

Rule No. 560-X-17-.01 Eye Care Services - General

The information contained herein sets forth policies and procedures for providing eye care services under the Alabama Medicaid Program.

(1) Participation. Only in-state and borderline out-of-state eye care services providers (within a 30-mile radius of the state line) who meet enrollment requirements are eligible to participate in the Alabama Medicaid Program. The following information must be included in a written enrollment request to Medicaid's Fiscal Agent, Provider Enrollment Division:

1. Name
2. Address
3. Specialty Provider Type
4. Social Security Number
5. Tax Identification Number
6. Medical or Business License Number, as applicable

(2) Patient Identification

It is most important that a provider verify a Medicaid recipient's identity and eligibility, since claims submitted on ineligible persons cannot be paid by the Alabama Medicaid Agency (Medicaid). Refer to Chapter 1, General, of this Code for information about identification of Medicaid recipients.

(3) Prior Authorization

~~(a) Special exceptions for optometric items not authorized in this regulation may be made in unusual circumstances when deemed medically necessary by the provider and approved by Medicaid.~~ (a) Certain services require prior authorization. Refer to Chapter 15 of the Alabama Medicaid Provider Manual.

~~(b) All requests for prior authorization will be submitted in writing to Alabama Medicaid Agency, P.O. Box 5624, Montgomery, Alabama 36103-5624, and must include the following information:~~

- ~~1. Recipient's name~~
- ~~2. Recipient's Medicaid number (thirteen (13) digits)~~
- ~~3. Current prescription data (complete for both eyes)~~
- ~~4. Exception requested~~
- ~~5. Reason for exception~~
- ~~6. Signature of provider~~
- ~~7. Address of provider~~

~~(c) A prior authorization number will be assigned by Medicaid.~~

~~(d) The number will be reflected on an approval letter for use in completing the appropriate billing form to the fiscal agent.~~

~~(e) A copy of the approval letter from Medicaid bearing the prior authorization number must be provided to the central Medicaid source if eyeglasses are being obtained from the central source.~~

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Statutory Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R. § 401, et seq.

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