

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-17-.03(1)-(3)

Rule Title: Optometrist Services  
\_\_\_\_\_ 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

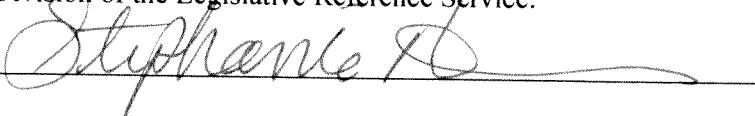
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? \_\_\_\_\_ yes  
\*\*\*\*\*

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.  
\*\*\*\*\*

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: 

Date: 11-17-11

\*\*\*\*\*

FOR APD USE ONLY

PUBLISHED IN VOLUME \_\_\_\_\_ ISSUE NO. \_\_\_\_\_

EDITED AND APPROVED BY \_\_\_\_\_ DOCUMENT NO. \_\_\_\_\_

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-17-.03 Optometrist Services

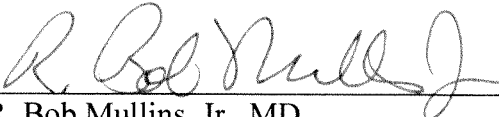
**INTENDED ACTION:** Amend 560-X-17-.03 (1), (2), (3)

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to make 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

Rule No. 560-X-17-.03. Optometrist Services.

(1) Services That May be Provided Other Than Correction of Refractive Error.

(a) In the conduct of an optometric eye examination, if the optometrist suspects or detects abnormalities or irregularities requiring medical treatment the case will be referred to an appropriate doctor of medicine or osteopathy.

(b) If medically necessary, contact lenses (for keratoconus, aphakia, high magnification difference between lenses), may be provided when prior authorized by Medicaid.

(c) Orthoptics (eye exercises) must be prior authorized by Alabama Medicaid Agency. Full information justifying medical necessity (including number of sessions anticipated) must be sent in writing to Medicaid before this service is begun.

(d) Eyeglass lens changes, within lens specifications authorized by Medicaid, may be supplied under this paragraph when needed because of visual changes due to eye disease, surgery, or injury.

(e) ~~Photochromic~~ Photochromatic lenses may be prior authorized when justified in writing.

(f) Post-operative cataract patients may be referred by the ophthalmologist, with the patient's consent, to an optometrist for follow-up care as permitted by state law. Any subsequent abnormal or unusual conditions diagnosed during follow-up care shall be referred back to the ophthalmologist. When submitting claims the appropriate modifier identifying post-operative management must be utilized. ~~Anytime~~ If the ophthalmologist surgeon receives payment for the global amount the post-operative claim will deny. No post-operative management claim will be processed until referring ophthalmologist has received payment for surgery. It shall be the responsibility of the optometrist to confer with the ophthalmologist surgeon for appropriate claim corrections and/or submissions.

(2) Examination for Refractive Error Only.

(a) A complete eye examination and work-up is ~~expected~~ required and will include the following: case history, eye health examination, visual acuity testing, visual fields (if indicated), tonometry, prescribing eyeglasses (if indicated), and determining optical characteristics of lenses (refraction).

(b) For children, examination of eye tension and visual fields tests should be ~~done~~ performed only if indicated.

(c) Medicaid recipients twenty-one (21) years of age and older are authorized one (1) complete eye examination and work-up each two (2) calendar years; recipients under twenty-one (21) years of age are authorized (1) pair of glasses each year if indicated by an examination; a prior authorization will be required for subsequent pairs requested in a calendar year. the same service each calendar year or more often if medically necessity is ~~ary~~ (documented).

(d) Diagnosis will be indicated as refractive error findings.

(e) Services rendered to Medicaid recipients while confined to bed in a health care facility may be rendered as long as it is documented by the patient's assigned physician that the patient is unable to leave the facility and the examination is medically necessary.

(3) If eyeglasses are required and provided, services will include verification of prescription, dispensing of eyeglasses (including laboratory selection), frame selection, procurement of eyeglasses, and fitting and adjusting of eyeglasses to the patient.

Authority: Title XIX, Social Security Act; 42 C.F.R., Section 435.520(3), 441.30(a)(b); State Plan, Attachment 3.1-A, page 2.2, and page 5.1. Rule effective October 1, 1982. Amended June 8, 1985. Effective date of emergency rule is December 1, 1986. Amended March 12, 1987. Emergency Rule Effective Date April 15, 1993. Amended May 13, 1993. Effective date of this amendment August 12, 1994.

**Author:** Jacquelyn King, Program Manager; Medical Support

**Statutory Authority:** State Plan; Title XIX, Social Security Act; 42 C.F.R. Section 441.30; State Plan, Attachment 3.1-A, page 2.2, and page 5.1.

**History:** Rule effective October 1, 1982. Amended June 8, 1985. Effective date of emergency rule is December 1, 1986. Amended March 12, 1987. Emergency Rule Effective Date April 15, 1993. Amended May 13, 1993. Amended: Filed XXXX XXXX; effective XXXXXXXXXXXX.