



Arkansas Department of Health and Human Services

Division of Medical Services



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TO: Arkansas Medicaid Health Care Providers – Visual Care

DATE: August 1, 2007

SUBJECT: Provider Manual Update Transmittal #89

REMOVE

Section	Date
242.110	12-1-06
243.120	12-1-06
242.430	1-1-07

INSERT

Section	Date
242.110	8-1-07
243.120	8-1-07
424.430	8-1-07

Explanation of Updates

Section 242.110 is revised to move procedure codes **V2623** and **V2624** from the miscellaneous section and add them to a separate section titled, “Eye Prosthesis.” The elimination of the UB modifier and PA requirement for procedure code 92002, as well as changes in the description. The UB modifier has been removed for Procedure code 92100. In “Supplemental Procedures” category, the description of 92081 has been updated. 92082 and 92093 are added to this category. The description under Procedure code 99173 has been revised.

Section 243.120 is revised to add procedure codes **92340, 92370, 92065, 92060, 96111, and 92326** as codes payable in the Visual Care Program

Section 242.430 revises the name of the optical contractor, from Classic to Select.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789.

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

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

Thank you for your participation in the Arkansas Medicaid Program.



Roy Jeffus, Director

242.110 Visual Procedure Codes

08-1-07

The following services are covered under the Arkansas Medicaid Program.

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
DIAGNOSTIC AND ANCILLARY SERVICES				
S0620	—	<u>ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT</u> This service <u>must</u> include the following: case history, general health observation, external exam of the eye and adnexa, ophthalmoscopic examination, determination of refractive state, basic sensorimotor and binocularity examination. It may also include initiation of diagnostic and treatment programs or referral.	yes	yes
S0621	—	<u>ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; ESTABLISHED PATIENT</u> This service <u>must</u> include the following: case history, general health observation, external exam of the eye and adnexa, ophthalmoscopic examination, determination of refractive state, basic sensorimotor and binocularity examination. It may also include initiation of diagnostic and treatment programs or referral.	yes	yes
92340	—	<u>FITTING OF SPECTACLES, EXCEPT FOR APHAKIA: MONOFOCAL</u> Fitting includes measurement of anatomical facial characteristics, the writing of laboratory specifications, and the final adjustment of the spectacles to the visual axes and anatomical topography.	yes	yes
92370	—	<u>REPAIR AND REFITTING OF SPECTACLES</u> <u>Repair and refitting spectacles; except for aphakia</u>	yes	yes

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
99173	UB	<u>SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL</u> This procedure must include at a minimum three components listed under procedure code S0620 or S0621 . This code may not be billed in conjunction with procedure code S0620 or S0621 .	yes	yes
CONTACT LENS SERVICES				
S0592	—	<u>COMPREHENSIVE CONTACT LENS EVALUATION</u> This service must include the following: biomicroscopy, multiple ophthalmometry, case history, tear flow, measurement of ocular adnexa, initial tolerance evaluation, and may include other tests. This procedure does not include contact lens and should be billed in conjunction with other contact lens procedure codes. If billing this code, DO NOT bill S0620 or S0621. Contacts and glasses may be ordered using this code.	yes	yes
S0512	—	<u>SUPPLYING AND FITTING OF CONTACT LENS (SOFT)</u> Spherical, aphakic, lenticular, toric, hydrophilic (per lens)	yes W/PA	yes W/PA
S0512	—	<u>SUPPLYING AND FITTING OF CONTACT LENS (GAS PERMEABLE)</u> Spherical, aphakic, lenticular, toric, prism ballast (per lens)	yes W/PA	yes W/PA
V2501	UA	<u>SUPPLYING AND FITTING OF KERATOCONUS LENS (HARD OR GAS PERMEABLE) - per lens</u>	yes W/PA	yes W/PA
S0512	—	<u>SUPPLYING AND FITTING OF MONOCULAR LENS (HARD OR GAS PERMEABLE) - per lens</u>	yes W/PA	yes W/PA
V2501	U1	<u>SUPPLYING AND FITTING OF MONOCULAR LENS (SOFT LENS) - per lens</u>	yes W/PA	yes W/PA
S0512	—	<u>SUPPLYING AND FITTING OF CONTACT LENS (SOFT)</u> Spherical, aphakic, lenticular, toric, hydrophilic (per lens)	yes W/PA	yes W/PA
S0500	---	<u>DISPOSABLE CONTACTS (PER LENS)</u>	Yes W/PA	Yes W/PA

