

Clara Mezza

From: idocmtida@windstream.net
Sent: Tuesday, March 17, 2026 12:09 PM
To: Insurance.Legal
Subject: Public Comment-Rule 23 (Act 142 Vision Care Plan Coverage)
Attachments: Act142_Final_Official_Comment_Marsha_Dickerson_WITH_CODES (1).pdf

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Dear Arkansas Insurance Department Rulemaking Staff,

Please find attached my public comment regarding the proposed amendments to Rule 23 implementing Act 142 of 2025.

I am submitting these comments as an office manager for an optometry practice in rural Arkansas. The attached letter outlines several operational issues we encounter when processing vision claims, along with a recommended solution to simplify claim processing and improve patient access to care.

In particular, the comments address administrative barriers created by third-party vision benefit managers, financial challenges faced by patients—especially seniors—and access limitations for rural communities.

Please include this comment in the official rulemaking record for Rule 23.

Thank you for your time and consideration of these comments.

Sincerely,
Marsha Dickerson
Office Manager – Claims Processing
Mount Ida, Arkansas
email: idocmtida@windstream.net

March 16, 2026

Arkansas Insurance Department
Attention: Rule 23 – Vision Care Plan Coverage
1 Commerce Way
Little Rock, Arkansas 72202

Re: Public Comment on Proposed Rule 23 – Act 142 Implementation

Submitted by:
Marsha Dickerson
Office Manager – Claims Processing (Optometry Practice)
Mount Ida, Arkansas

Summary Recommendation

The simplest and most effective solution to many current problems in vision claim processing is to require that all claims be filed through the patient's primary insurance company portal whenever that insurer advertises or offers those benefits. Patients should also be able to see the optometrist closest to them without being directed to specific network providers. This would reduce confusion and improve access to care in rural Arkansas.

This recommendation is consistent with the intent of Act 142 to reduce administrative barriers, improve reimbursement fairness, and ensure meaningful access to care for Arkansas patients.

Operational Issues Encountered

- Patients identify their insurance by the primary insurer, but providers often discover the vision benefit is managed by a separate vision benefit manager.
- Insurance cards frequently do not clearly identify the vision benefit administrator, and required member ID or group numbers may be missing.
- Vision benefit managers may refuse to communicate with providers when the provider is out of network.
- Distance calculations may rely on straight-line mileage rather than actual driving distance, showing providers within 20–25 miles when true travel distance is 20–35 miles.
- Seniors are required to pay the full cost upfront before reimbursement.
- Many seniors cannot afford upfront costs, which deters them from getting eye exams.
- Traveling 20–35 miles is also a barrier.
- These barriers result in delayed or forgone care.

Coding Concern – Routine vs Medical Exams

- Diagnostic (ICD-10) and procedure (CPT) codes are currently used for both routine vision exams and medical eye exams.
- For example, codes such as CPT 92014 may be used in both situations.

- Vision plans often deny claims stating the exam was not routine, even though the same codes are used for routine and medical services.
- There should be clearly defined procedure and/or diagnosis codes that specifically identify a routine vision exam to eliminate confusion.

Recommended Policy Solution

- If an insurance company offers vision coverage, claims should be filed through that company's primary insurance portal.
- The primary insurer should process the claim and coordinate internally with subcontracted vendors.
- Patients should be allowed to see the closest optometrist without being directed to network providers.
- This would eliminate confusion, reduce barriers, and improve access to care.

Conclusion

Requiring claims to be processed through the primary insurance portal and clarifying coding for routine exams would simplify the system and improve access to care for Arkansas patients.

Sincerely,

Marsha Dickerson
Office Manager – Claims Processing
Mount Ida, Arkansas