

Massachusetts Specific Information

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

Table of Contents

1.1 Covered Benefits – UnitedHealthcare Connected® for One Care Medicare-Medicaid Plan (MMP).....	2
1.2 UnitedHealthcare Connected® for One Care Medicare-Medicaid Plan Reimbursement Procedures	3

1.1 Covered Benefits – UnitedHealthcare Connected® for One Care Medicare-Medicaid Plan (MMP)

Benefit Plan(s): UD-MA-E

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every calendar year.
Frame	<ul style="list-style-type: none"> \$125 allowance every calendar year. In-house frame and lenses MUST be used.
Lenses	<ul style="list-style-type: none"> 2 units (1 pair) every calendar year. Single, bifocal or trifocal. In-house frame and lenses MUST be used.
Contact Lenses	<ul style="list-style-type: none"> \$125 allowance every calendar year in lieu of frame and lenses. Dispensing is deducted from the allowance.
Necessary Contact Lenses	<ul style="list-style-type: none"> Covered as needed when medically necessary.
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 with an intraocular lens. To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery. In-house frame and lenses MUST be used
Single Vision Eyeglasses in Lieu of Bifocals	<ul style="list-style-type: none"> 2 units every calendar year. 2 pairs of single vision eyeglasses, one for near vision and one for distance vision, are covered in lieu of bifocal eyeglasses when one or more of the following criterion is met. <ul style="list-style-type: none"> The member's prescription cannot satisfactorily be made into bifocal lenses. The member has shown an inability to adjust to bifocals. The member has a physical disability (for example, severe arthritis) that would preclude or impede adjustment to bifocals. The member's advanced age would make adjustment to bifocals unduly difficult. The member's occupation would make bifocals hazardous. The member has a marked facial asymmetry. In-house frame and lenses MUST be used.
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"> Medical and surgical eye care.

1.2 UnitedHealthcare Connected® for One Care Medicare-Medicaid Plan Reimbursement Procedures

UnitedHealthcare Connected® for One members have a \$125 allowance for frames or contact lenses. Providers must bill the current and appropriate HCPCS codes for materials along with the usual and customary charges for those codes. Reimbursement will be the lesser of billed charges or billed charges up to 85% of the allowance amount.

Frame

The following example assumes a \$125 allowance for frames and billed charges exceeding the allowance amount.

Service Code	Description	Units	Billed Charges	Paid Amount
V2020	Frame	1	\$ 200.00	\$ 106.25
V2100	Lens	2	\$ 75.00	\$ 63.64
92340	Fitting*	1	\$ 30.00	\$ 0.00
Total			\$ 305.00**	\$ 169.89

*Fitting is not reimbursable. This fee is not billable to the member.

** Member is responsible for charges exceeding their \$125 allowance for frames. In this example, the member is responsible for \$75.

Contact Lenses

When the allowance is used for contact lenses, it will be applied to the purchase of contact lenses and the fitting. Below is an example of how the allowance is applied.

The following example assumes a \$125 allowance and a billed charges exceeding the allowance amount.

Service Code	Description	Units	Billed Charges	Paid Amount
V2500	Contact Lenses	2	\$ 100.00	\$ 100.00
92310	Fitting	1	\$ 50.00	\$ 6.25
Total			\$ 150.00*	\$ 106.25

*Member is responsible for charges exceeding their \$125 benefit allowance. In this example, the member is responsible for \$25.