



AmeriHealth Caritas Louisiana Medicaid Plan Sheet

Service		Benefit / Service Code	Avēsīs Pays		Member Pays	
			Ages 0-15	Ages 16 & up		
ANNUAL ROUTINE EYE EXAMINATION <i>All members</i>		Please see Avēsīs	92002	\$54.03	\$45.04	\$0.00
		Clinical Protocols for	92004	\$102.30	\$85.26	
		criteria	92012	\$56.92	\$47.42	
			92014	\$83.35	\$69.45	
MEDICAL EXAMINATIONS & SERVICES: Submit eye medical examination codes 99201-99337 with medical diagnosis for consideration and reimbursement.						
Ages 20 & younger	DISPENSING FEE	92340		\$14.82	\$0.00	
	REPAIR & REFIT	92370		\$4.76		
	FRAME SELECTION LENSES	V2020 V2025 – requires prior authorization for medical necessity See Below: (Must be billed with RT/LT modifiers)		\$14.96 \$72.23 See below	\$0.00	
All Members	MEDICALLY NECESSARY CONTACT LENSES	V2500 – V2599		See below	\$0.00	
		Prior Authorization required for medically necessary contact lenses See clinical guidelines for medically necessary contact lenses criteria and Provider Manual for details for medical services.				
Members 21 & over						
FRAME & LENSES		Frames V2020 Lenses V2100 – V2781 (Must be billed in units) Dispense 92340*		\$100 Maximum allowance	Amount Exceeding \$100	
ELECTIVE CONTACTS		OR 92499 for Elective CLs in lieu of eyeglasses				

*Providers are reminded that it is inappropriate to balance bill members for dispensing fee overages unless it is their practice policy to collect dispensing fees from commercial and private pay members. Dispensing fee overages must be written off.

Diabetic Members: Providers are required to submit the appropriate CPT Category II Service Codes when providing professional services to members diagnosed as diabetic. (2022F, 2023F, 2024F, 2025F, 2026F, 3051F, 3052F, 3072F)

Benefit Frequency:

Exam: Eligible members: 1 exam every calendar year.

Frame/Lens: Age 20 & younger: 1 Pair of eyeglasses every calendar year; Ages 21 & over: \$100 allowance for 1 Pair of eyeglasses **or** elective contacts every calendar year.

Lenses: In order to qualify, at least one lens must exceed +1.00 sph, -0.50 sph, or ±0.50 plano cylinder. Only spheres or compounds ± cylinder series, properly be transposed to find price brackets, should be prescribed.

Eyeglass Lens Fees: (price per unit)

