

## 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 June 1, 2025.

- Updated Eyewear for UnitedHealthcare Dual Complete Medicare plans effective 06/01/2025.

## 1.2 Covered Benefits – UnitedHealthcare Community Plan – Cardinal Care 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"> <li>1 service date every year.</li> </ul>
Routine Exam Replacement	<ul style="list-style-type: none"> <li>Covered in accordance with frame and lens replacement benefit frequencies when one of the following criterion is met: <ul style="list-style-type: none"> <li>The member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement frame and lenses are met.</li> <li>A replacement exam is necessary to determine a vision change AND criteria for replacement frame and lenses are met.</li> </ul> </li> </ul>
Necessary Medical Services Including Diabetic Retinopathy	<ul style="list-style-type: none"> <li>Medical services covered when medically necessary and performed by an optometrist with the scope of licensure. Individual medical policies can be found at the following link: <a href="https://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> </ul>
Frame	<ul style="list-style-type: none"> <li>1 unit every 2 years.</li> <li><b>Frame must be selected from the March frame kit.</b></li> </ul>
Frame Replacement	<ul style="list-style-type: none"> <li>1 unit ever year if there is a vision change requiring new lenses and the new lenses cannot be inserted into the existing frame.</li> <li><b>To identify replacement frames, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for frames.</b></li> </ul>
Lens (Single, Bifocal and Trifocal)	<ul style="list-style-type: none"> <li>2 units every 2 years.</li> <li>Plastic with scratch resistant coating or glass lenses are covered.</li> <li>Tinted lenses are covered when medically necessary. Please see link for medical necessity criteria: <a href="https://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> <li><b>Lenses must be provided by the March lab. Please refer to Exhibit D in the Provider Reference Guide for lab information.</b></li> </ul>
Lens Replacement	<ul style="list-style-type: none"> <li>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.</li> <li>Lenses must be inserted into the existing frame when possible.</li> <li><b>To identify replacement lenses, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for lenses.</b></li> </ul>
Necessary Contact Lenses	<ul style="list-style-type: none"> <li>Covered as needed ages 20 and under when medically necessary when eyeglasses cannot accomplish the optometric treatment.</li> <li><b>Contact lenses must be supplied by the provider.</b></li> </ul>
Repairs	<ul style="list-style-type: none"> <li>1 unit every year ages 20 and under.</li> <li>Additional repairs are covered if medically necessary.</li> <li>Materials policies can be found at: <a href="https://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> </ul>
Non-Covered Services	<ul style="list-style-type: none"> <li>Surgical eye care.</li> </ul>

### 1.3 Covered Benefits – UnitedHealthcare Community Plan – Cardinal Care/FAMIS Moms/FAMIS Expansion (Medicaid)

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

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

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

### 1.5 Covered Benefits – UnitedHealthcare Dual Complete® VA-Y4 (Medicare) H0421-001

Benefit Plan(s): UDVA-S-DC5

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 with the scope of licensure. Individual medical policies can be found at the following link: <a href="https://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>. 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>\$300 allowance for 1 pair of frames/lenses/lens extras and/or contacts every calendar year.</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 per lifetime, per eye after cataract surgery.</li> <li>Allowance does not apply and may not be used towards extras. Any add on items will be denied.</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>

### 1.6 Covered Benefits – UnitedHealthcare Dual Complete® VA-Y001 (Medicare) H2445-001

Benefit Plan(s): UDVA-S-DC

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 with the scope of licensure. Individual medical policies can be found at the following link: <a href="https://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> </ul>
Eyewear	<ul style="list-style-type: none"> <li>\$400 allowance for 1 pair of frames/lenses/lens extras and/or contacts every calendar year.</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 per lifetime, per eye after cataract surgery.</li> <li>Allowance does not apply and may not be used towards extras. Any add on items will be denied.</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>

## 1.7 Covered Benefits – UnitedHealthcare Dual Complete® VA-Q001 (Medicare) H2445-002

Benefit Plan(s): UDVA-S-DC2

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 with the scope of licensure. Individual medical policies can be found at the following link: <a href="https://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> </ul>
Eyewear	<ul style="list-style-type: none"> <li>\$300 allowance for 1 pair of frames/lenses/lens extras and/or contacts every calendar year.</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 per lifetime, per eye after cataract surgery.</li> <li>Allowance does not apply and may not be used towards extras. Any add on items will be denied.</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>

## 1.8 Covered Benefits – UnitedHealthcare Dual Complete® VA-Y002 (Medicare) H2445-003

Benefit Plan(s): UDVA-S-DC3

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 with the scope of licensure. Individual medical policies can be found at the following link: <a href="https://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> </ul>
Eyewear	<ul style="list-style-type: none"> <li>\$300 allowance for 1 pair of frames/lenses/lens extras and/or contacts every calendar year.</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 per lifetime, per eye after cataract surgery.</li> <li>Allowance does not apply and may not be used towards extras. Any add on items will be denied.</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>

### 1.9 Covered Benefits – UnitedHealthcare Dual Complete® VA-V001 (Medicare) H2445-004

Benefit Plan(s): UDVA-S-DC4

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 with the scope of licensure. Individual medical policies can be found at the following link: <a href="https://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> </ul>
Eyewear	<ul style="list-style-type: none"> <li>\$200 allowance for 1 pair of frames/lenses/lens extras and/or contacts every calendar year.</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 per lifetime, per eye after cataract surgery.</li> <li>Allowance does not apply and may not be used towards extras. Any add on items will be denied.</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>

### 1.10 Covered Benefits – UnitedHealthcare Dual Complete® VA-Y3 (Medicare) H2445-005

Benefit Plan(s): UDVA-S-DC6

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 with the scope of licensure. Individual medical policies can be found at the following link: <a href="https://marchvisioncare.com">Provider Reference Guide (marchvisioncare.com)</a>.</li> </ul>
Eyewear	<ul style="list-style-type: none"> <li>\$300 allowance for 1 pair of frames/lenses/lens extras and/or contacts every calendar year.</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 per lifetime, per eye after cataract surgery.</li> <li>Allowance does not apply and may not be used towards extras. Any add on items will be denied.</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>