

AMBETTER HEALTH VISION PLAN SPECIFICS – PEDIATRIC AND ADULT MEDICAL/SURGICAL SERVICES: FL, IL, KS, LA, MS, NH, WA

The provisions outlined in these Plan Specifics shall prevail over any provision in the Envolve Vision Provider Manual that may conflict or appear inconsistent with any provision contained in this document.

PLAN OVERVIEW

Ambetter Health provides vision benefits through the Health Insurance Marketplace. Envolve Vision administers pediatric vision Essential Health Benefits (EHB) and offers optional adult vision coverage for members 19+. For specific individual member benefits and eligibility, log into our provider portal Eye Health Manager (envolvevision.com/logon) or call your state’s Customer Service number (found at the end of this document).

PLAN BENEFITS

BENEFIT	BENEFIT CRITERIA/LIMITATIONS
Annual Eye Exams with Refraction	<p>Eligible members may receive one eye exam per calendar year</p> <ul style="list-style-type: none"> Eligible diagnoses for preventive vision exams can be found on our website at envolvevision.com/forms, navigate to the <i>Eligible ICD Coding Information</i> section and select the <i>Eligible ICD Codes for Envolve Vision</i> form. Report refraction (92015) separately when billing the exam with a 92XXX code. Regardless of final diagnosis, a member who presents for a routine exam with no complaint must be reported using a routine code as the primary diagnosis. Additional diagnoses identified during the examination should be reported following the initial routine diagnosis that corresponds with the chief complaint. Providers are required to code all claims to the highest level of specificity and report and submit all diagnoses that impact the member’s evaluation, care, and treatment; reason for the visit; co-existing acute conditions; chronic conditions or relevant past conditions. CPT II codes 2022F-2033F and 3072F are separately reimbursable when reported for evaluation of diabetic retinopathy. Submit 2022F-2033F for results corresponding to current year findings, or 3072F to report no retinopathy in the prior year.
Medical Eye Care Services	<p>Medically necessary eye care services as indicated in the member’s evidence of coverage, and in compliance with applicable co-management policies, benefit limitations, Envolve Vision’s clinical policies found on our website, and/or medical diagnosis (including diabetic retinal exams) are covered for members of all ages.</p>

Eyewear	<p>Members are eligible for one pair of prescription eyeglasses per calendar year. In lieu of eyeglasses, members may elect to use the contact lens benefit as defined in the section “Eyewear – Contact Lenses” below.</p> <ul style="list-style-type: none"> • Eligible diagnoses for routine optical services can be found on the <i>Eligible ICD Codes for Envolve Vision</i> form. Coverage varies by age.
Replacement Eyewear (KS only)	<p>Members under 19:</p> <ul style="list-style-type: none"> • Limited to three sets of lenses and frames per year
Eyewear – Ophthalmic Lenses	<p>Members are eligible for one pair of ophthalmic lenses per year. Lenses can be ordered from the provider’s lab of choice or an Essilor-preferred lab.</p> <ul style="list-style-type: none"> • Scratch resistant lenses, in CR-39 or polycarbonate materials with standard anti-reflective coating (e.g., SharpView) are covered in full. <ul style="list-style-type: none"> ○ Single ○ Bifocal ○ Trifocal ○ Lenticular <p>In addition, members under 19 are also eligible for the following lens options:</p> <ul style="list-style-type: none"> • Progressive lenses (standard or premium); • Intermediate vision lenses; • Blended segment lenses; • Hi-Index lenses; • Plastic photosensitive lenses; • Photochromic glass lenses; • Glass-grey #3 prescription sunglass lenses; • Fashion and gradient tinting; • Ultraviolet protective coating; • Polarized lenses; • Anti-reflective coating (standard, premium or ultra); and • Oversized lenses
Eyewear – Frames	<p>Members under 19:</p> <ul style="list-style-type: none"> • Are eligible for a standard eyeglass frame covered in full. <p>Members 19 and over:</p> <ul style="list-style-type: none"> • Are eligible for a \$130 allowance towards eyeglass frames.

