



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 April 8, 2024.

- UnitedHealthcare Dual Choice H2228-128 terminated effective 12/31/2023.
- UnitedHealthcare Dual Choice H2228-045 terminated effective 12/31/2023.
- UnitedHealthcare Dual Choice H2406-053 added effective 01/01/2024.
- UnitedHealthcare Dual Choice Unity H2406-099 added effective 01/01/2024.

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"> ▪ Covered as needed when services are performed by an optometrist and are within the scope of licensure.
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. <ul style="list-style-type: none"> ▪ Lenticular ▪ Aniseikonic ▪ Variable asphericity ▪ Anti-reflective coating ▪ Scratch coating ▪ Occluder ▪ UV coating is covered when: <ul style="list-style-type: none"> ▪ The enrollee has a diagnosis of aphakia or albinism ▪ The enrollee has clinical evidence of macular degeneration ▪ The enrollee is taking medicine that makes them more sensitive to UV light ▪ Polarization is covered when the enrollee has chronic iritis, uveitis, or other active inflammatory eye disease with fixed and dilated pupils or aniridia. ▪ Photochromatic tint is covered when the enrollee has chronic iritis, uveitis or albinism. ▪ Tint is covered when the enrollee has photophobia, aniridia, uveitis, corneal dystrophy, cataracts, albinism or uses a medication that has a side effect of photophobia. ▪ Oversize lenses are covered when the pupillary distance is 70mm or greater or other facial or ocular anomalies requiring a large lens. ▪ Progressive lenses are covered when the enrollee has epilepsy or childhood disorders with multiple impairments.

Benefit	Benefit Limitations/Criteria
	<ul style="list-style-type: none"> ▪ High index lenses are covered when weight of a standard prescription could cause facial development issues or when the lab cannot practically produce lenses with a lower index lens. ▪ Slab off prism/prism lenses are available for bifocal and trifocal prescriptions that generate greater than 2 prism diopters of imbalance at the reading plane. ▪ Polycarbonate lenses are covered when: <ul style="list-style-type: none"> ▪ The enrollee has a prescription of +/-8.00 ▪ The enrollee has permanently reduced vision in one eye to less than 20/60 ▪ The enrollee has a facial deformity or disease that interferes with eyeglass fit ▪ The enrollee has a documented occupational hazard ▪ 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 Unity PPO D-SNP (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">Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Frames	<ul style="list-style-type: none">\$250 allowance every calendar year.In-house frame and lenses MUST be used.
Lenses	<ul style="list-style-type: none">2 units every 12 months.<ul style="list-style-type: none">Standard single vision, bifocal, trifocal, lenticular, and standard progressive lenses.
Contact Lenses	<ul style="list-style-type: none">Plan pays up to \$250 towards your purchase of contact lenses in lieu of frames. Fitting and evaluation may be an additional cost.
Eyewear After Cataract Surgery	<ul style="list-style-type: none">One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses after cataract surgery. Allowance does not apply.To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.
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.