

**Clara Mezza**

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**From:** Todd Hook <toddhook@gmail.com>  
**Sent:** Wednesday, April 15, 2026 11:17 PM  
**To:** Insurance.Legal  
**Subject:** Adoption of proposed amended Rule 23 CAR pt 142 to comply with Act 142 of 2025  
**Attachments:** Act 142 Rule Public Comment.doc

**CAUTION: External Email**

To the Arkansas Insurance Department,

Please find attached a letter in support of the proposed Rule 23 CAR pt 142, Vision Care Plan Coverage to implement Act 142 of 2025

Thank you,

Todd W. Hook, OD  
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## HOOK EYE CARE, TODD W. HOOK, OD, PA

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Thank you for your consideration and allowing public input regarding the matter of the proposed amended Rule 23 CAR pt 142 addressing the specifics of Act 142 of 2025. Act 142 is an important piece of legislation that provides the eye care providers of Arkansas protections from the abuses that have been going on from the Vision Care Plans. Such protections and considerations will allow our state's eye care providers to continue to care for the people of Arkansas with the assurance that those patients will receive the best products and services they can get and the providers will be appropriately compensated.

Vision Care Plans must be held to the same standards as other entities in the insurance industry. They should be required to reimburse the providers offering services to their patients and plan members in a fair and equitable manner. The Vision Care Plans have been negligent in doing so for many years and have continued to take advantage of both the providers and the plan members. Act 142 has addressed this issue specifically by requiring the Vision Care Plans to reimburse the providers in an appropriate and fair manner.

The VCP's have no concern for the betterment of their providers nor the good of their members. They advertise to the members as an "insurance plan" when they are nothing more than a discount plan for the members to purchase and use. There is no concern for the providers either, as the reimbursement has been stagnant for decades while the cost of doing business and inflation continues to increase. The only concern of the VCP's seems to be their bottom line and the profit to themselves through their monopolistic practices and vertically integrated corporate oligarchies.

VCP's have been stagnant in their reimbursement to the providers for the last 30 years and beyond. Personally, I still am reimbursed the same amount for my services provided as I was reimbursed when I first graduated from optometry school 30 years ago. It is predatory and beyond excuse to continue to reimburse the same amount as in the past. Adjusted for inflation alone, the \$50 exam reimbursement from 1996 should be \$104 today. However, the VCP's continue to pay the same amount as 30 years ago. I would go so far as to state that the provider's cost of doing business has even outpaced inflation over that same period, which makes that \$50 reimbursement have even less buying power. I cannot think of any other service or item that is the same cost today as 30 years ago.

Act 142 has done what is right and addressed such deplorable practices. It has set reimbursement for covered services to not be less than the current calendar year

Medicare reimbursement rate, regardless of Medicare coverage, and has stated that reimbursement for covered materials shall not be nominal or de minimis. This is very appropriate and fair.

Currently the VCP's are attempting to circumnavigate the recently passed legislation. VCP's are directing the providers to file for their services in a different manner than before in order to avoid the requirements of the law. There has been a precedent for nearly 30 years for vision care providers to file routine eye examinations with the vision care plans using the CPT codes 92012, 92014, 92002, and 92004. These are codes that are all recognized by Medicare. This has been acceptable billing, even to this very day, and the VCP's have paid in all instances when service was provided in an appropriate manner.

There are now VCP's that are suggesting providers should file the same comprehensive examination using an "S-code" instead, a code that is NOT recognized by Medicare. The only reason that VCP's are now demanding such is in an attempt to avoid having to pay providers what Act 142 now states that they must pay, an amount not less than the current calendar year Medicare rate. There is no Medicare rate for such an S-code, so the VCP's expect to be able to continue to pay a nominal or de minimis reimbursement for the exact service and examination that they have been paying providers for decades.

There are, by definition, required elements that must be met to file for a comprehensive examination (CPT codes 92014 & 92004). There are also "eye exam requirements" that are stated by the VCP's as necessary components of their definition of an eye exam. These required elements have been determined as necessary to ensure the proper care of the patient. The table below provides an example of the requirements of both the comprehensive examination as determined by the American Medical Association and accepted by Medicare, compared to the requirements of the VCP's:

Comprehensive Eye Visit (92004, 92014)

VCP Eye Exam Requirements

**History**

Chief complaint  
History  
General medical observation

Chief complaint  
Ocular disease history  
Family history  
Occupational/lifestyle: use of vision  
General medical history  
Allergies, including medication allergies  
Neurological: orientation  
Psychiatric: mood and effect

**Examination (perform and document all 12 elements)**

Visual Acuity  
Gross or confrontation visual fields  
Extraocular motility  
Conjunctiva  
Ocular adnexa

Visual Acuity  
Gross visual field testing  
Ocular motility  
Slit lamp exam of conjunctiva and sclera  
Examination of orbits

Pupil and iris	Slit lamp exam of irises, examination of pupils
Cornea	Slit lamp exam of cornea
Anterior chamber	Slit lamp exam of anterior chamber
Lens	Slit lamp exam of lenses
Intraocular pressure	Intraocular pressure
Optic nerve discs	Ophthalmoscopic examination of optic disc
Retina and vessels	Ophthalmoscopic examination of retinal vessels
	Ophthalmoscopic examination of retinal periphery
	Ophthalmoscopic examination of macula
	Ophthalmoscopic examination of vitreous
	Binocular testing

\*Refraction is a component of the covered services and must be performed in conjunction with a comprehensive examination.

As is evidenced by the above chart, the VCP's eye examination requirement is MORE comprehensive than the requirement of the CPT coded comprehensive examination suggested by the AMA and Medicare. Even so, the VCP's are demanding to pay LESS than the amount the comprehensive exam is eligible to be reimbursed. The VCP's are expecting the providers to down-code the comprehensive examination to an alternative code so that they do not have to pay what is allowed by Medicare and thus avoiding the requirements of Act 142.

Practices by the VCP's such as these will eventually cheapen the care provided to the people of Arkansas and will make care harder to find. In the vision care arena we will likely see something similar to what has happened with several major provider systems refusing to participate with organizations such as UnitedHealthcare due to similar practices by that insurance company. As fewer and fewer providers agree to continue to serve the patients covered by these plans, the people of Arkansas will find vision care harder to come by and their eye health will in turn suffer.

I urge you to protect the people of Arkansas and the eye care providers of this state by adopting the proposed rule and enforcing Act 142 as it was meant to be. Thank you for your time and consideration.



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