	<ul style="list-style-type: none"> • Are responsible for any charges exceeding the allowance. • If choosing to purchase upgraded frames, should be billed by provider for the difference. Upgraded frames should be billed using V2025.
<p>Eyewear – Contact Lenses</p>	<p>Members under 19:</p> <ul style="list-style-type: none"> • Initial supply of contact lenses. • One standard contact lens fitting or specialty contact lens fitting covered in full. <p>Members 19 and over:</p> <ul style="list-style-type: none"> • May utilize the \$130 allowance towards contact lenses, in lieu of eyeglasses. Members are responsible for any charges exceeding the allowance. • Are eligible for one standard contact lens fitting covered in full. If a specialty contact lens fitting is required, the fitting is covered up to \$50. Members are responsible for any amount exceeding \$50.
<p>Medically Necessary Eyewear</p>	<p>Optical services that are medically necessary and meet Envolve Vision’s guidelines are covered and must be billed in accordance with Envolve Vision’s guidelines. A copy of Envolve Vision’s policies and guidelines may be found at envolvevision.com/logon. Prior authorization is not required for medically necessary eyewear; however, Envolve Vision conducts retrospective reviews. Please maintain documentation in the member’s file of the necessity of the eyewear and/or services provided.</p> <p>Low Vision Aids and Services Low vision aids and services are covered for members under the age of 19 when medically necessary. All services are reviewed post claim payment to ensure that services are provided in accordance with state or Envolve Vision policy.</p> <p>Post-Cataract Eyewear</p> <ul style="list-style-type: none"> • Members who have undergone cataract surgery are entitled to one covered-in-full pair of standard frames and lenses. Contact lenses are covered when medically necessary. • Report post-cataract eyewear using ICD-10 code Z96.1, presence of intraocular lens. • This benefit is allowed once per eye, per lifetime. <p>Contact Lenses</p> <ul style="list-style-type: none"> • May be obtained in lieu of eyeglasses when there is no other way to correct a visual defect. • Contact lenses for treatment of keratoconus*, aphakia*, and other conditions, as medically necessary, are covered. • Include medical diagnosis when submitting claims. <p>*Eligible ICD codes can be found on the <i>Eligible ICD codes for Envolve Vision</i> form.</p>

Repairs/Replacements (AR only)	<p>Eyeglasses</p> <ul style="list-style-type: none"> • Eyeglass repairs if eyeglasses were originally covered • Replacement of lost or broken eyeglasses, only one time within a year
Visual Therapy (AR only)	<p>Members under 19</p> <ul style="list-style-type: none"> • Orthoptic and pleoptic training with continuing medical direction and evaluation.
Prosthetic Eyes	<ul style="list-style-type: none"> • Prosthetic eyes covered in full. • Replacements are not covered unless required by a physical change in the member and the item cannot be modified.
Out-of-Network Coverage	<p>In Florida* and New Hampshire* only, members can receive services from out-of-network providers, with the coinsurance amount for comprehensive services at 50% per service. Members in all other states must visit participating network providers to receive vision benefits.</p> <p><i>* Certain plans only</i></p>
<p>Non-Covered Services</p> <p>*Services may be covered by medical plan.</p>	<ul style="list-style-type: none"> • Deluxe frame/frame upgrade (above the allowance); • Visual therapy; • Two pair of glasses as a substitute for bifocals; and • LASIK/refractive surgery

UTILIZATION MANAGEMENT REQUIREMENTS

<p>Prior Authorization</p>	<p>Non-emergency services performed without prior authorization will be denied and the member will be held harmless for payment of benefits normally covered under their benefit plan. All procedures must be performed at a participating facility. Prior authorization is required for the following services:</p> <ul style="list-style-type: none"> • Non-Emergent Surgeries: CPT codes 15822, 15823, 67900, 67904 and 67908. Blepharoplasty procedures must include original photographs and can be sent via secure email to umauthorization@EnvolveHealth.com. • Ocular Injectables: Visudyne and anti-VEGF injectable drugs, excluding Avastin. Avastin does not require prior authorization. Requests for prior authorizations for ocular injectables must be sent using Prior Authorization Request for Anti-VEGF Injectables (PDF) located on the Envolve website at envolvevision.com/forms.
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CODING INFORMATION

DESCRIPTION	CODE
Ophthalmological Exam Including Refraction	S0620, S0621
Ophthalmological Exam	92002, 92004, 92012, 92014
Refraction	92015
Single Vision Lenses	V2100 – V2199
Bifocal Lenses	V2200 – V2299
Trifocal Lenses	V2300 – V2399
Fitting of Spectacles	92340 – 92342
Frames	V2020
Deluxe Frames	V2025
Contact Lenses	V2500 – V2599, S0500
Contact Lens Fitting	92310 – 92317, S0592
Medically Necessary Contact Lens Fitting	92071, 92072
Category II CPT Codes for Diabetic Retinal Exam (DRE) Measure	2022F-2033F, or 3072F for prior year findings

CLAIMS SUBMISSION	
<p>Eye Health Manager (available 24/7)</p> <ul style="list-style-type: none"> • Verify member eligibility and benefits • File claims • Review claim status • Use audit tools • Download, research, & reprint EOPs • Request/submit secure, HIPAA-compliant prior authorization 	<p>To access <i>Eye Health Manager</i></p> <ol style="list-style-type: none"> 1. Go to envolvevision.com/logon. 2. Log in with your username and password. 3. Please contact Network Management if you have misplaced your username/password or if you would like to have access to the Eye Health Manager.
Electronic Claims Submission	Change Healthcare Payor ID# 56190
Paper Claims Submission	Envolve Vision PO Box 7548 Rocky Mount, NC 27804

State	Envolve Vision Provider Customer Service	Clean claim TAT 180 calendar days for all states
FL	866-703-0902	
IL	844-293-7703	
KS	844-344-9232	
LA	833-438-0187	
MS	866-842-6177	
NH	844-258-4615	
WA	866-753-5789	

MEMBER ID CARD

Please visit our website for current member ID cards: envolvevision.com/mystate