

Vision Care Benefits for *UCare for Seniors* Product – 2011 Updates

The purpose of this BULLETIN is to clarify the vision care benefits and is not intended to represent a change in the benefit set. The following is a list of covered services for members of our *UCare for Seniors* plan for vision care:

Services	Value/Value Plus Plans	Standard D Plan	Classic Plan
One routine vision (eye) examination annually.*	No co-pay.	No co-pay.	No co-pay.
Outpatient physician services for eye care.	\$30 co-pay per visit.	\$35 co-pay per visit.	\$15 co-pay per visit.
For people who are at high risk for glaucoma, people with diabetes, and African-Americans who are age 50 and older: glaucoma screening once per year.	No co-pay.	No co-pay.	No co-pay.
One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. Corrective lenses/frames (and replacements) needed after a cataract removal without a lens implant.	After each cataract surgery: \$75 benefit allowance for eyeglass frames, and no co-pay for one pair of standard Medicare-covered eyeglass lenses or contact lenses. Progressive lenses, no-line bifocal or trifocal lenses, tinting (except for certain ultraviolet [UV]-screening coatings), scratch-resistant coatings, or oversized lenses are not covered unless required by Medicare coverage guidelines. Must be obtained from a network provider.	After each cataract surgery: \$75 benefit allowance for eyeglass frames, and no co-pay for one pair of standard Medicare-covered eyeglass lenses or contact lenses. Progressive lenses, no-line bifocal or trifocal lenses, tinting (except for certain UV-screening coatings), scratch-resistant coatings, or oversized lenses are not covered unless required by Medicare coverage guidelines. Must be obtained from a network provider.	After each cataract surgery: \$75 benefit allowance for eyeglass frames, and no co-pay for one pair of standard Medicare-covered eyeglass lenses or contact lenses. Progressive lenses, no-line bifocal or trifocal lenses, tinting (except for certain UV-screening coatings), scratch-resistant coatings, or oversized lenses are not covered unless required by Medicare coverage guidelines. Must be obtained from a network provider.
One pair of prescription eyeglasses (frames and lenses) or contact lenses annually from any provider.	Not covered.	Not covered.	\$75 benefit allowance per calendar year.

*The following ICD-9 diagnosis and CPT codes will be considered a routine vision (eye) examination. ICD-9 diagnosis codes: V72.0, 367.0, 367.1, 367.20, 367.21, 367.22, 367.31, 367.32, 367.4, 367.51, 367.52, 367.53, 367.81, 367.89, and 367.9 when billed as the primary diagnosis and in conjunction will the following CPT codes: 92002, 92004, 92012, and 92014.

UCare follows the Centers for Medicare and Medicaid Services (CMS) billing guidelines which requires the use of modifiers EY and KX.

- **Modifier EY:** No physician or other health care provider order for this item or service.
- **Modifier KX:** Specific required documentation on file.

Resources

- **LCD on refractive lenses** – <http://apps.ngsmedicare.com/applications/Content.aspx?DOCID=118&CatID=3&RegID=51&ContentID=34523>.
- **Understanding the usage of KX modifier** – <http://www.ngsmedicare.com/>. Select “Go to Home Page” under the Durable Medical Equipment (DME) section and then in the search box, type in “Refractive Lenses: Modifiers EY, KX, GA, and GZ.” In the search results, select the link “Modifiers EY, KX, GA, and GZ” to read more about the modifiers and its usage.

UCare for Seniors Eyewear Grid

Services	Plans	Coverage	Waiver Needed?	Patient Responsibility
Eyeglasses – includes contact lenses.	Classic	\$75 benefit allowance per calendar year (may be applied to only frames or lenses, or both).	No.	The difference after the \$75 benefit has been paid by UCare.
Eyeglasses – includes contact lenses.	<ul style="list-style-type: none"> • Value. • Value Plus. • Standard D. 	None.	Yes. The waiver must be specific to the item/services that are not covered prior to the items/services being rendered and/or dispensed.	The patient will be responsible for the entire cost.
Post-cataract materials.	<ul style="list-style-type: none"> • Value. • Value Plus. • Standard D. • Classic. 	<p>Covered with one of the following ICD-9 diagnosis codes as primary: V43.1, 379.31, or 743.35.</p> <p>\$75 benefit allowance for eyeglass frames. The lenses are covered 100% of the allowable when they are standard Medicare-covered lenses or contact lenses. All other services are covered at the Medicare allowable, if it is medically necessary, such as: anti-reflective coating, tints, oversized lenses, UV-protection, and standard bifocals with line (for diagnosis codes 379.31 or 743.35 only).</p>	<p>Yes. The waiver must be specific to the item/services that are not covered prior to the items/services being rendered and/or dispensed.</p> <p>To collect the difference for the frames, it must indicate on the waiver that a \$75 allowance will be paid by UCare, but the patient will be responsible for the difference.</p>	The patient will be responsible for the difference after UCare pays the \$75 allowance for the frames and any other non-covered items/services. The waiver has to be signed and acknowledged by the patient that they will be responsible for the difference prior to the items/services being rendered and/or dispensed.

Reminder: It is important to note that before the waiver is signed, the patient must be informed prior to the services/items being provided that they may be responsible for services/items that are not covered by the health plan. The waiver requires the patient to sign and date the form for each visit. The non-covered services must be outlined on the waiver form with an exact cost of the patient’s responsibility, including the benefit allowance that has been exhausted.

If you have any questions, please contact our Provider Assistance Center by calling 612-676-3300 or 1-888-531-1493 (toll free).