Bold/Italic = Prior Authorization required

IC = Invoice Cost

Code	Fee	Code	Fee	Code	Fee	Code	Fee	Code	Fee	Code	Fee	Code	Fee
<i>S0580</i>	<i>\$34.43</i>	V2110	\$35.68	<i>V2202</i>	<i>\$37.56</i>	<i>V2213</i>	<i>\$40.35</i>	<i>V2303</i>	<i>\$37.03</i>	<i>V2314</i>	<i>\$44.11</i>	V2715	\$5.78
V2100	\$9.65	V2111	\$13.40	<i>V2203</i>	<i>\$34.09</i>	<i>V2214</i>	<i>\$42.18</i>	<i>V2304</i>	<i>\$37.89</i>	<i>V2315</i>	<i>\$47.76</i>	V2730	\$11.56
V2101	\$11.07	V2112	\$13.40	<i>V2204</i>	<i>\$35.10</i>	<i>V2215</i>	<i>\$45.84</i>	<i>V2305</i>	<i>\$39.15</i>	<i>V2318</i>	<i>\$51.95</i>	V2744	\$6.74
V2102	\$13.40	V2113	\$13.40	<i>V2205</i>	<i>\$36.11</i>	<i>V2218</i>	<i>\$50.03</i>	<i>V2306</i>	<i>\$40.21</i>	<i>V2319</i>	<i>\$28.89</i>	V2745	\$4.82
V2103	\$9.65	V2114	\$40.25	<i>V2206</i>	<i>\$37.46</i>	<i>V2219</i>	<i>\$19.26</i>	<i>V2307</i>	<i>\$38.57</i>	<i>V2320</i>	<i>\$27.93</i>	<i>V2760</i>	<i>\$8.67</i>
V2104	\$9.65	V2115	\$43.34	<i>V2207</i>	<i>\$35.97</i>	<i>V2220</i>	<i>\$18.30</i>	<i>V2308</i>	<i>\$39.43</i>	<i>V2321</i>	<i>\$49.37</i>	<i>V2781</i>	<i>\$67.41</i>
V2105	\$9.65	<i>V2118</i>	<i>\$47.52</i>	<i>V2208</i>	<i>\$36.50</i>	<i>V2221</i>	<i>\$47.45</i>	<i>V2309</i>	<i>\$40.93</i>	<i>V2399</i>	<i>IC</i>		
V2106	\$33.85	<i>V2121</i>	<i>\$44.94</i>	<i>V2209</i>	<i>\$37.36</i>	<i>V2299</i>	<i>IC</i>	<i>V2310</i>	<i>\$43.09</i>	<i>V2410</i>	<i>\$48.82</i>		
V2107	\$11.07	<i>V2199</i>	<i>IC</i>	<i>V2210</i>	<i>\$39.29</i>	<i>V2300</i>	<i>\$35.92</i>	<i>V2311</i>	<i>\$41.12</i>	<i>V2430</i>	<i>\$53.64</i>		
V2108	\$11.07	<i>V2200</i>	<i>\$31.83</i>	<i>V2211</i>	<i>\$36.02</i>	<i>V2301</i>	<i>\$38.91</i>	<i>V2312</i>	<i>\$41.55</i>	<i>V2499</i>	<i>IC</i>		
V2109	\$11.07	<i>V2201</i>	<i>\$34.28</i>	<i>V2212</i>	<i>\$39.24</i>	<i>V2302</i>	<i>\$40.45</i>	<i>V2313</i>	<i>\$42.85</i>	V2710	\$33.71		

Medically Necessary Contact Lens (includes fitting) Fees:

Bold = Prior Authorization required

IC = Invoice Cost

Code	Fee	Code	Fee	Code	Fee	Code	Fee	Code	Fee
<i>V2500</i>	<i>\$120.38</i>	<i>V2503</i>	<i>\$144.45</i>	<i>V2512</i>	<i>\$144.45</i>	<i>V2521</i>	<i>\$144.45</i>	<i>V2530</i>	<i>\$168.53</i>
<i>V2501</i>	<i>\$144.45</i>	<i>V2510</i>	<i>\$120.38</i>	<i>V2513</i>	<i>\$144.45</i>	<i>V2522</i>	<i>\$144.45</i>	<i>V2531</i>	<i>\$168.53</i>
<i>V2502</i>	<i>\$144.45</i>	<i>V2511</i>	<i>\$144.45</i>	<i>V2520</i>	<i>\$120.38</i>	<i>V2523</i>	<i>\$144.45</i>	<i>V2599</i>	<i>IC</i>



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Medically Necessary Contact Lenses: (all members) May be covered when the recipient has one of the following conditions:

- An unusual eye disease or disorder exists which is not correctable with eyeglasses
- Nystagmus, congenital or acquired but not latent monocular, where there is significant improvement of the visual acuity with contact lens wear
- Irregular cornea or irregular astigmatism (does not apply if the recipient has had previous refractive surgery)
- Significant, symptomatic Anisometropia
- Aphakia (Post-Surgical)

ASSIGNMENT:

The Provider must accept an Assignment of Benefits for all eligible members. The member's signature is required on the Assignment of Benefits clause. The claim form authorizing payment can be submitted online at <https://www.avesis.com/Government3/Provider/Index.aspx> or a CMS-1500 form can be mailed to Avēsis Third Party Administrators, Inc. P.O. Box 38300, Phoenix, AZ 85069-8300. Please direct questions regarding eligibility to 866-678-7116.

