APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

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

Rule No: 560-X-17-.03 .

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

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Does the proposed rule have any economic impact? yes

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 Lindsay

Date: 11-19-12

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FOR APD USE ONLY

PUBLISHED IN VOLUME _____ ISSUE NO. _____

EDITED AND APPROVED BY _____ DOCUMENT NO. _____

APA-2

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

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

INTENDED ACTION: Amend 560-X-17-.03

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to reinstate coverage of routine eye exams (optometric services) for Medicaid recipients 21 year of age and older to once every 2 years.

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. 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, 2013.

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

Stephanie McGee Azar
Acting Commissioner

APA-6

ECONOMIC IMPACT STATEMENT

FOR APA RULE

(Section 41-22-23 (f))

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

Rule No.: 560-X-17-.03 .

Rule Title: Optometrist Services .

_____New ___X____Amend _____Repeal _____Adopt by Reference

_____This rule has no economic impact.

___X____This rule has an economic impact, as explained below:

1. NEED/EXPECTED BENEFIT OF RULE:

   Optometric services (routine eye exams) are optional services under Federal guidelines. 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 or more often if medical necessity is documented.

2. COSTS/BENEFITS OF RULE AND WHY RULE IS THE MOST EFFECTIVE, EFFICIENT, AND FEASIBLE MEANS FOR ALLOCATING RESOURCES AND ACHIEVING THE STATED PURPOSE:

   Increasing the coverage of routine eye exams for adults to once per two years vs. the current once per three years would have an estimated annual cost of $470,400 total state share for the remainder of FY2013, with an effective date of November 1, 2012.

3. EFFECT OF THIS RULE ON COMPETITION:

   N/A

4. EFFECT OF THIS RULE ON COST-OF-LIVING AND DOING BUSINESS IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:

Changing the coverage of routine eye exams for adults to once per two years vs. once per three years may have a positive effect on optometrists/ophthalmologists that are enrolled as Medicaid providers and provide services to the adult Medicaid population.

5. EFFECT OF THIS RULE ON EMPLOYMENT IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:

6. Slight possibility of positive impact on Optometrists/Ophthalmologists and support personnel employed by these providers due to increased benefit.

7. SOURCE OF REVENUE TO BE USED FOR IMPLEMENTING AND ENFORCING THIS RULE: State and Federal funds.

8. THE SHORT-TERM/LONG-TERM ECONOMIC IMPACT OF THIS RULE ON AFFECTED PERSONS, INCLUDING ANALYSIS OF PERSONS WHO WILL BEAR THE COSTS AND THOSE WHO WILL BENEFIT FROM THE RULE:

9. Changing coverage of routine eye exams for the adult population from once per three years to once per two years will decrease the costs incurred by adult Medicaid recipients to obtain medically necessary eye exams.

10. UNCERTAINTIES ASSOCIATED WITH THE ESTIMATED BENEFITS AND BURDENS OF THE RULE, INCLUDING QUALITATIVE/QUANTITATIVE BENEFITS AND BURDEN COMPARISON:

N/A

11. THE EFFECT OF THIS RULE ON THE ENVIRONMENT AND PUBLIC HEALTH:

N/A

12. DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE RULE IS NOT IMPLEMENTED:

N/A

**Additional pages may be used if needed.

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 Medicaid. 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 when needed because of visual changes due to eye disease, surgery, or injury.

(e) 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. If the ophthalmologist 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 for appropriate claim corrections and/or submissions.

(2) Examination for Refractive Error Only.

(a) A complete eye examination and work-up is 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 should be 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 ~~three (3)~~two (2) calendar years or more often if medical necessity is documented; recipients under twenty-one (21) years of age are authorized the same service each calendar year or more often if medical necessity is 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.

Author: Jacquelyn King, Program Manager; Medical Support
Statutory Authority: Title XIX, Social Security Act; 42 C.F.R. §§ 435.520(3), 441.30 (a)(b); State Plan, Attachment 3.1-A, page 2.5.
History: Rule effective October 1, 1982. Amended effective June 8, 1985. Emergency rule effective December 1, 1986. Amended effective March 12, 1987; March 13, 1993. Emergency Rule Effective April 15, 1993. Amended May 11, 1993. Amended: Filed January 18, 2012; effective February 22, 2012. Emergency Rule Filed and Effective June 1, 2012. Amended: Filed July 12, 2012; effective August 17, 2012. Emergency Rule Filed and Effective November 1, 2012. Amended: Filed November 19, 2012.