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
LOW VISION SERVICES				
92002		OPHTHALMOLOGICAL SERVICES: Medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	yes	yes
SUPPLEMENTAL PROCEDURES				
92081	—	VISUAL FIELD EXAMINATION Unilateral or bilateral, with interpretation and report; limited examination	yes	yes
92082	—	VISUAL FIELD EXAMINATION Unilateral or bilateral, with interpretation and report; intermediate examination	yes	yes
92083	—	VISUAL FIELD EXAMINATION Unilateral or bilateral, with interpretation and report; extended examination	yes	yes
MISCELLANEOUS SERVICES				
92100		TONOMETRY This procedure will only be covered when medically necessary. These conditions include, but are not limited to, diabetes, hypertension and age of the patient.	yes	yes
92065	—	ORTHOPTIC AND PLEOPTIC TRAINING WITH CONTINUING MEDICAL DIRECTION AND EVALUATION	yes W/PA	no
92060	—	SENSORIMOTOR EXAMINATION With multiple measurements of ocular deviation (eg, restrictive or parietic muscle with diplopia) with interpretation and report (separate procedure).	yes W/PA	no
96111	—	DEVELOPMENTAL TESTING Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.	Yes W/PA	no
CONTACT LENS REPLACEMENT				
92326	—	HARD LENS (PER LENS) This procedure code does not include a professional fee.	yes W/PA	no

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
92326	—	<u>SOFT LENS (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	no
92326	—	<u>GAS PERMEABLE (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	no
92326	—	<u>APHAKIC LENS</u> Post-operative cataract.	Yes W/PA	yes W/PA
V2799	—	<u>UNSPECIFIED PROCEDURE</u>	yes	Yes
EYE PROSTHESIS				
V2623	—	EYE PROSTHESIS Prosthetic eye, plastic, custom	yes W/PA	yes W/PA
V2624	—	POLISHING OF PROSTHESIS Polishing/resurfacing of ocular prosthesis	yes W/PA	yes W/PA

243.120 CPT Codes Payable in the Visual Care Program

8-1-07

The following CPT codes are payable in the Visual Care Program. Procedure codes with an asterisk require prior authorization when the place of service was an inpatient hospital. Optometrists may bill procedure code 68761 for treatment of dry eye syndrome.

65205	65210*	65220*	65222*	65430	65435	67700*	67820
67938	68020	68040	68761	68801	68810*	68811*	68815*
68840	76511	76512	76516	76516*	76519	82948	92002
92004	92012	92014	92015	92020	92060	92065	92081
92082	92083	92100	92120	92130	92135	92140	92225
92226	92230	92250	92260	92283	92326	92340	92370
96111	99050	99052	99054	99058	99172	99173	99201
99202	99203	99204	99205	99211	99212	99213	99214
99215	99221	99222	99223	99231	99232	99233	99238
99241	99242	99243	99244	99245	99251	99252	99253
99254	99255	99281	99282	99283	99301	99302	99303
99311	99312	99313					

Gross visual field testing is a part of general ophthalmologic services and is not billed separately. See the CPT manual for definitions, examples of levels of service and complete procedure code descriptions.

242.430 Special Processing Procedures**8-1-07**

The Visual Care claim form DMS-26-V may be used by the ophthalmologists or optometrists when billing the Medicaid Program for non-prescription services. Submit the completed claim form to EDS.

If prescription services are required and are within the allowable limits outlined in Section 213.200, the provider must complete the prescription form provided by the optical contractor. Visual Care providers who submit claims electronically must submit a copy of the eligibility verification for the date on which the service is being provided along with the prescription form to the optical contractor for processing. The printout will provide verification of the recipient's eligibility, last visual exam date and last optical prescription date. (A photocopy of the recipient's plastic identification card will not be accepted by the optical contractor.) The prescription form and the eligibility verification can be faxed or mailed to the optical contractor, Select Optical.

[View or print Select Optical's contact information.](#)

If the copy of the eligibility **on the date of service is not verified, and/or the benefit has been exhausted**, the optical contractor will not fill the prescription and will return the claim to the physician.