



Virginia Specific Information

This document contains information specific to the State of Virginia. 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[®] HMO D-SNP (Medicare) H7464-001 updated effective 01/01/2024.
- UnitedHealthcare Dual Complete[®] POS D-SNP (Medicare) H7464-013 added effective 01/01/2024.

1.2 Covered Benefits – UnitedHealthcare Community Plan – CCC/MLTSS/Expansion (Medicaid)

Benefit Plan(s): UDVAM-20, UDVAM-21, UDVAM-EX20, UDVAM-EX21

Benefit	Benefit Limitations/Criteria
Routine Exam Including Refraction	<ul style="list-style-type: none"> 1 service date every year.
Routine Exam Replacement	<ul style="list-style-type: none"> Covered in accordance with frame and lens replacement benefit frequencies when one of the following criterion is met: <ul style="list-style-type: none"> The member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement frame and lenses are met. A replacement exam is necessary to determine a vision change AND criteria for replacement frame and lenses are met.
Necessary Medical Services Including Diabetic Retinopathy	<ul style="list-style-type: none"> Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Frame	<ul style="list-style-type: none"> 1 unit every 2 years. Frame must be selected from the March frame kit.
Frame Replacement	<ul style="list-style-type: none"> 1 unit ever year if there is a vision change requiring new lenses and the new lenses cannot be inserted into the existing frame. To identify replacement frames, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for frames.
Lens (Single, Bifocal and Trifocal)	<ul style="list-style-type: none"> 2 units every 2 years. Plastic with scratch resistant coating or glass lenses are covered. Tinted lenses are covered when medically necessary (e.g. photophobia, albinism) Lenses must be provided by the March lab. Please refer to Exhibit D in the Provider Reference Guide for lab information.
Lens Replacement	<ul style="list-style-type: none"> 2 units ever year when there is a diopter change of +/- 0.50 in any meridian or a change in axis greater than 10 degrees. Lenses must be inserted into the existing frame when possible. To identify replacement lenses, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for lenses.
Necessary Contact Lenses	<ul style="list-style-type: none"> Covered as needed ages 20 and under when medically necessary when eyeglasses cannot accomplish the optometric treatment. Contact lenses must be supplied by the provider.
Repairs	<ul style="list-style-type: none"> 1 unit every year ages 20 and under. Additional repairs are covered if medically necessary.
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care.

1.3 Covered Benefits – UnitedHealthcare Community Plan – Medallion/FAMIS Moms/Expansion (Medicaid)

Benefit Plan(s): UDVAMED20, UDVAMED21, UDVAMEDX20, UDVAMEDX21

Benefit	Benefit Limitations/Criteria
Routine Exam Including Refraction	<ul style="list-style-type: none"> 1 service date every year ages 20 and under. 1 service date every 2 years ages 21 and older.
Routine Exam Replacement	<ul style="list-style-type: none"> Covered in accordance with frame and lens replacement benefit frequencies when one of the following criterion is met: <ul style="list-style-type: none"> The member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement frame and lenses are met. A replacement exam is necessary to determine a vision change AND criteria for replacement frame and lenses are met.
Necessary Medical Services Including Diabetic Retinopathy	<ul style="list-style-type: none"> Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Frame	<ul style="list-style-type: none"> 1 unit every 2 years. Frame must be selected from the March frame kit.
Frame Replacement	<ul style="list-style-type: none"> 1 unit ever year if there is a vision change requiring new lenses and the new lenses cannot be inserted into the existing frame. To identify replacement frames, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for frames.
Lens (Single, Bifocal and Trifocal)	<ul style="list-style-type: none"> 2 units every 2 years. Plastic with scratch resistant coating or glass lenses are covered. Tinted lenses are covered when medically necessary (e.g. photophobia, albinism) Lenses must be provided by the March lab. Please refer to Exhibit D in the Provider Reference Guide for lab information.
Lens Replacement	<ul style="list-style-type: none"> 2 units ever year when there is a diopter change of +/- 0.50 in any meridian or a change in axis greater than 10 degrees. Lenses must be inserted into the existing frame when possible. To identify replacement lenses, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for lenses.
Necessary Contact Lenses	<ul style="list-style-type: none"> Covered as needed when medically necessary when eyeglasses cannot accomplish the optometric treatment. Contact lenses must be supplied by the provider.
Repairs	<ul style="list-style-type: none"> 1 unit every year ages 20 and under. Additional repairs are covered if medically necessary.
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care.

