

APPENDIX B

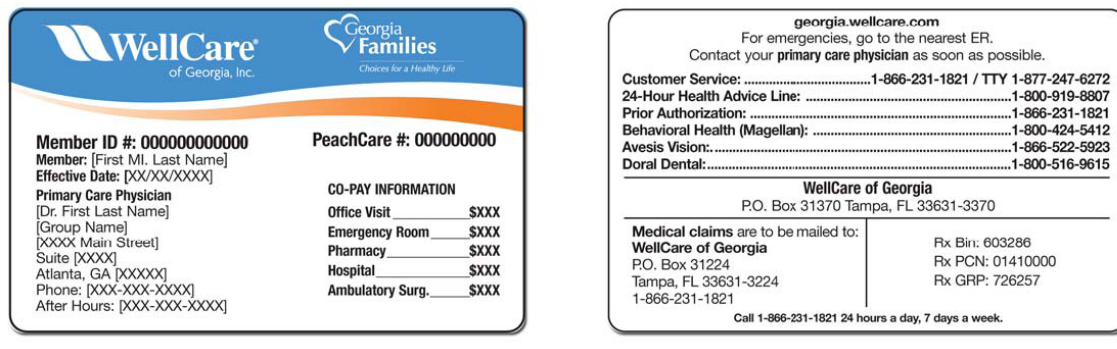
WELLCARE

OF

GEORGIA

IDENTIFICATION CARD

The Member should present a WellCare of Georgia Member identification card.



BENEFITS

Annual Eye Health Examination

All WellCare Members are eligible for one (1) annual eye health examination one time every 366 days for the purpose of evaluating a member’s ocular health, determining the refractive status of the member. 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 a refraction, if performed. The provider may not bill separately for dilation or refraction performed on the same date of service. WellCare adults (ages 21 and over) will continue to be responsible for a \$10 copay for the annual eye health examination.

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 office visits must be billed utilizing the Evaluation and Management (E & M) Codes 99201 – 99213 and all procedures billed using the appropriate CPT codes.

Medical Services (cont.)

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. All qualifying steps for the use of these procedure codes must be adhered to and will be reviewed by Avesis to insure conformity. 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).

Materials

WellCare Member's under the age of 21 are eligible to receive, at no cost to the Member, one pair of spectacle lenses, once every 365 days. The lens material will be CR-39, standard plastic lenses unless the member meets criteria for medically necessary polycarbonate lenses. Standard criteria for polycarbonate lenses for children (Members under the age of 21) are a refractive error in excess of -5.25/+4.00 diopters in any of the four meridians. No prior authorization is required for children meeting this refractive error standard.

Spectacles for WellCare adult (ages 21 and over) require prior authorization. Only spectacle **materials** that have a minimum refractive error of +/- 1.00 will be approved. Prior authorization is obtained by faxing an authorization form to our Utilization Management department. The authorization request should indicate that the request is for adult enhanced benefit materials, have both the member's and your demographic information, the member's prescription and chart notes meeting the Avesis Eye Exam standards. Authorization requests received without all required documentation will be returned as unprocessable. If the member is eligible and approved for the service, you will receive an authorization number. This number is acknowledgement that the member is eligible to receive the requested benefit based on the documentation submitted. Please remember to verify eligibility and benefits before placing orders for or fabricating the spectacles.

Buy Up Allowance

Members may choose to purchase, at their own expense, frames, lenses, and/or lens add-ons that are outside of the fully covered selections. If the Member elects to receive non-covered material(s), the Member is responsible to pay the retail cost less twenty dollars (\$20.00) for the frame and/or twenty dollars (\$20.00) for lenses to be billed to Avesis. The Member must sign the Non-Covered Services Disclosure Form acknowledging that the amount paid by Avesis represents full utilization of their materials benefit. The Member is financially responsible for the additional cost of the materials. If the Member is subject to collection action upon failure to make the required payment, the terms of the action must be kept in the Member's treatment record. The Non-Covered Services Disclosure Form must be signed by you and the Member prior to ordering the non-covered frames/lenses and must be retained in the patient file.

FEE SCHEDULES