FRAMES & LENSES:

- **Frame Requirement:** Each frame dispensed must carry a minimum of a one (1) year manufacturer's warranty. If a Member selects frames outside the covered frame allowance, the Member will be responsible for the full payment of the frames. Avēsis may not be billed for the difference in cost. Minor adjustments are to be provided for a period of one (1) year at no additional charge.
- **Deluxe Frames:** (V2025) Will only be considered when medically necessary, for instance: for a child has a wide nose bridge due to a medical syndrome; or a child has a small head and regular frames would not fit. Prior authorization is required.
- **V2020 with U1 modifier** (\$30 reimbursement) is used to report Severe/Persistent Mental Illness (SPMI). As it relates to eyeglass frames; this condition would necessitate a more resilient frame for these members. Prior authorization is required.
- **Eyeglass Lens Requirement:**
 - CR-39 plastic or Z 80.1 glass lenses are a covered benefit for all Members
 - Lenses must meet the requirements of inspection, tolerance, and testing procedures as outlined in the American Standard Prescription Requirements and the current Food and Drug Administration (FDA) standards of impact resistance.
- If a complete pair (frame and lenses) is delivered to a Member on the same date of service, provider must bill for all components of the eyeglass.
- **Bifocals/Trifocals:** Will only be considered when medically necessary. Bifocal/Trifocal lenses requested for convenience will not be authorized.
- **Variable Asphericity Lenses:** May be covered for prescriptions greater than or equal to 12 diopters.
- **Polycarbonate Lenses:** (S0580) Will only be considered when medically necessary, for instance: for a child who has seizures and may be prone to falling; for a child who is blind in one eye. Reimbursement is per pair and prior authorization is required.

If a Medicaid recipient for whom polycarbonate lenses are not medically necessary chooses to pay the eye wear provider out-of-pocket for an "upgrade" from CR-39 to polycarbonate, he/she may be permitted to do so. The provider shall have the recipient or legal guardian sign an agreement stating the payment is an uncoerced choice for the upgrade and that he/she understands and assumes the responsibility for payment for the services

REPLACEMENT FRAMES AND LENSES:

Members age 20 & younger are eligible to receive two (2) replacements pair per year **without prior authorization**, when damaged, broken or Member has a prescription change. Prior authorization is not required. Any additional replacements **MUST** have prior authorization and documentation. Members age 21 and over do not have replacement eyewear benefits. Providers are to submit code **92340 for Rx change replacements and** 92370 for repair and refit, which will be reimbursed at \$4.76, twice per calendar year **without prior authorization. If additional replacements are required, a prior authorization must be submitted and approved in order for the provider to receive additional reimbursement for refitting.**

NON-COVERED FRAME AND LENSES:

Avēsis will not cover a frame or lenses that are non-covered and Members 20 & younger cannot "buy up" and pay the difference between the Avēsis reimbursement amount and the retail cost of the frame or lenses (**with the exception of polycarbonate lenses for children*****). Members can purchase frames and/or lenses on a private pay basis. In this scenario, Avēsis is not to be billed an eyeglass fitting fee. **Additional exclusions:** 1. Sunglasses and cosmetic lenses; 2. Contact lenses for cosmetic purposes.

IMPORTANT REMINDER: When billing for refractive lenses you must include modifiers RT/LT on all claim lines including when billed on a single line with 2 units. Claims submitted without the appropriate modifier will be denied.

Avēsis Billing Tips

Providers should report ALL applicable diagnosis to Avēsis in section 21 of the CMS-1500 claims form and online. The diagnostic pointer in section 24E of the CMS-1500 claim form and online must be limited to those diagnosis specific to the procedure code billed per line in Section 24 of the CMS-1500 claim form or online.

Additional information regarding this program can be found in the Avēsis Louisiana Medicaid Provider Manual or online at <https://www.avesis.com/Government3/Provider/Index.aspx>

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