1.4 Covered Benefits – UnitedHealthcare Community Plan - FAMIS Kids (Medicaid)

Benefit Plan(s): UDVAFAM, UDVAFAMCO2, UDVAFAMCO5

Benefit	Benefit Limitations/Criteria
Routine Exam Including Refraction	<ul style="list-style-type: none"> 1 service date every year.
Routine Exam Replacement	<ul style="list-style-type: none"> Covered in accordance with frame and lens replacement benefit frequencies when one of the following criterion is met: <ul style="list-style-type: none"> The member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement frame and lenses are met. A replacement exam is necessary to determine a vision change AND criteria for replacement frame and lenses are met.
Necessary Medical Services Including Diabetic Retinopathy	<ul style="list-style-type: none"> Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Frame	<ul style="list-style-type: none"> 1 unit, \$25 allowance every 2 years toward any frame from the provider's selection. Member is responsible for the difference between the retail amount and \$25. In-house frame and lenses MUST be used.
Frame Replacement	<ul style="list-style-type: none"> 1 unit, \$25 allowance every year if there is a vision change requiring new lenses and the new lenses cannot be inserted into the existing frame. Member is responsible for the difference between the retail amount and \$25. To identify replacement frames, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for frames.
Lens (Single, Bifocal and Trifocal)	<ul style="list-style-type: none"> 2 units (1 pair) every 2 years. \$35 allowance for single vision lenses. \$50 allowance for bifocal lenses. \$88.50 allowance for trifocal lenses. Member is responsible for the difference between the retail amount and the allowance. In-house frame and lenses MUST be used.
Lens Replacement	<ul style="list-style-type: none"> 2 units (1 pair) every year when there is a diopter change of +/- 0.50 in any meridian or a change in axis greater than 10 degrees. Lenses must be inserted into existing frame when possible. \$35 allowance for single vision lenses. \$50 allowance for bifocal lenses. \$88.50 allowance for trifocal lenses. Member is responsible for the difference between the retail amount and the allowance. To identify replacement lenses, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for lenses.
Necessary Contact Lenses	<ul style="list-style-type: none"> \$100 allowance every 2 years if medically necessary when eyeglasses cannot accomplish the optometric treatment. Contact lenses must be supplied by the provider.
Repairs	<ul style="list-style-type: none"> 1 unit every year. Additional repairs are covered if medically necessary.
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care.



1.5 Covered Benefits – UnitedHealthcare Dual Complete® Choice PPO D-SNP (Medicare) H1889-006

Benefit Plan(s): UDVADSNPP2

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 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

1.6 Covered Benefits – UnitedHealthcare Dual Complete® HMO D-SNP (Medicare) H7464-001

Benefit Plan(s): UDVA-DSNP

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 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



1.7 Covered Benefits – UnitedHealthcare Dual Complete® HMO D-SNP (Medicare) H7464-005

Benefit Plan(s): UDVA-DSNP2

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 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

1.8 Covered Benefits – UnitedHealthcare Dual Complete® HMO D-SNP (Medicare) H7464-006

Benefit Plan(s): UDVA-DSNP4

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 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



1.9 Covered Benefits – UnitedHealthcare Dual Complete® HMO D-SNP (Medicare) H7464-007

Benefit Plan(s): UDVA-DSNP3

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 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

1.10 Covered Benefits – UnitedHealthcare Dual Complete® POS D-SNP (Medicare) H7464-013

Benefit Plan(s): UDVA-DSNP5

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 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 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