



Division of Medical Services
Program Development & Quality Assurance

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TO: Arkansas Medicaid Health Care Providers – Visual Care
DATE: September 15, 2011
SUBJECT: Provider Manual Update Transmittal VISUAL-1-11

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Row 1: 242.110, 10-1-07, 242.110, 9-15-11

Explanation of Updates

Section 242.110 is updated to add prior authorization requirements to HCPCS procedure codes 92370 for Repair and Refitting of Spectacles and S0592 for Comprehensive Contact Lens Evaluation. It is also updated to add coverage and prior authorization requirements to HCPCS codes 92326 for Hard Lens (Per Lens) Contact Replacement, 92326 for Soft Lens (Per Lens) Contact Replacement and 92326 for Gas Permeable (Per Lens) Contact Replacement.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

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

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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.

Eugene I. Gessow, Director

TOC not required

242.110 Visual Procedure Codes

9-15-11

The following services are covered under the Arkansas Medicaid Program. "W/PA" means that a service requires prior authorization.

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 W/PA

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 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
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		<u>OPHTHALMOLOGICAL SERVICES:</u> Medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	yes	yes
SUPPLEMENTAL PROCEDURES				
92081	—	<u>VISUAL FIELD EXAMINATION</u> Unilateral or bilateral, with interpretation and report; limited examination	yes	yes
92082	—	<u>VISUAL FIELD EXAMINATION</u> Unilateral or bilateral, with interpretation and report; intermediate examination	yes	yes
92083	—	<u>VISUAL FIELD EXAMINATION</u> Unilateral or bilateral, with interpretation and report; extended examination	yes	yes
MISCELLANEOUS SERVICES				
92100		<u>TONOMETRY</u> 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	—	<u>ORTHOPTIC AND PLEOPTIC TRAINING WITH CONTINUING MEDICAL DIRECTION AND EVALUATION</u>	yes W/PA	no
92060	—	<u>SENSORIMOTOR EXAMINATION</u> With multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure).	yes W/PA	no
96111	—	<u>DEVELOPMENTAL TESTING</u> 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	—	<u>HARD LENS (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	yes W/PA
92326	—	<u>SOFT LENS (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	yes W/PA

Procedure Code	Required Modifier	Description	Coverage	
			Under 21	Over 21
92326	—	<u>GAS PERMEABLE (PER LENS)</u> This procedure code does not include a professional fee.	yes W/PA	yes W/PA
92326	—	<u>APHAKIC LENS</u> Post-operative cataract.	yes W/PA	yes W/PA
V2799	—	<u>UNSPECIFIED PROCEDURE</u>	yes	yes
EYE PROSTHESIS				
V2623	—	<u>EYE PROSTHESIS</u> Prosthetic eye, plastic, custom	yes W/PA	yes W/PA
V2624	—	<u>POLISHING OF PROSTHESIS</u> Polishing/resurfacing of ocular prosthesis	yes W/PA	yes W/PA
V2625	—	ENLARGEMENT of ocular prosthesis	yes W/PA	yes W/PA
V2626	—	<u>REDUCTION of ocular prosthesis</u>	yes W/PA	yes W/PA