

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-17-04(1)-(4)

Rule Title: Eyeglasses  
\_\_\_\_\_ 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

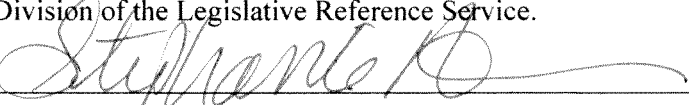
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? \_\_\_\_\_ yes  
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Does the proposed rule have any economic impact? \_\_\_\_\_ no

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: 

Date: 11-17-11  
\*\*\*\*\*

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**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-17-.04 Eyeglasses

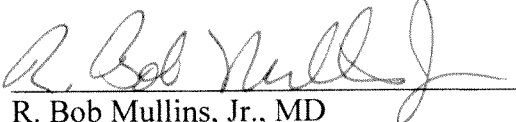
**INTENDED ACTION:** Amend 560-X-17-.04 (1), (2), (3), (4)

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to specify that recipients under 21 years of age are limited to two pair of eyeglasses in a calendar year unless prior authorization is obtained, 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

Rule No. 560-X-17-.04. Eyeglasses.

(1) Authorization

(a) Recipients twenty-one (21) years of age and older are authorized one (1) pair of eyeglasses each two (2) calendar years if indicated by an examination; recipients under twenty-one (21) years of age are authorized (2) pair of glasses each year if indicated by an examination; a prior authorization will be required for subsequent pairs requested in a calendar year after the first pair. the same service each calendar year or more often if medically necessary (documented). These limitations also apply to fittings and adjustments.

(b) Additional eyeglasses, which are medically necessary, may be prior authorized by ~~Alabama Medicaid Agency (Medicaid)~~ for treatment of eye injury, disease or significant prescription change.

(c) The provider should forward a letter to Medicaid justifying medical necessity prior to ordering the eyeglasses (reference Rule No. -560-X-17-.01,~~(43)~~).

(d) A response of either approval or denial will be returned to the provider. If approved, a ~~six digit~~ prior authorization number will be assigned (reference Rule No.- 560-X-17-.01,~~(43)~~, (e) and (d).

(e) If a patient desires frames or lenses ~~eyeglasses~~ other than those ~~provided~~ covered by Medicaid he/she must pay the complete cost of the eyeglasses, including fitting and adjusting; Medicaid will not pay any part of the charge. To prevent possible later misunderstanding, the provider should have the patient sign the following statement for retention with the patient's records: "I hereby certify that I have been offered Medicaid eyeglasses but prefer to purchase the eyeglasses myself."

(2) Procurement.

\_\_\_\_\_ At the option of the provider making the frame measurements, eyeglasses in conformance with ~~Alabama Medicaid~~ standards, may be procured from either the central Medicaid source or from any other source. Medicaid will pay no more than the contract price charged by the central source.

(3) Standards and Price of Frames.

(a) A list of authorized frames and contract prices is available in the Alabama Medicaid Provider Manual. ~~will be sent to each provider by Alabama Medicaid Agency.~~

\_\_\_\_\_ (b) The authorized frames, or frames of equal quality, will be provided for Medicaid recipients at the contract prices shown on the list. (Under normal circumstances the date of service for eyeglasses will be the same as the date of examination.)

(c) Patients having old frames, which ~~are suitable and acceptable under the standards contained herein.~~ meet Food and Drug Administration (FDA) impact-resistant regulations and conform to ANSI requirements may have new lenses installed in lieu of being issued new eyeglasses. Medicaid will pay for the lenses only. The following statement should appear on the claim form that is submitted for the lenses be

documented in the recipient's record: "I hereby certify that I used this patient's old frames and that I did not accept any remuneration therefore."

(d) Services provided under this sub-paragraph are subject to the program benefit limitations.

(4) Lenses.

(a) Lens specifications are authorized at the specified contract price.

(b) Lenses will be of clear glass or clear plastic, unless prior authorized by ~~Alabama Medicaid Agency~~ because of unusual conditions, as indicated in Rule 560-X-17-.013(411). All lenses will meet FDS impact-resistant regulations.

(c) Spherical lenses must be at least a plus or minus .50 diopters; the minimum initial correction for astigmatism only (no other error) is .50 diopters.

~~(5) Services.~~

~~Services reimbursed for eyeglass procurement are: eye examination, including refraction; filling the lens prescription; supplying the frame; and frame fitting, including frame service, verification, and subsequent service. Providers not performing an eye examination must at a minimum fill the lens prescription, supply the frame and provide the frame fitting in order to file a claim.~~

~~(d) Prior authorization is to be obtained by writing Alabama Medicaid Agency.~~

~~(5) Frames:~~

~~(a) Patients with old lenses which are suitable and acceptable under the standards contained herein, meet Food and Drug Administration (FDA) impact-resistant regulations and conform to ANSI requirements may have them installed in a new frame in lieu of being issued new eyeglasses. Medicaid will pay for the frame only. The following statement should be documented in the recipient's record: appear on the claim form that is submitted for the frame: "I hereby certify that I used this patient's old lenses and that I did not accept any remuneration therefore."~~

~~(b) Services provided under this sub-paragraph are subject to the program benefit limitations.~~

~~Authority: Title XIX, Social Security Act; 42 C.F.R., Section 435.520(3), Section 441.30(a)(b); State Plan, Attachment 3.1 A, page 2.2 and 5.1. Rule effective October 1, 1982. Amended June 8, 1985. Effective date of emergency rule is December 1, 1986. Amended March 12, 1987. Effective date of this amendment January 13, 1988. Effective date of this amendment is March 13, 1993.~~

~~**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 5.1.~~

~~**History:** Rule effective October 1, 1982. Amended June 8, 1985, Effective date of emergency rule is December 1, 1986, January 13, 1988, March 12, 1987, March 13, 1993 Amended; Filed XXXXXXXX; effective XXXXXXXXXX.~~