the Visual Care program will add prior authorization (PA) requirements for HCPCS Code S0592. This is to prevent billing of a routine ophthalmological examination and the contact lens evaluation on the same date of service as currently outlined in policy. The Visual Procedure Code section of the Visual Care manual is also being updated to indicate the current PA requirements and coverage for Procedure Codes 92370 (Repair and Refitting of Spectacles) and 92326 (Contact Lens Replacements).



Division of Medical Services
Program Development & Quality Assurance

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



TO: Arkansas Medicaid Health Care Providers – Visual Care
DATE: September 15, 2011
SUBJECT: Provider Manual Update Transmittal VISUAL-1-11

REMOVE

Section Date
242.110 10-1-07

INSERT

Section Date
242.110 9-15-11

PROPOSED

Explanation of Updates

Section 242.110 is updated to add prior authorization requirements to HCPCS procedure codes 92370 for Repair and Refitting of Spectacles and S0592 for Comprehensive Contact Lens Evaluation. It is also updated to add coverage and prior authorization requirements to HCPCS codes 92326 for Hard Lens (Per Lens) Contact Replacement, 92326 for Soft Lens (Per Lens) Contact Replacement and 92326 for Gas Permeable (Per Lens) Contact Replacement.

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 HP Enterprise Services 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 our Americans with Disabilities Act Coordinator at 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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.

Eugene I. Gessow, Director

TOC not required

242.110 Visual Procedure Codes

9-15-11

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

PROPOSED

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 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

PROPOSED

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
LOW VISION SERVICES				
92002		<u>OPHTHALMOLOGICAL SERVICES: 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> 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

PROPOSED

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
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				
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

PROPOSED

TOC not required

242.110 Visual Procedure Codes

40-1-079-
15-11

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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 <u>aphakia</u>	yes	yes <u>W/PA</u>

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 <u>W/PA</u>	yes <u>W/PA</u>
S0512	—	<u>SUPPLYING AND FITTING OF CONTACT LENS (SOFT)</u> Spherical, aphakic, lenticular, toric, hydrophilic (per lens)	yes <u>W/PA</u>	yes <u>W/PA</u>
S0512	—	<u>SUPPLYING AND FITTING OF CONTACT LENS (GAS PERMEABLE)</u> Spherical, aphakic, lenticular, toric, prism ballast (per lens)	yes <u>W/PA</u>	yes <u>W/PA</u>
V2501	UA	<u>SUPPLYING AND FITTING OF KERATOCONUS LENS (HARD OR GAS PERMEABLE) - per lens</u>	yes <u>W/PA</u>	yes <u>W/PA</u>
S0512	—	<u>SUPPLYING AND FITTING OF MONOCULAR LENS (HARD OR GAS PERMEABLE) - per lens</u>	yes <u>W/PA</u>	yes <u>W/PA</u>
V2501	U1	<u>SUPPLYING AND FITTING OF MONOCULAR LENS (SOFT LENS) - per lens</u>	yes <u>W/PA</u>	yes <u>W/PA</u>
S0512	—	<u>SUPPLYING AND FITTING OF CONTACT LENS (SOFT)</u> Spherical, aphakic, lenticular, toric, hydrophilic (per lens)	yes <u>W/PA</u>	yes <u>W/PA</u>
S0500	—	<u>DISPOSABLE CONTACTS (PER LENS)</u>	yes <u>W/PA</u>	yes <u>W/PA</u>

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			Under 21	Over 21
LOW VISION SERVICES				
92002		<u>OPHTHALMOLOGICAL SERVICES:</u> Medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	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
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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	no yes W/PA
92326	—	<u>SOFT LENS (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	no yes W/PA

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
92326	—	<u>GAS PERMEABLE (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	yes <u>W/PA</u>
92326	—	<u>APHAKIC LENS</u> Post-operative cataract.	yes W/PA	yes W/PA
V2799	—	<u>UNSPECIFIED PROCEDURE</u>	yes	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</u> of ocular prosthesis	yes W/PA	yes W/PA
V2626	—	<u>REDUCTION</u> of ocular prosthesis	yes W/PA	yes W/PA

