



Arkansas Department of Human Services

Division of Medical Services

Donaghey Plaza South
PO Box 1437
Little Rock, Arkansas 72203-1437
Internet Website: www.medicaid.state.ar.us
Telephone: (501) 682-8292 TDD: (501) 682-6789 or 1-877-708-8191 FAX: (501) 682-1197

OFFICIAL NOTICE

DMS-2002-U-1

TO: Health Care Provider – Visual Care

DATE:

SUBJECT: Revisions in Visual Care for Medicaid Recipients

- A. Effective for dates of service on or after March 1, 2002, the following changes in the Visual Care Program will apply to Medicaid-eligible recipients who are 21 years of age or older:
1. The Arkansas Medicaid Program will cover one visual examination every 24 months from the last date of service.
 2. The Arkansas Medicaid Program will cover one pair of eyeglasses every 24 months from the last date of service.
 3. The Arkansas Medicaid Program will cover one prescription services fee (procedure code **Z0100**) every 24 months from the last date of service.
 4. Medicaid-eligible recipients who are 21 years of age or older will pay a \$10.00 copayment to the visual care provider for prescription services (procedure code **Z0100**).
- B. Effective for dates of service on or after March 1, 2002, the following change will apply to Medicaid recipients of all ages:

The maximum allowable reimbursement rate will decrease for the following procedure codes to the amounts listed below:

<u>Procedure Code</u>	<u>Description</u>	<u>Medicaid Maximum Allowable Reimbursement</u>
V0100	Vision Analysis and Diagnosis	\$40.00
Z0100	Prescription Services	\$35.00

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-1461 (voice) or at (501) 682-6789 and 1-877-708-8191 (TDD).

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501)-376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Ray Hanley, Director

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:
www.medicaid.state.ar.us.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) **RESERVED**

(15) Physical Therapy and Related Services

a. Physical Therapy

(1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.

(2) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.

(3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.

(4) Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Extensions of the benefit limit will be provided if medically necessary.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

CATEGORICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Services are limited to two (2) visits per State Fiscal Year (July 1 through June 30). The benefit limit for State Fiscal Year 1992 will be calculated beginning with services provided on or after December 1, 1991. Recipients in the Child Health Services (EPSDT) Program are not benefit limited.

b. Optometrists' Services

Examination of eyes and provision of glasses and/or contact lens and other diagnostic screening, preventive and rehabilitative services and treatment of conditions found for eligible persons. The following limits are imposed:

(1) One eye exam every **twenty-four (24)** months for eligible recipients 21 years of age and older.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

CATEGORICALLY NEEDED

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

d. Eyeglasses

Provision of glasses and/or contact lens for eligible recipients. The following limits are imposed.

(1) One pair of glasses every twenty-four (24) months for eligible recipients 21 years of age and over. Replacement of glasses, repairs to glasses or professional service for repairing glasses is covered for post cataract patients with prior authorization.

(2) One pair of glasses every twelve (12) months for eligible recipients under 21 years of age in the Child Health Services (EPSDT) Program. Under special circumstances, additional glasses may be authorized. Repairs include any repair necessary to render the eyeglasses serviceable.

(3) Contact lens are covered if either of the following conditions are exhibited by the patient:

- a. Medical Necessity**
- b. Cataract patients**

Prior authorization is required by the Medical Assistance Section. Lens replacement for all recipients is allowed as medically necessary.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

MEDICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(14) **RESERVED**

(15) Physical Therapy and Related Services

a. Physical Therapy

(1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.

(2) for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.

(3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.

(4) Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Effective Extensions of the benefit limit will be provided if medically necessary.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

MEDICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Services are limited to two (2) visits per State Fiscal Year (July 1 through June 30). The benefit limit for State Fiscal Year 1992 will be calculated beginning with services provided on or after December 1, 1991. Recipients in the Child Health Services (EPSDT) Program are not benefit limited.

b. Optometrists' Services

Examination of eyes and provision of glasses and/or contact lens and other diagnostic screening, preventive and rehabilitative services and treatment of conditions found for eligible persons. The following limits are imposed:

(1) One eye exam every **twenty-four (24)** months for eligible recipients 21 years of age and older.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2002

MEDICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

d. Eyeglasses

Provision of glasses and/or contact lens for eligible recipients. The following limits are imposed.

(1) One pair of glasses every twenty-four (24) months for eligible recipients 21 years of age and over. Replacement of glasses, repairs to glasses or professional service for repairing glasses is covered for post cataract patients with prior authorization.

(2) One pair of glasses every twelve (12) months for eligible recipients under 21 years of age in the Child Health Services (EPSDT) Program. Under special circumstances, additional glasses may be authorized. Repairs include any repair necessary to render the eyeglasses serviceable.

(3) Contact lens are covered if either of the following conditions are exhibited by the patient:

- a. Medical Necessity
- b. Cataract patients

Prior authorization is required by the Medical Assistance Section. Lens replacement for all recipients is allowed as medically necessary.

Revised: March 1, 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: ARKANSAS

A. The following charges are imposed on the categorically needy for services:

Service	Deduct.	Type Charge Coins.	Copay	Amount and Basis for Determination
Inpatient Hospital		x		10% of the hospital's per diem applied on the first Medicaid covered day of each admission. [The maximum coinsurance for each admission does not exceed the limit specified in 42 CFR 447.54(c).]
Prescription Services for Eyeglasses			x	\$10.00 on the dispensing fee for prescription services.

TN No. _____

Supersedes TN No. _____

Approval Date _____

Effective Date _____

Revised: March 1, 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: ARKANSAS

A. The following charges are imposed on the medically needy for services:

Service	Deduct.	Type Charge Coins.	Copay	Amount and Basis for Determination
Inpatient Hospital		x		10% of the hospital's per diem applied on the first Medicaid covered day of each admission. [The maximum coinsurance for each admission does not exceed the limit specified in 42 CFR 447.54(c).]
Prescription Services for Eyeglasses			x	\$10.00 on the dispensing fee for prescription services.

TN No. _____

Supersedes TN No. _____

Approval Date _____

Effective Date _____