

March {TBD}, 2009

Dear Provider:

Avesis thanks you for your continued participation in the AMERIGROUP Community Care (AMERIGROUP) Vision Network for the Georgia Families Managed Care program. Avesis is excited to announce some enhanced benefits available to AMERIGROUP members age 21 and older effective April 1, 2009.

BENEFITS

Beginning April 1, 2009, AMERIGROUP adult members (age 21 and older) will experience a benefit change that will add coverage for annual eye health examinations and materials. The annual eye health examination is to evaluate a member's ocular health and determine the refractive status of the member. The annual eye health examination should be conducted in compliance with the Avesis Eye Examination Standards and Requirements which are available at www.avesis.com. Coverage for AMERIGROUP adult members (age 21 and older) will include the annual eye health examination and the annual dispensing of spectacle frames and lens materials or contact lenses if medically necessary required to correct visual acuity one time every 365 days.

Avesis will continue to be responsible for the reimbursement for the annual eye health examination and spectacle materials for AMERIGROUP members under age 21. Coverage will include all visits consisting of routine vision diagnosis, spectacle frames and lens materials or contact lenses if medically necessary required to correct visual acuity for Medicaid and PeachCare adults and children. Medically necessary contact lenses are subject to prior authorization from Avesis for all members regardless of age.

BILLING

The first comprehensive or intermediate examination during the member's benefit period will consist of Current Procedural Terminology (CPT) codes 92002 and 92004 for new patients and CPT codes 92012 and 92014 for established patients. This examination will be considered the annual benefit. The service includes dilation, when professionally indicated, with refraction. The provider may not bill separately for dilation and refraction performed on the same date of service or within the same benefit period. The refraction is covered during each benefit year and should be provided at the initial examination. The codes listed above should be submitted directly to Avesis and will be reimbursed at \$40.00. **Effective for dates of service on or after January 1, 2009, CPT codes S0620 and S0621 codes are no longer appropriate billing for routine eye care.** Providers should continue to submit their claims for medical services to AMERIGROUP for reimbursement.

MEDICALLY NECESSARY OPHTHALMOLOGIC SERVICES

AMERIGROUP will continue to be responsible for the reimbursement of all medically necessary ophthalmologic professional services for all members. Medically necessary contact lenses are subject to prior authorization from Avesis and claims for those medically necessary contact lenses will be reimbursed by Avesis if approved. Medical services will be managed directly through AMERIGROUP and will follow AMERIGROUP's policies and procedures. If you have any questions, please contact AMERIGROUP Provider Services at 1-800-454-3730.

UPDATED FORMS

Avesis has revised our Provider Manual to reflect the changes contained in this document. Please visit our web site at www.avesis.com to obtain the new Provider Manual and Fee Schedule. If you do not have web access, you may call Provider Services for the form to be sent to you via mail or fax.

If you have any questions, please contact Avesis Provider Services at 1-800-231-0979. Thank you for your participation in the Avesis Georgia Medicaid network and we look forward to continuing our relationship with your office.

Sincerely,

Nichole Mitchell
Director, Government Services