



## Oklahoma Specific Information

This document contains information specific to the State of Oklahoma. 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<sup>®</sup> LP HMO D-SNP (Medicare) H0271-053 benefits updated effective 01/01/2024.



### 1.2 Covered Benefits – UnitedHealthcare Dual Complete® HMO D-SNP (Medicare) H5322-031

Benefit Plan(s): UDOK-DSNP

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>Covered as needed when services are performed by an optometrist and are within the scope of licensure.</li> </ul>
Eyewear	<ul style="list-style-type: none"> <li>\$450 allowance every calendar year.</li> <li>Allowance may be used toward frames, lenses, lens extras and contact lenses.</li> <li>In-house frame and lenses <b>MUST</b> be used.</li> </ul>
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> <li>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.</li> <li><b>To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.</b></li> </ul>
Glaucoma Screening	<ul style="list-style-type: none"> <li>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"> <li>Individuals with a family history of glaucoma</li> <li>Individuals with diabetes mellitus</li> <li>African-Americans ages 50 and older</li> <li>Hispanic-Americans ages 65 and older</li> </ul> </li> </ul>
Non-Covered Services	<ul style="list-style-type: none"> <li>Surgical eye care</li> </ul>

### 1.3 Covered Benefits – UnitedHealthcare Dual Complete® HMO D-SNP (Medicare) H5322-033

Benefit Plan(s): UDOK-DSNP3

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>Covered as needed when services are performed by an optometrist and are within the scope of licensure.</li> </ul>
Eyewear	<ul style="list-style-type: none"> <li>\$200 allowance every calendar year.</li> <li>Allowance may be used toward frames, lenses, lens extras and contact lenses.</li> <li>In-house frame and lenses <b>MUST</b> be used.</li> </ul>
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> <li>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.</li> <li><b>To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.</b></li> </ul>
Glaucoma Screening	<ul style="list-style-type: none"> <li>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"> <li>Individuals with a family history of glaucoma</li> <li>Individuals with diabetes mellitus</li> <li>African-Americans ages 50 and older</li> <li>Hispanic-Americans ages 65 and older</li> </ul> </li> </ul>
Non-Covered Services	<ul style="list-style-type: none"> <li>Surgical eye care</li> </ul>



#### 1.4 Covered Benefits – UnitedHealthcare Dual Complete® (Medicare) H0271-053

Benefit Plan(s): UDOK-DSNP4

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>Covered as needed when services are performed by an optometrist and are within the scope of licensure.</li></ul>
Eyewear	<ul style="list-style-type: none"><li>\$400 allowance every calendar year.</li><li>Allowance may be used toward frames, lenses, lens extras and contact lenses.</li><li>In-house frame and lenses <b>MUST</b> be used.</li></ul>
Eyewear After Cataract Surgery	<ul style="list-style-type: none"><li>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.</li><li><b>To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.</b></li></ul>
Glaucoma Screening	<ul style="list-style-type: none"><li>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"><li>Individuals with a family history of glaucoma</li><li>Individuals with diabetes mellitus</li><li>African-Americans ages 50 and older</li><li>Hispanic-Americans ages 65 and older</li></ul></li></ul>
Non-Covered Services	<ul style="list-style-type: none"><li>Surgical eye care</li></ul>