



MedStar Family Choice - (Maryland Medical Assistance) Plan Sheet

SERVICE	Plan Maximum Fee	AVĒSIS PAYS	MEMBER PAYS
ROUTINE EXAMINATION	S0620 and S0621	\$50.00	\$0.00
MEDICAL EXAMINATION	Submit eye medical examination codes (92002-92014 & 99201-99337) with medical diagnosis to MedStar Family Choice for consideration and reimbursement.	N/A	N/A
FRAMES	In Selection: V2020/V2025 Out of Selection Frame Buy-Up: V2025-KZ	\$25.00	\$0.00 Balance
LENSES	In Selection: See Below Out of Selection: SV/Bif/Tri	See Below \$30/\$42/\$50	\$0.00 Balance
DISPENSING <i>* Subject to prior authorization</i>	92340 / 92341 92342 92354* / 92355*	\$27.88 / \$31.71 \$34.16 \$61.53 / \$43.11	\$0.00
MEDICALLY NECESSARY CONTACT LENSES Per Avēsis clinical protocol In lieu of eyeglasses <i>* Subject to prior authorization</i>	92071 – Fitting for ocular surface disease 92072 – Fitting for Keratoconus 92310* / 92311* 92312* / 92313* 92314 V2500/V2501/V2502/V2503/V2510/V2511/V2512/V2513 V2520/V2521/V2522/V2523 V2530/V2599/S0500	\$31.59 \$104.54 \$75.28 / \$79.33 \$92.38 / \$75.89 \$62.97 A.C. A.C. A.C.	\$0.00
BILLING REQUIREMENTS FOR MEDICALLY NECESSARY CONTACT LENSES AND MEDICAL EYE EXAMINATIONS	<p>Obtain prior authorization from Avesis for Medically Necessary Contact Lenses along with the associated fitting fees and bill Avesis directly for reimbursement.</p> <p>All medical eye related examination services with a medical diagnosis billed using 92002-92014 & 99201-99337 must be billed to MedStar Family Choice directly for reimbursement (this is not considered a routine service).</p> <p>If a member receives a medical eye related examination with a medical diagnosis, in addition to services for Medically Necessary Contact Lenses along with a fitting fee on the same date of service, the claim must be split and billed separately as instructed above.</p>		

DIABETIC MEMBERS: Providers are required to submit the appropriate CPT Category II Service Codes when providing professional services to members diagnosed as diabetic. (2022F, 2024F, 2026F, 3072F) Diabetics require dilation every year at a minimum, more often if there is retinopathy. Submit eye medical **examination codes (92002-92014 & 99201-99337)** with medical diagnosis' to MedStar Family Choice for consideration.

BENEFIT FREQUENCY: Exam/Frame: 1 every 12 months (calendar year) {members through age 20 may receive more frequent exams if needed in accordance with EPSDT guidelines}; **Lenses:** 2 units every 12 months (calendar year).

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 www.avesis.com or a CMS 1500 form can be mailed to Avēsis Third Party Administrators, Inc. P.O. Box 38300, Phoenix, AZ 85069-8300.

MedStar Family Choice and EPSDT Routine Plan Sheet (cont'd)

Lens Fee Schedule: NOTE: KZ Modifier must be added to the lens code when the member elects to buy up.

FEE SCHEDULE LEGEND:

A.C. – Acquisition Cost

B.R. – By Report

Code	Fee	Code	Fee	Code	Fee	Code	Fee	Code	Fee	Code	Fee	Code	Fee
V2100	\$12.00	V2110	BR+5%	V2201	\$13.00	V2211	AC+5%	V2300	\$16.50	V2310	AC+5%	V2399	AC+5%
V2101	\$7.20	V2111	\$22.15	V2202	AC+5%	V2212	AC+5%	V2301	\$19.00	V2311	AC+5%	V2410	AC+5%
V2102	\$22.15	V2112	\$19.00	V2203	\$21.00	V2213	AC+5%	V2302	AC+5%	V2312	AC+5%	V2430	AC+5%
V2103	\$15.00	V2113	AC+5%	V2204	\$14.50	V2214	AC+5%	V2303	\$18.00	V2313	AC+5%	V2499	AC+5%
V2104	\$15.00	V2114	\$36.00	V2205	\$16.50	V2215	BR+5%	V2304	\$20.50	V2314	AC+5%	V2700	AC+5%
V2105	\$7.30	V2115	BR+5%	V2206	BR+5%	V2218	AC+5%	V2305	\$24.00	V2315	AC+5%	V2715	AC+5%
V2106	AC+5%	V2118	AC+5%	V2207	\$14.50	V2219	AC+5%	V2306	AC+5%	V2318	AC+5%	V2718	AC+5%
V2107	\$15.00	V2121	AC+5%	V2208	\$15.50	V2220	AC+5%	V2307	\$20.50	V2319	AC+5%	V2745	BR+5%
V2108	\$15.00	V2199	AC+5%	V2209	\$17.50	V2221	\$24.00	V2308	\$22.00	V2320	AC+5%	V2784	\$6.50
V2109	\$9.20	V2200	\$21.00	V2210	AC+5%	V2299	AC+5%	V2309	\$25.00	V2321	AC+5%	V2799	AC+5%

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 frame. Avêsis 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.
- **Eye-glass Lens Requirement:** Fabrication of eyeglasses shall conform to the current American National Standards Institute (ANSI) prescription requirements; and all lenses, frames and frame parts must be guaranteed against defects in manufacture and assembly. In order to meet purchase criteria, Member must have one or more of the following:
 - + 0.75 diopter for hyperopia or - 0.50 diopter for myopia in at least one eye
 - ADD Power of at least + 0.75 diopter
 - + / - 0.75 diopter of cylinder for astigmatism
 - Change in axis of 5 degrees for cylinders of 1.00 diopter or greater
 - Total of 4 prism diopters lateral or total of 1 prism diopter vertical
- **Buy Up:** Members may elect to buy up from the covered in full benefit as described on page 1.
- **Polycarbonate Lenses:** Polycarbonate lenses are covered for children up to 21. No prior auth requirement for children up to 21. Polycarbonate lenses shall be covered for adults 21 and older with prior authorization and must meet the following criteria: Plastic lenses costing more than equivalent glass lenses unless there are six or more diopters of spherical correction or three or more diopters of astigmatic correction.

REPLACEMENT FRAMES AND LENSES:

- For Members through age 20, one replacement frame and 2 lenses are covered for lost, broken, stolen, irreparable beyond wear or are no longer usable due to a change in head size or anatomy. Prior authorization is required.
- A change in refractive error of a total refractive value of at least + / - 0.50 diopter in at least one eye to meet replacement criteria.

MEDICALLY NECESSARY CONTACT LENSES are covered for all Members, in lieu of eyeglasses and subject to prior authorization. The following criteria are used when reviewing written prior authorization requests:

- Monocular Aphakia, when visual acuity of the two eyes is equalized within two lines (H27.00, H27.01, H27.02, H27.03)
- Anisometropia, when difference between the two eyes exceeds 4.00 diopters and visual acuity of the two eyes is equalized within two lines (H52.31)
- Keratoconus (H18.601-H18.629) / Corneal Dyscrasies (H18.40, H18.50-H18.59, H18.711-H18.719)
 - When the best spectacle correction in the best eye is worse than 20/60; and
 - When the contact lens is capable of improving the visual acuity to better than 20/40 or 4 lines better than the best corrected spectacle acuity

MedStar Family Choice and EPSDT Routine Plan Sheet (cont'd)

NON-COVERED SERVICES:

Avēsis will not cover a frame or lenses that are non-covered. Members can purchase frames and/or lenses and pay the balance after the plan maximum has been reached. In this scenario, Avēsis is not to be billed an eyeglass fitting fee.

Additional exclusions: 1. Services not medically necessary; 2. Investigational or experimental procedures; 3. Eyeglasses, ophthalmic lenses, optical aids, and optician services rendered to recipients younger than 21 years old which were not ordered as a result of a full or partial EPSDT screen; 4. Repairs, except when repairs to eyeglasses are cost effective compared to the cost of replacing with new glasses; 5. Repairs for recipients 21 or older; 6. Cost of travel by the provider; 7. Routine adjustment; 8. Sunglasses and cosmetic lenses; 9. Photogray, transitional and/or progressive (multifocal) lenses; and 10. Scratch resistant coating.

Additional information regarding this program can be found in the Avēsis Maryland Medicaid Provider Manual or online at www.avesis.com