



North Carolina Specific Information

This document contains information specific to the State of North Carolina. 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, 2024.

- UnitedHealthcare Dual Complete[®] (Medicare) H1889-005 updated effective 01/01/2024.

1.2 Covered Benefits – UnitedHealthcare Community Plan (Medicaid)

Benefit Plan(s): UDNCM-20, UDNCM-21, UDNCM-21CO

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> ▪ 1 service date every 12 months (365 days) ages 20 and under. ▪ 1 service date every 24 months (730 days) ages 21 and older. ▪ Additional (early) exams or refractions are covered when medically necessary. Medical necessity must be documented.
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.
Eyeglasses	<ul style="list-style-type: none"> ▪ Eyeglasses are provided by the State optical laboratory contractor. Providers who supply eyeglasses to non-Medicaid members must also supply eyeglasses to Medicaid members through the State optical laboratory contractor.
Fitting/Dispensing	<ul style="list-style-type: none"> ▪ Covered as needed in accordance with Vision Services Clinical Coverage Policies 6A and 6B. ▪ Prior confirmation required. By obtaining a confirmation number, the provider certifies that frame and/or lenses have been dispensed. Retrospective chart audits may be performed.
Medically Necessary Contact Lenses	<ul style="list-style-type: none"> ▪ Conventional daily wear contact lenses are covered when medically necessary. ▪ Extended wear and disposable contact lenses are covered for exceptional cases when medically necessary. ▪ Contact lenses must be supplied by the provider. ▪ Prior confirmation required.
Medically Necessary Contact Lens Replacements	<ul style="list-style-type: none"> ▪ Covered as needed when medically necessary. ▪ Contact lenses must be supplied by the provider. ▪ Prior confirmation required. ▪ To identify replacement contact lenses, please bill with modifier RA.
Copay	<ul style="list-style-type: none"> ▪ \$4 copay per visit for designated members ages 21 and older for all exams (routine and medical) and diagnostic procedures. ▪ \$4 copay per visit for designated members ages 21 and older for eyewear. Copay will be taken from the fitting/dispensing fee. ▪ Please refer to the Patient Benefit Summary in eyeSynergy® or contact Customer Service at (844) 736-2724 to determine if the member has a copay.
Shipping Charges	<ul style="list-style-type: none"> ▪ Temporary changes to optical services allow providers to ship specific visual aids to beneficiaries and bill for shipping charges. These temporary changes are not mandatory and are available at the provider's discretion. <ul style="list-style-type: none"> ▪ Recently Fit New Visual Aids (Eyeglasses and Medically Necessary Contact Lenses) Not Yet Dispensed <ul style="list-style-type: none"> ▪ The provider must inspect the visual aids upon receipt and verify that all parameters are correct prior to shipping. ▪ The provider may ship recently fit new visual aids to the beneficiary's home. ▪ The provider must notify the beneficiary that visual aids are being shipped and provide a timeframe for anticipated delivery. ▪ Replacement Visual Aids (Eyeglasses and Medically Necessary Contact Lenses) <ul style="list-style-type: none"> ▪ The provider may accept requests for replacement eyeglasses or medically necessary contact lenses over the telephone or other means that are not in-person. ▪ The provider is not required to visually evaluate damaged eyeglasses. A description may be provided over the telephone or other means that are not in-person. ▪ The provider is not required to send defective eyeglasses to Nash Optical Laboratory for warranty assessment prior to receiving warranty replacements eyeglasses or eyeglasses components. ▪ The provider must inspect the visual aids upon receipt and verify that all parameters are correct, prior to shipping. ▪ The provider may ship replacement visual aids to the beneficiary's home. ▪ Eyeglasses Repair

Benefit	Benefit Limitations/Criteria
	<ul style="list-style-type: none"> ▪ The provider may accept requests for eyeglasses repair over the telephone or other means that are not in-person. ▪ The provider may accept the eyeglasses needing repair via shipment from the beneficiary. ▪ The provider may ship the repaired eyeglasses to the beneficiary's home. ▪ Prior confirmation required. ▪ To identify shipping charges, please bill with HCPCS code V2799. Reimbursement will be \$13.15. A record of shipping charges must be kept in the member's record.
Non-Covered Services	<ul style="list-style-type: none"> ▪ Surgical eye care ▪ Eyeglasses (Eyeglasses are provided by the State optical laboratory contractor.)



1.3 Covered Benefits – UnitedHealthcare Dual Complete® (Medicare) H1889-005

Benefit Plan(s): UDNC-S-PPO

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">\$400 allowance every calendar year.Allowance may be used toward frames, lenses, lens extras and contact lenses.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 following cataract surgery with an intraocular lens. 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 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 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

1.4 Medicaid Billing Requirements

Providers must bill for covered services in accordance with [Vision Services Clinical Coverage Policies 6A and 6B](#).

1.5 Medicaid Dispensing Guidelines

Providers must obtain a confirmation number for dispensing only after the eyeglasses have been dispensed. By obtaining a confirmation number, the provider agrees the eyeglasses have been dispensed to the member. Claims submitted for dispensing without a confirmation number will be denied. A copy of the lab invoice should be kept in the member's file and may be subject to retrospective chart review.