

Idaho Specific Information

This document contains information specific to the State of Idaho. 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 December 2, 2025.

- Added UnitedHealthcare Community Plan Medicaid Medicare Coordinated Plan MMCP, UnitedHealthcare Dual Complete ID-Y1 (Medicare) H4032-001, and UnitedHealthcare Dual Complete ID-Q1 (Medicare) H4032-002 effective 01/01/2026.

1.2 Covered Benefits - UnitedHealthcare Community Plan of Idaho - IMPlus (Medicaid)

Plan ID(s): UDIDM-21

Benefit	Benefit Limitations/Criteria
Necessary Medical Services	<ul style="list-style-type: none"> Medical services covered when medically necessary and performed by an optometrist with the scope of licensure. Medically necessary services include: <ul style="list-style-type: none"> Examinations and vision testing necessary to monitor a chronic medical condition that may damage the eye such as diabetes. Services to treat acute conditions that, if left untreated, may cause permanent or chronic damage to the eye. Individual medical policies can be found at the following link: Provider Reference Guide (www.marchvisioncare.com).
Necessary Frame	<ul style="list-style-type: none"> 1 unit every 4 years when necessary to prevent further degradation of vision. Individual medical policies can be found at the following link: Provider Reference Guide (www.marchvisioncare.com).
Necessary Deluxe Frame	<ul style="list-style-type: none"> 1 unit every 4 years when necessary to prevent further degradation of vision. Individual medical policies can be found at the following link: Provider Reference Guide (www.marchvisioncare.com). Must have documentation of medical condition that cannot be met with other frames.
Necessary Lenses	<ul style="list-style-type: none"> 2 units (1 pair) every 4 years when necessary to prevent further degradation of vision. Individual medical policies can be found at the following link: Provider Reference Guide (www.marchvisioncare.com). Single vision, bifocal and polycarbonate lenses are covered. All plastic and polycarbonate lenses must have scratch resistant coating. Aspheric lenses (HCPCS V2410, V2430 and V2499) are covered when there is documentation of a plus 8.0 diopter reading or greater. High index lenses (HCPCS V2782 and V2783) are covered where there is documentation of Minus 4.0 diopter to minus 10.0 or higher diopter prescription in at least one eye. Both spherical and cylindrical prescription may be added together for the same eye if both numbers are a minus (-). Lenticular lenses (HCPCS V2115, V2121, V2215, V2221) are covered when there is documentation of equal to, or greater than, plus or minus 10.0 diopter prescription in at least one eye. Both the spherical and cylindrical prescription may be added together for the same eye if both numbers are a plus (+) or a minus (-). Tinted lenses (HCPCS V2745) are covered with documentation supporting medical necessity such as albinism, or other medical conditions or ophthalmologic diseases which cause photophobia. Other conditions might be aniridia, aphakia, migraine headaches, retinitis pigmentosa, severe blepharospasm, corneal injury, or congenital abnormalities. Photophobia alone does not suffice for approval of tinted lenses. Tint can be applied to a solid lens or as a gradient to the lens and based upon a percentage. A medical diagnosis must also be provided. Lenses are not covered for cosmetic or convenience purposes. Therapeutic rose-colored tint F41 may be submitted under V2799.
Necessary Contact Lenses	<ul style="list-style-type: none"> Contact lenses (HCPCS V2500-V2599) are covered when necessary to prevent further degradation of vision and in accordance with Medicare's Local Coverage Determination (LCD) L33793. Individual medical policies can be found at the following link: Provider Reference Guide (www.marchvisioncare.com). Gas permeable contact lenses (HCPCS V2510 or V2511) and custom lenses (HCPCS V2599 with quantity 1 or 2) are covered for keratoconus.
Fitting	<ul style="list-style-type: none"> Fitting fees for either contact lenses or conventional frames and lenses are covered only when the participant is eligible to receive the supplies associated with the fitting fee. (CPT® 92071, 92072 and 92310–92317)
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> 1 pair of eyeglasses (standard frame and lenses) OR 1 pair of contact lenses following cataract surgery. Frames must be selected from the March frame kit. Contact lenses must be supplied by the provider.

Benefit	Benefit Limitations/Criteria
Replacements/Repairs	<ul style="list-style-type: none">▪ Frames which break due to normal wear and tear may be replaced in the first 90 days. If repairs are needed after 90 days, the provider may bill for the repairs using CPT® code 92370.▪ Replacement lenses may be replaced when necessary to prevent permanent damage to the eye.▪ To identify replacement materials or repairs, please bill using modifier code RA for replacements or RB for repairs in conjunction with the current and appropriate HCPCS code(s) for materials.

