

April 2008

Vision Care Benefits for the UCare for Seniors Product

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:

Service	Value/Value Plus	Classic
Outpatient physician services for eye care.	\$15.00 co-payment per visit	\$10.00 co-payment per visit
For people who are at high risk of glaucoma, such as people with a family history of glaucoma, people with diabetes, and African-Americans who are age 50 and older: glaucoma screening once per year.	No co-payment	No co-payment
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: eyeglass frames-\$75.00 benefit allowance; and eyeglass lenses or contact lenses-No co-payment for one pair of lenses.	After each cataract surgery: eyeglass frames-\$75.00 benefit allowance; and eyeglass lenses or contact lenses-No co-payment for one pair of lenses.
One annual routine vision (eye) examination. *	No co-payment	No co-payment
Classic Plan only: One pair of eyeglasses (frames and lenses) annually from any provider OR contact lenses in lieu of eyeglasses. Disposable contact lenses and examinations for fittings are not covered.	No coverage	\$75.00 benefit allowance

The UCare for Seniors, Value/Value Plus and Classic plans allow one annual routine eye vision (eye) examination with no co-payment assessed.

* 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 with the following 2008 CPT codes: 92002, 92004, 92012, and 92014.

UCare follows the Center for Medicare and Medicaid Services (CMS) billing guidelines and will now require the use of modifiers EY and KX.

EY: No physician or other health care provider order for this item or service.

KX: Specific required documentation on file.

Resources: <http://www.adminastar.com/Providers/DMERC/MedicalReview/files/REFRACTIVELENSES.pdf>
<http://www.adminastar.com/News/DMERCNews/files/UnderstandingtheUsageoftheKXModifier.pdf>

UCare for Seniors Eyewear Grid:

Product	Services	Coverage	Waiver Needed?	Patient Responsibility
Classic Plan	Eyewear - includes contact lenses	\$75.00 benefit allowance - per calendar (may be applied to only frames, lenses, or both).	No	For the difference, after the \$75.00 has been paid by UCare.
Value Plan	Eyewear - includes contact lenses	No	No	No
Classic and Value Plan	Post Cataract Materials	Covered with one of the following DX codes as primary: V43.1, 379.31, or 743.35. The frames are covered at \$75.00 allowance. The lenses are covered at the Medicare allowable. All other services are covered at the Medicare allowable if it is medically necessary, such as: anti-reflective coating, tints, or over size lenses, UV protection, and standard bifocals with line (for DX code 379.31 or 743.35 only).	Yes - The waiver must be specific to the services that are not covered. (To collect the difference for the frames, it must be indicated on the waiver stating a \$75.00 allowance will be paid by UCare but the patient will be responsible for the difference). For more information please refer to <i>Chapter 6: Billing Information</i> of our Provider Manual. To access our Provider Manual, log on to www.ucare.org , then select "Providers," and "Provider Manual."	For non-covered services only with a waiver signed prior to the service(s) rendered and patient must acknowledge patient responsibility.

Reminder:

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

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