



District of Columbia Specific Information

This document contains information specific to the District of Columbia. Please refer to the Provider Reference Guide for general information regarding plan administration.

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1.1 Notice of Updates

Notice of updates published January 1, 2026.

- Added Vision Therapy to UnitedHealthcare Dual Choice H2406-053 and H7464-010.
- Updated UnitedHealthcare Dual Complete[®] Dual Choice Unity PPO D-SNP DC-Q001 H2406-099 effective 01/01/2026.

1.2 Covered Benefits - UnitedHealthcare Dual Choice H2406-053 and H7464-010 (Medicaid)

Benefit Plan(s): UDDCM-21

Benefit	Benefit Limitations/Criteria
Routine Eye Exam	<ul style="list-style-type: none"> ▪ 1 service date every 12 months.
Medical Eye Care	<ul style="list-style-type: none"> ▪ Medical services covered when medically necessary and performed by an optometrist within the scope of licensure. Applicable diagnosis must be listed on the claim and noted in the enrollee's chart. Individual medical policies can be found at the following link: Provider Reference Guide (marchvisioncare.com).
Vision Therapy	<ul style="list-style-type: none"> ▪ Vision therapy is covered when medically necessary at a maximum of 12 visits every year. Please see link for medical necessity criteria: Provider Reference Guide (www.marchvisioncare.com).
Frame	<ul style="list-style-type: none"> ▪ 1 unit every 24 months. ▪ \$2.00 copay for eyewear per visit. If the enrollee expresses an inability to pay the \$2.00, the copay will be waived.
Frame Replacement	<ul style="list-style-type: none"> ▪ Covered as needed when one of the following criteria has been met: <ul style="list-style-type: none"> ▪ There is a prescription change of at least +/- 0.50 diopters from the prior prescription; ▪ There is a prescription change of at least 0.75 sphere or -0.50 sphere, 0.50 cylinder, ~ prism diopter vertical, or 3 prism diopter lateral; ▪ There has been a major change in visual acuity documented by an optometrist licensed pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.), as amended; and the new lenses cannot be accommodated by a beneficiary's existing eyeglasses; ▪ The frames or lenses have been lost, broken beyond repair or scratched to the extent that visual acuity is compromised, as determined by the dispensing provider. ▪ \$2.00 copay for eyewear. If the enrollee expresses an inability to pay the \$2.00, the copay will be waived. ▪ Prior confirmation required. ▪ To identify replacement frames, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code for frames.
Lenses	<ul style="list-style-type: none"> ▪ 2 units every 24 months. ▪ Standard single vision, bifocal and trifocal lenses. ▪ The following lens types are covered when medically necessary. The applicable diagnosis must be listed on the claim and noted in the enrollee's chart. <ul style="list-style-type: none"> ▪ Lenticular ▪ Aniseikonic ▪ Variable asphericity ▪ Anti-reflective coating ▪ Scratch coating ▪ Occluder ▪ UV coating ▪ Polarization ▪ Photochromatic tint ▪ Tint ▪ Oversize lenses ▪ Progressive lenses ▪ High index lenses

Benefit	Benefit Limitations/Criteria
	<ul style="list-style-type: none"> ▪ Slab off prism/prism lenses ▪ Polycarbonate lenses <ul style="list-style-type: none"> ▪ ▪ Lens medical necessity policy can be found at the following link: Provider Reference Guide (marchvisioncare.com). ▪ Prior confirmation required for medically necessary lenses.
Lens Replacement	<ul style="list-style-type: none"> ▪ Covered as needed when one of the following criteria has been met: <ul style="list-style-type: none"> ▪ There is a prescription change of at least +/- 0.50 diopters from the prior prescription; ▪ There is a prescription change of at least 0.75 sphere or -0.50 sphere, 0.50 cylinder, ~ prism diopter vertical, or 3 prism diopter lateral; ▪ There has been a major change in visual acuity documented by an optometrist licensed pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.), as amended; and the new lenses cannot be accommodated by a beneficiary's existing eyeglasses; ▪ The frames or lenses have been lost, broken beyond repair or scratched to the extent that visual acuity is compromised, as determined by the dispensing provider. ▪ All medical and billing documentation must be maintained in the provider's office and shall be subject to post payment review and audit. ▪ Prior confirmation required. ▪ To identify replacement lenses, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for lenses.
Medically Necessary Contact Lenses	<ul style="list-style-type: none"> ▪ Two boxes (1 per eye) every 6 months in lieu of frame and lenses when such lenses provide better management of a visual or ocular condition than can be achieved with spectacle lenses, including, but not limited to the diagnosis of: <ul style="list-style-type: none"> ▪ Irregular astigmatism ▪ Unilateral aphakia ▪ Keratoconus when vision with glasses is less than 20/40 ▪ Corneal transplant when vision with glasses is less than 20/40 or ▪ Anisometropia that is greater than or equal to 4.00 diopter ▪ Prescription must be dated 1 year or less from the date of service. ▪ \$2.00 copay for eyewear. If the enrollee expresses an inability to pay the \$2.00, the copay will be waived. ▪ Prior confirmation required.
Medically Necessary Contact Lens Replacement	<ul style="list-style-type: none"> ▪ Replacement contact lenses may be obtained every six (6) months with a prescription that is dated one (1) year or less from the date of service.
Repairs	<ul style="list-style-type: none"> ▪ Covered as needed when medically necessary. ▪ Prior confirmation required.
Non-Covered Services	<ul style="list-style-type: none"> ▪ Surgical eye care is not administered by MARCH Vision Care.



1.3 Covered Benefits - UnitedHealthcare Dual Complete® Dual Choice DC-Q001 (Medicare) H2406-099

Benefit Plan(s): UDDCS-DC3

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none">1 service date every calendar year.
Necessary Medical Services	<ul style="list-style-type: none">Medical services covered when medically necessary and performed by an optometrist within the scope of licensure. Applicable diagnosis must be listed on the claim and noted in the enrollee's chart. Individual medical policies can be found at the following link: Provider Reference Guide (marchvisioncare.com).
Eyewear	<ul style="list-style-type: none">\$200 allowance for 1 pair of frames/lenses/lens extras and/or contacts every calendar year.In-house frame and lenses MUST be used.
Eyewear After Cataract Surgery	<ul style="list-style-type: none">One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses per lifetime, per eye after cataract surgery.Allowance does not apply and may not be used towards extras. Any add on items will be denied.
Glaucoma Screening	<ul style="list-style-type: none">1 service date every calendar year when enrollee is considered "at-risk" according to the following Medicare definitions of "at-risk":<ul style="list-style-type: none">Individuals with a family history of glaucomaIndividuals with diabetes mellitusAfrican-Americans ages 50 and olderHispanic-Americans ages 65 and older
Non-Covered Services	<ul style="list-style-type: none">Surgical eye care is not administered by MARCH Vision Care.