

For WellCare of Georgia Only

November 25, 2008

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. (WellCare) during the past two years of the vision program for eligible Georgia Families members. Avesis values the relationships that we have developed with the Georgia optometric community and your practice.

As we continue to administer the vision and eye medical benefits for WellCare members several changes are being implemented to streamline the program administration and are a direct result of utilization patterns that are contrary to the purpose and design of the vision benefit and Avesis' mission to provide quality cost effective eye care. It is our hope that the changes indicated below will enable us to administer, and you to provide quality, cost effective care for WellCare members. While the administration of the program is changing, benefits for WellCare members will remain the same. These changes will become effective for all services provided on or after January 1, 2009.

Annual Eye Examination Benefit

Avesis considers an annual eye health examination to be an exam for the purpose of evaluating a member's ocular health, determining the refractive status of the member and in compliance with the enclosed Avesis Eye Examination Standards and Requirements (a copy of which is attached). All enrollees of the Avesis WellCare Georgia Medicaid vision program are eligible for one (1) comprehensive or intermediate eye examination one time every 366 days. The first comprehensive or intermediate examination during the member's benefit period, consistent with CPT code 92002 and 92004 for new patients; and 92012 and 92014 for established patients is to be provided and will be considered as the annual benefit. This service includes dilation, when professionally indicated, with refraction. The provider may not bill separately for dilation or refraction performed on the same date of service or within the same benefit period and only one (1) refraction will be covered in each benefit year so it should be provided as part of the initial examination. Services will be reimbursed at the fee of \$40.00. **S0620 and S0621 codes will no longer be acceptable in this program.**

Medical Services

In addition to the annual eye examination benefit, WellCare members are also covered for medically necessary services, within the scope of practice of optometry. When performed the services will be reimbursed in accordance with the fee schedule. In most instances, only one office visit should be required to resolve a medical condition. Subsequent claims for conditions requiring more than one office visit will be subject to review.

All procedures must be billed using the appropriate CPT codes, and all office visits must be billed utilizing the Evaluation and Management (E & M) Codes 99201 – 99213. Providers should be familiar with the standards outlined in CPT professional coding books. Please contact us if you require information.

It is presumed that in most cases a level 3 or lower code will be utilized. Higher level codes such as 99214, 99215, 99204, or 99205 will not be considered unless an approved prior authorization is on file. Please keep in mind all qualifying steps for the use of these procedure codes must be adhered to and will be reviewed by Avesis to insure conformity. Additionally, Avesis will not consider payment of an E & M code for a service provided on the same day as an intermediate or comprehensive examination (92002, 92004, 92012, and 92014).

Emergency Services

Nothing contained herein is intended to prevent or delay you in providing emergency services, in those instances where emergent or urgent care is necessary to relieve pain, prevent the loss of vision or otherwise promptly treat a patient where the standard of professional care so dictates. In those instances care should be provided and Avesis contacted as soon as reasonably possible afterwards for approval.

Elective Contact Lenses

Avesis may not be billed for any portion of fitting or providing elective contact lenses. Members who wish to receive elective/cosmetic contact lenses must be told that they are not a covered benefit. You may not bill for an office visit for the fitting or refitting of contact lenses.

Referrals and Follow up

It is understood that all referrals will be managed by the Member's Primary Care Provider (PCP). When medical encounters are billed to Avesis, the Member's Primary Care Provider (PCP) must be sent documentation of the provider's findings and treatment plan.

Utilization Management

Providers agree to cooperate with Avesis and its health plan clients, Program Integrity (PI), Utilization Management (UM) and Quality Improvement (QI) programs. Such cooperation may include but not be limited to providing patient medical records, office site visits, and statistical review of practice patterns.

Based on the above noted program administrative changes, your Avesis Provider Agreement is modified as stated. If you are not interested in continuing to participate in the Avesis and Georgia Medicaid Vision Program, 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.

Avesis Provider Services staff is available to assist you should you have questions or concerns regarding implementing these changes in your office. Please do not hesitate to contact Avesis Provider Services Department at (800)231 – 0979. Again, thank you for your participation with Avesis. We hope that these changes will allow the program to continue with an emphasis on providing appropriate care.

Sincerely,

Carl Moroff, OD

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Chief Optometric Officer