

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-17-.01(1)-(3)

Rule Title: Eye Care Services-General  
\_\_\_\_\_ New Rule; X Amend; \_\_\_\_\_ Repeal; \_\_\_\_\_ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? \_\_\_\_\_ no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? \_\_\_\_\_ yes

Is there another, less restrictive method of regulation available that could adequately protect the public? \_\_\_\_\_ no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? \_\_\_\_\_ no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? \_\_\_\_\_ no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? \_\_\_\_\_ yes  
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Does the proposed rule have any economic impact? \_\_\_\_\_ no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.  
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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: *Stephanie K*

Date: 11-14-11

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**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-17-.01 Eye Care Services - General

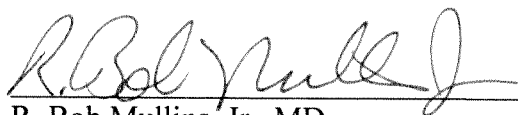
**INTENDED ACTION:** Amend 560-X-17-.01 (1), (2), (3)

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to list definitions of providers enrolled in the Eye Care Services program and to make other general changes to better describe the current program polices and requirements.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:** Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624, 334-242-5833. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:** Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than January 4, 2012.

**CONTACT PERSON AT AGENCY:** Stephanie McGee Azar, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



R. Bob Mullins, Jr., MD  
Commissioner

## Chapter 17. Eye Care Services

### Rule No. 560-X-17-.01. Eye Care Services - General.

The information contained herein sets forth policies and procedures for providing eye care services under the Alabama Medicaid Program.

(1) Participation. Only in-state and borderline out-of-state providers (within a 30-mile radius of the state line) who meet enrollment requirements are eligible to participate in the Alabama Medicaid Program. The following information must be included in a written enrollment request to Medicaid's Fiscal Agent, Provider Enrollment Division:

1. Name
2. Address
3. ~~Speciality~~Specialty Provider Type
4. Social Security Number
5. Tax Identification Number
  
6. Medical or Business License Number, as applicable

~~(a?) Definition of Enrollment as a Medicaid provider is limited to the following eye care professionals~~

~~(a) Ocularists: are eye care professionals who specialize in the fabrication and fitting of ocular prostheses for people who have lost an eye or eyes due to trauma or illness.~~

~~(a) Opticians are optical professionals who fill prescriptions, issued by ophthalmologists and optometrists, for corrective eyewear. These prescriptions may include eyeglasses, contact lenses, low vision aids and ocular prostheses.~~

~~(bb) Optometrists are health care professionals are doctors of optometry (O.D.) who are state licensed to provide primary eye services. These services include comprehensive eye health and vision examinations, diagnosis, and treatment of certain eye diseases and disorders of the eye as well as the diagnosis of certain related systemic conditions. Treatments may include the prescribing of eyeglasses, contact lenses, low vision rehabilitation and medications, and the performing of certain minor surgical procedures.~~

~~(cc) Ophthalmologists are physicians (doctor of medicine (M.D.) or doctor of osteopathy (D.O.)) who specialize in the comprehensive care of the eyes and visual system in the prevention of eye disease and injury. The ophthalmologist is the medically trained specialist who can deliver total eye care: primary, secondary and tertiary care services (e.g.i.e., vision services, contact lenses, eye examinations, medical eye care and surgical eye care), and diagnose general diseases of the body.~~

(23) Patient Identification

(a) It is most important that a provider's staff verify a Medicaid recipient's identity and eligibility, since claims submitted on ineligible persons cannot be paid by the Alabama Medicaid Agency (Medicaid). Refer to Chapter 1, General, of this Code, for information about identification of Medicaid recipients.

(34) Prior Authorization

(a) Special exceptions for optometric items, not authorized in this regulation may be made in unusual circumstances when deemed medically necessary by the attending practitioner/provider and approved by Medicaid.

(b) All requests for prior authorization will be submitted in writing to Alabama Medicaid Agency, P.O. Box 5624, Montgomery, Alabama 36103-5624, and must include the following information:

1. Recipient's name
2. Recipient's Medicaid nNumber (thirteen (13) digits)
3. Current pPrescription data (complete for both eyes)-current
4. Exception requested
5. Reason for exception-exception(explain) (Cataract surgery date, etc.).

6. Signature of Praetitioner/provider

7. Address of Praetitioner/provider

(c) A prior authorization number will be assigned by Alabama Medicaid-Agency.

(d) The number will be reflected on an approval letter for use in completing the appropriate billing form to the fiscal agent.

(e) A copy of the approval letter from Alabama-Medicaid Agency bearing the prior authorization number must be provided to the central Medicaid source if eyeglasses are being obtained from the central source.

Author: /NameJacquelyn King, Program Manager; Medical Support-Title/

Statutory Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R. Section Part 401, eEt seq. Rule effective October 1, 1982. Amended May 9, 1984. Effective date of amendment January 13, 1988. Effective date of amendment January 13, 1993. Effective date of this Amendment is March 13, 1993.

History: Rule effective October 1, 1982. Amended May 9, 1984, January 13, 1988, January 13, 1993, March 13, 1993. Amended: Filed XXXxXXXX; effective XXXXXXXXXXXX.