

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-17-.05 Billing Procedures

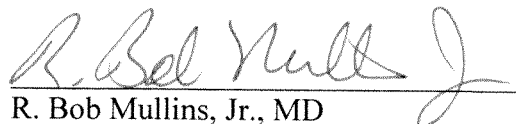
INTENDED ACTION: Amend 560-X-17-.05 (1), (3), (5), (6), (7), (8), (9), (10), (11)

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to clarify the different provider billing options for eye care services 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-.05. Billing Procedures.

(1) All claims for payment of services rendered, filed by oOphthalmologists, oOptometrists, and oOpticians are to be filed ~~on appropriate form provided by the fiscal agent in accordance with billing procedures outlined in the Medicaid Provider Manual.~~

(2) Claims are to be forwarded directly to the Medicaid fiscal agent for payment within one year of the date of service. The Medicaid Provider Manual contains information on claims processing.

(3) A claim for payment may be submitted for a cancelled eyeglass order.

(4) Eye Examination Only.

(a) The claim should specify "Complete Eye Examinations and Refraction."

(b) If services other than a "complete examination" are provided, the claim should reflect the appropriate optometric procedure code. This claim should be sent directly to the Medicaid fiscal agent.

(5) Medical Condition and Treatment.

The claim should be sent directly to the Medicaid fiscal agent.

(6) ~~Eye e~~Examination ~~(Including Refraction)~~ and ~~f~~Fitting ~~(Including Frame Service, Verification, and Subsequent Service)~~ all by the same provider when eyeglasses are procured from the central Medicaid source ~~contractor~~:

(a) ~~The provider will send the~~ Claims are to be sent directly to the Medicaid fiscal agent.

~~(b) The claim will separately identify the extent of the examination, refraction and fitting. Lenses and frames are not to be billed by the practitioner/provider.~~

~~(be) The provider will forward the Medicaid job order form reflecting all necessary prescription data including frame required will be forwarded to the~~ Central Medicaid sSource, which will Contractor to fill the prescription, and return the eyeglasses to the examiner-provider for delivery to the patient. Patient or Authorized Signature box will contain appropriate signature, or the statement "Signature on file."

~~(ec) The c~~Central Medicaid sSource Contractor will submit its claims for payment to the fiscal agent.

(7) Eye eExamination, ~~(Including Refraction)~~, filling of the prescription and fitting and filling of the prescription by the same provider ~~When eyeglasses are NOT procured from the Central Medicaid Source Contractor;~~

(a) The provider will send the claim directly to the Medicaid fiscal agent. ~~The claim should~~ will separately specify identify the extent of the examination performed, refraction, fitting, lenses, and frame.

~~(b) When Opticians provide eyeglasses the claim should only identify the fitting service, lenses and frame.~~

~~_____ (eb) The claim is sent directly to the fiscal agent. Reimbursement for lenses and frames will be at the central source-Medicaid source contract prices.~~

~~_____ (8) Eye Examination (Including Refraction) and fitting by the same provider with the filling of the prescription by another provider other than the Central Medicaid Source Contractor:~~

~~_____ (a) The claim should separately specify the extent of the examination performed, refraction, fitting, lenses, and frame.~~

~~_____ (b) The claim is sent directly to the fiscal agent. Reimbursement for lenses and frames will be at the central source contract prices.~~

~~_____ (§89) Fitting (Including Frame Service, Verification, and Subsequent Service) only, when eyeglasses are procured from the cCentral Medicaid sSource Contractor:~~

~~_____ (a) The claims are to be sent for payment provider will send the claim directly to the Medicaid fiscal agent. The claim will specify the fitting services only.~~

~~_____ (b) The provider will forward the Medicaid job order form reflecting all necessary prescription data including frame required to the central Medicaid source, which will fill the prescription and return the eyeglasses to the provider for delivery to the patient. Patient or Authorized Signature box will contain appropriate signature, or the statement "Signature on file."~~

~~_____ (c) The central Medicaid source will submit its claim for payment to the fiscal agent. The claim will specify the fitting services only.~~

~~_____ (910) -Fitting and filling of an eyeglass prescription by the same provider with no other services provided:~~

~~_____ (a) The claims are to be sent for payment provider will send the claim directly to the Medicaid fiscal agent. The claim will specify the fitting services, lenses, and frame.~~

~~_____ (b) Reimbursement for lenses and frames will be at the central Medicaid source contract prices. The claim will specify the fitting services, lenses, and frame.~~

~~_____ (9) Additional billing instructions will be published as the need arises by the Medicaid fiscal agent.~~

~~_____ -(10140) An Alabama-Medicaid provider may bill an Alabama Medicaid recipient when the recipient has exhausted all of his/her allowed Medicaid benefits for the calendar year, or when the service rendered by the provider is a non-covered benefit as outlined in the Alabama Medicaid Agency Administrative Code. Tinted lenses and UV400 coating are included as covered benefits under the central Medicaid source contract prices.~~

~~_____ (a) _____ Conditional collections to be refunded post payment by Medicaid and partial charges for balance of Medicaid allowed reimbursement are prohibited.~~

~~_____ (-11121) _____ Ophthalmologists and optometrists are required to collect and it is the Medicaid recipient's responsibility to pay the maximum designated copayment amount for each service rendered. This includes patients with Medicare.~~

~~_____ (a) _____ A provider agrees to accept as payment in full the amount paid by the State, plus any cost-sharing amount to be paid by the recipient, for covered items, and further agrees to make no additional charge(s) for covered items to the recipient, sponsor, or family of the recipient, except the appropriate allowable copayment amount.~~

~~Conditional collections to be refunded postafter payment by Medicaid and partial charges for balance of Medicaid--allowed reimbursement are prohibited.~~

~~Authority: State Plan, Attachment 4.18 A; Title XIX, Social Security Act; 42 C.F.R. Section Part 401, Etet seq.; Section 447.15. Rule effective October 1, 1982. Amended July 9, 1984. Effective date of amendment June 8, 1985. 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. Part 401, et seq.; Section 447.15.~~

~~**History:** Rule effective October 1, 1982. Amended July 9, 1984, March 13, 1993
Amended: Filed XXXXXXXX; effective XXXXXXXXXXXX.~~