

October 23, 2007

Dear Participating Provider:

We would like to take this opportunity to thank you for your participation and cooperation with Avesis and WellCare of Georgia, Inc. during the first year of the vision program for eligible Georgia Families members. Both Avesis and Wellcare value the relationships that we have developed with the Georgia optometric community. As we move into the next year of the program, several changes to the program are being implemented. As previously indicated, we will be continuing to administer the eye medical benefits for Wellcare members. There will, however, be several changes to our program administration for the eye medical benefit. These changes are being implemented due to utilization patterns observed during the first year of the program. These utilization patterns are contrary to the purpose and design of the vision benefit and Avesis' mission to provide quality cost effective vision care to Avesis Wellcare Georgia Medicaid members. It is our hope that the changes listed below enable us to administer, and you as providers to provide, quality, cost effective care for Wellcare members.

1. Medical CPT Codes (92 and 99 codes) billed in conjunction with refraction (S code)

Our current policy advises that encounters that are medical in nature yet include the refractive analysis should be billed with the appropriate medical management code and the "S" code. In this scenario, the "S" code should be accompanied by modifier "25" and will reimburse \$15.00. Effective November 1, 2007, if a medical code is billed and refraction is performed, we will pay for only the medical code, and the refractive "S" code will pay at \$0. In addition, if the diagnosis does not meet Avesis' criteria for medical management, we also reserve the right to pay the medical management code at \$0, and pay \$40 for the S code for that encounter, or to request medical records for that encounter prior to claim adjudication.

2. Medical management and evaluation codes (92XXX or 99XXX) billed within sixty days of a refractive service (S code) will require prior authorization or post review. In the post review process, medical records must accompany the claim, or be faxed into our utilization management department within 24 hours of the services being rendered. Failure to submit these records will result in claim denial for medical management services billed within sixty days of a refractive service.

3. New patient examinations – Avesis will not make payment more than once within a practice or to a single provider practicing from multiple locations at intervals that are less than every three years. This applies to all providers within a practice or to providers who have previously seen patients and then subsequently moved to a new practice.

4. Covered Diagnosis Codes for Refractive Services and Devices:

367 – 368.3, 362.74, 371.0, 371.6, 379.31, 743.35, 871.3

All refractive services will only be reimbursed with the diagnoses listed above. Should a patient present with a problem outside of these diagnoses, the provider will need to send medical records in order for the evaluation and management code on the claim to be considered. In addition, evaluation and management services should not be billed and will not be reimbursed when billed in conjunction with dispensing code.

ICD-9 codes of 784.0 (headache), 307.81 (tension headache), 379.91 (pain in or around eye) 346.0 (classical migraine), and 368.8 and 368.9 (blurred vision) will not be reimbursed as medical diagnoses. Claims submitted with these diagnoses and a medical code will be denied unless medical record documentation is included with the claim or the services have been prior authorized.

5. CPT Bundled Services – the following services are bundled into the routine eye examination, “S” codes and will not be reimbursed separately.

- 92015 determination of refractive state
- 92060 sensorimotor examination
- 92283 color vision examination
- 92225 extended ophthalmoscopy
- 92226 extended ophthalmoscopy
- 92100 – 92140 tonometry

6. Mutually Exclusive Procedures – These are procedures that by CPT definition cannot be performed at the same time, usually due to the primary procedure or anatomy and physiology of the case. Avesis will reimburse the lowest reimbursement of all codes submitted for mutually exclusive procedures.

7. Medically Diagnostic Services

Medically necessary diagnostic services that aid in the evaluation and/or diagnosis of ocular disease are covered for all members regardless of age. All evaluation and management services will only be reimbursed with the diagnosis listed below. These covered diagnostic services may be billed by enrolled physicians or optometrists who have the training to perform such services as required by Georgia law. These codes are in the ranges of 360 – 366.9 and 369 – 379.99.

8. Services which will require Prior Authorization or Post Review

- a. Members requiring services within 60 days of routine exam by same provider/vendor.
- b. Materials for members over the age of 21
- c. Gonioscopy – CPT code 92020
- d. Visual field - CPT codes 92081, 92082, 92083
- e. Medically necessary Contact Lenses – CPT codes 92070, V2500, V2513
- f. Fundus Photography – CPT codes 92250, 92285
- g. Punctal Occlusion – CPT code 68761

- h. *Claims for punctual occlusion must be submitted with appropriate modifier and payment will only be made for permanent plugs (RU, RL, LU, LL)
- i. A4263 – to be used for permanent plugs

The provider may choose to prior authorize services, or submit them for post review at their discretion. Post review documents must accompany the claim for services if submitted by mail or on our website, or must be faxed to (866) 874 – 6834 within 24 hours of the services being rendered. Payment for services requiring prior authorization or post review will only be considered upon receipt of post review documents, or if a prior authorization is on file for such services.

- 9. Benefit Change** – Eligible members over age 21 will continue to receive routine vision services with the TEN DOLLAR (\$10.00) co-payment for the examination, due at the time services are delivered. Effective August 1, 2007 Avesis required that prior authorization be obtained for adult WellCare members requiring spectacles. A minimum refractive error of +/- 1.00 must be documented in order to obtain approval. Prior authorization forms are available from the Avesis web site at www.avesis.com and can be faxed to the Utilization Management Department at 1-866-874-6834. Please be certain that you include all of the member's demographic information, complete provider information and the member's prescription. If approved, you will receive an authorization number acknowledging that the member is eligible to receive the materials requested based upon the documentation provided.

Should you not be interested in continuing to participate in the Avesis and Georgia Medicaid Vision Program subject to the modifications to the Provider Agreement as stated herein, you must notify us by fax within five (5) business days of receipt of this letter. The fax number is (866)874 – 6834. Failing such notice, the terms and conditions of your Provider Agreement with Avesis will be modified and administered as stated herein.

If you have any questions or require anything further, please contact Avesis Provider Services Department at 1-800-231-0979. Again, thank you for your participation in the Avesis and Georgia Medicaid Vision Program.

Sincerely,



Paul C. Ajamian O.D.
Chief Eyecare Officer
Avesis Eyecare Advisory Board