1.3 Covered Benefits - UnitedHealthcare Community Plan Medicaid Medicare Coordinated Plan - MMCP (MMP)

Plan ID(s): UDIDE-21

Benefit	Benefit Limitations/Criteria
Routine 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 with the scope of licensure. Medically necessary services include: <ul style="list-style-type: none"> Examinations and vision testing necessary to monitor a chronic medical condition that may damage the eye such as diabetes. Services to treat acute conditions that, if left untreated, may cause permanent or chronic damage to the eye. Individual medical policies can be found at the following link: Provider Reference Guide (www.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.
Necessary Frame	<ul style="list-style-type: none"> 1 unit every 4 years when necessary to prevent further degradation of vision. Individual medical policies can be found at the following link: Provider Reference Guide (www.marchvisioncare.com).
Necessary Deluxe Frame	<ul style="list-style-type: none"> 1 unit every 4 years when necessary to prevent further degradation of vision. Individual medical policies can be found at the following link: Provider Reference Guide (www.marchvisioncare.com). Must have documentation of medical condition that cannot be met with other frames.
Necessary Lenses	<ul style="list-style-type: none"> 2 units (1 pair) every 4 years when necessary to prevent further degradation of vision. Individual medical policies can be found at the following link: Provider Reference Guide (www.marchvisioncare.com). Single vision, bifocal and polycarbonate lenses are covered. All plastic and polycarbonate lenses must have scratch resistant coating. Aspheric lenses (HCPCS V2410, V2430 and V2499) are covered when there is documentation of a plus 8.0 diopter reading or greater. High index lenses (HCPCS V2782 and V2783) are covered where there is documentation of Minus 4.0 diopter to minus 10.0 or higher diopter prescription in at least one eye. Both spherical and cylindrical prescription may be added together for the same eye if both numbers are a minus (-). Lenticular lenses (HCPCS V2115, V2121, V2215, V2221) are covered when there is documentation of equal to, or greater than, plus or minus 10.0 diopter prescription in at least one eye. Both the spherical and cylindrical prescription may be added together for the same eye if both numbers are a plus (+) or a minus (-). Tinted lenses (HCPCS V2745) are covered with documentation supporting medical necessity such as albinism, or other medical conditions or ophthalmologic diseases which cause photophobia. Other conditions might be aniridia, aphakia, migraine headaches, retinitis pigmentosa, severe blepharospasm, corneal injury, or congenital abnormalities. Photophobia alone does not suffice for approval of tinted lenses. Tint can be applied to a solid lens or as a gradient to the lens and based upon a percentage. A medical diagnosis must also be provided. Lenses are not covered for cosmetic or convenience purposes. Therapeutic rose-colored tint F41 may be submitted under V2799.
Necessary Contact Lenses	<ul style="list-style-type: none"> Contact lenses (HCPCS V2500-V2599) are covered when necessary to prevent further degradation of vision and in accordance with Medicare's Local Coverage Determination (LCD) L33793. Individual medical policies can be found at the following link: Provider Reference Guide (www.marchvisioncare.com). Gas permeable contact lenses (HCPCS V2510 or V2511) and custom lenses (HCPCS V2599 with quantity 1 or 2) are covered for keratoconus.
Fitting	<ul style="list-style-type: none"> Fitting fees for either contact lenses or conventional frames and lenses are covered only when the participant is eligible to receive the supplies associated with the fitting fee. (CPT® 92071, 92072 and 92310–92317)
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> 1 pair of eyeglasses (standard frame and lenses) OR 1 pair of contact lenses following cataract surgery. Frames must be selected from the March frame kit. Contact lenses must be supplied by the provider.

Benefit	Benefit Limitations/Criteria
Replacements/Repairs	<ul style="list-style-type: none"> ▪ Frames which break due to normal wear and tear may be replaced in the first 90 days. If repairs are needed after 90 days, the provider may bill for the repairs using CPT® code 92370. ▪ Replacement lenses may be replaced when necessary to prevent permanent damage to the eye. ▪ To identify replacement materials or repairs, please bill using modifier code RA for replacements or RB for repairs in conjunction with the current and appropriate HCPCS code(s) for materials.
Glaucoma Screening	<ul style="list-style-type: none"> ▪ 1 service date every calendar year when member 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 glaucoma ▪ Individuals with diabetes mellitus ▪ African Americans ages 50 and older ▪ Hispanic-Americans ages 65 and older

1.4 Covered Benefits - UnitedHealthcare Dual Complete ID-Y1 (Medicare) H4032-001

Plan ID(s): UDIDS-DC1

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.
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 member 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 glaucoma Individuals with diabetes mellitus African-Americans ages 50 and older Hispanic-Americans ages 65 and older
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care

1.5 Covered Benefits - UnitedHealthcare Dual Complete ID-Q1 (Medicare) H4032-002

Plan ID(s): UDIDS-DC2

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.
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 member 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 glaucoma Individuals with diabetes mellitus African-Americans ages 50 and older Hispanic-Americans ages 65 and older
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care