



## Louisiana Specific Information

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

### Table of Contents

1.1 Notice of Updates.....	2
1.2 Covered Benefits – UnitedHealthcare Community Plan – ages 20 and under (Medicaid) – <b>Termed 03/31/2026</b> .....	3
1.3 Covered Benefits – UnitedHealthcare Community Plan – ages 21 and older (Medicaid) – <b>Termed 03/31/2026</b> .....	4

## 1.1 Notice of Updates

Notice of updates published April 6, 2026.

- Added termination date.

## 1.2 Covered Benefits – UnitedHealthcare Community Plan – ages 20 and under (Medicaid) – **Termed 03/31/2026**

Benefit Plan(s): UD-LA-M-20

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> <li>1 service date every calendar year.</li> </ul>
Replacement Exam	<ul style="list-style-type: none"> <li>Covered as needed when it is not possible to return to or obtain the prescription from the previous provider and criteria for replacement lenses have been met.</li> </ul>
Necessary Medical Services	<ul style="list-style-type: none"> <li>Medical services covered when medically necessary and performed by an optometrist within the scope of licensure. Individual medical policies can be found at the following link: <a href="http://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> </ul>
Vision Therapy	<ul style="list-style-type: none"> <li>Vision therapy is covered when medically necessary at a maximum of 12 visits every calendar year. Please see link for medical necessity criteria: <a href="http://www.marchvisioncare.com">Provider Reference Guide (www.marchvisioncare.com)</a>.</li> </ul>
Standard Frame	<ul style="list-style-type: none"> <li>1 unit every calendar year.</li> <li>Metal or plastic frames. The frames must be sturdy and nonflammable. Both the metal and non-metal frames must carry at least a one year manufacturer's warranty.</li> </ul>
Deluxe Frame	<ul style="list-style-type: none"> <li>1 unit every calendar year (in lieu of Standard Frame) when medically necessary and documented in Member's chart. Materials policies can be found at the following link: <a href="http://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> </ul>
Frame Replacement	<ul style="list-style-type: none"> <li>Covered as needed.</li> <li>Billing for the fourth and subsequent frame must have documentation attached justifying the need for more than three pair of eyewear per calendar year. Acceptable documentation includes, but is not limited to: <ul style="list-style-type: none"> <li>Documentation which shows the necessity of changing the prescription for the eyewear more than three times in the calendar year.</li> <li>Copies of the different prescriptions for eyeglasses which were written within the calendar year.</li> </ul> </li> <li>Providers may dispense a replacement frame to a complete eyeglass which a recipient already owns.</li> </ul>
Lens (Single, Bifocal, Trifocal)	<ul style="list-style-type: none"> <li>2 units (1 pair) every calendar year.</li> <li>Regular single vision lenses are covered if the following criterion is met. <ul style="list-style-type: none"> <li>At least one lens must exceed +1.00 sphere, -0.50 sphere, or +/-0.50 plano cylinder.</li> </ul> </li> <li>Regular bifocal/trifocal lenses are covered when medically necessary, documented in the Member's chart, and must include one or more correlating diagnosis codes on the claim.</li> <li>Please bill using the RT and LT modifiers.</li> </ul>
Polycarbonate Lens	<ul style="list-style-type: none"> <li>2 units (1 pair) every calendar year.</li> <li>Polycarbonate lenses are covered when medically necessary and documented in the Member's chart. Materials policies can be found at the following link: <a href="http://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>. Please bill using the RT and LT modifiers.</li> </ul>
Lens Replacement (including contact lenses)	<ul style="list-style-type: none"> <li>Covered as needed.</li> <li>Billing for more than 4 replacement lenses must have documentation attached justifying the need for more than four replacement lenses per calendar year. Acceptable documentation includes, but is not limited to: <ul style="list-style-type: none"> <li>Documentation which shows the necessity of changing the prescription for the eyewear more than three times in the calendar year.</li> <li>Copies of the different prescriptions for eyeglasses which were written within the calendar year.</li> </ul> </li> <li>Please bill using the RT and LT modifiers.</li> </ul>

Benefit	Benefit Limitations/Criteria
Contact Lenses	<ul style="list-style-type: none"> <li>▪ 2 units (1 lens per eye) every calendar year in lieu of eyeglasses; requires prior confirmation.</li> <li>▪ Medically necessary contact lenses are covered when the following criterion is met, documented in the Member’s chart and must include one or more correlating diagnosis codes on the claim:               <ul style="list-style-type: none"> <li>▪ An unusual eye disease or disorder exists which is not correctable with eyeglasses;</li> <li>▪ Nystagmus, congenital or acquired but not latent monocular, where there is significant improvement of the visual acuity with contact lens wear;</li> <li>▪ Irregular cornea or irregular astigmatism (does not apply if the recipient has had previous refractive surgery);</li> <li>▪ Significant, symptomatic anisometropia; or</li> <li>▪ Aphakia (post surgical).</li> </ul> </li> <li>▪ Please bill using the RT and LT modifiers.</li> </ul>
Non-Covered Services	<ul style="list-style-type: none"> <li>▪ Services not mentioned above are not administered by March, including, but not limited to:               <ul style="list-style-type: none"> <li>▪ Surgical eye care</li> <li>▪ Low vision aids</li> <li>▪ Tinted Lenses</li> <li>▪ Hi Index Lenses</li> <li>▪ Polarized Lenses</li> <li>▪ “Spare” or “back-up” eyewear</li> <li>▪ Eyewear upgrades for cosmetic purposes</li> </ul> </li> </ul>

### 1.3 Covered Benefits – UnitedHealthcare Community Plan – ages 21 and older (Medicaid) – **Termed 03/31/2026**

Benefit Plan(s): UD-LA-M-21

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> <li>▪ 1 service date every calendar year.</li> </ul>
Necessary Medical Services	<ul style="list-style-type: none"> <li>▪ Medical services covered when medically necessary and performed by an optometrist within the scope of licensure. Individual medical policies can be found at the following link: <a href="http://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> </ul>
Vision Therapy	<ul style="list-style-type: none"> <li>▪ Vision therapy is covered when medically necessary at a maximum of 12 visits every calendar year. Please see link for medical necessity criteria: <a href="http://www.marchvisioncare.com">Provider Reference Guide (www.marchvisioncare.com)</a>.</li> </ul>
Frame and Lenses	<ul style="list-style-type: none"> <li>▪ \$100 allowance toward one pair of frames &amp; lenses every calendar year.</li> <li>▪ Please bill using the RT and LT modifiers for lens codes.</li> </ul>
Contact Lenses	<ul style="list-style-type: none"> <li>▪ Up to \$105 allowance in lieu of glasses for fitting/evaluation, contacts (disposable contacts up to four boxes, depending on prescription) and up to two follow-up visits every calendar year.</li> <li>▪ Please bill using the RT and LT modifiers.</li> </ul>
Non-Covered Services	<ul style="list-style-type: none"> <li>▪ Services not mentioned above are not administered by March, including, but not limited to:               <ul style="list-style-type: none"> <li>▪ Surgical eye care</li> <li>▪ Low vision aids</li> <li>▪ “Spare” or “back-up” eyewear</li> <li>▪ Eyewear upgrades for cosmetic purposes</li> </ul> </li> </ul>