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

Table of Contents

1.1 Covered Benefits - UnitedHealthcare Community Plan – Healthy Options/Apple Health(Medicaid) .........................................................2
## Covered Benefits – UnitedHealthcare Community Plan – Healthy Options/Apple Health (Medicaid)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Benefit Limitations/Criteria</th>
</tr>
</thead>
</table>
| Exam                     | • 1 service date every year for asymptomatic clients ages 20 and under or asymptomatic clients of the division of developmental disabilities, regardless of age.  
• 1 service date every 2 years for asymptomatic clients ages 21 and older.  
• Additional exams are covered when:  
  ▪ The provider is diagnosing or treating the client for a medical condition that has symptoms of vision problems or disease  
  ▪ The client is on medication that affects vision  
  ▪ The service is necessary due to lost or broken eyeglasses/contact lenses. In this case:  
    ▪ No type of confirmation is required for clients 20 years of age or younger or clients of the division of developmental disabilities, regardless of age.  
    ▪ Providers must obtain confirmation to receive payment for clients 21 years of age or older. Provider must also document the following in the client’s file:  
      ▪ The eyeglasses or contacts are lost or broken  
      ▪ The last examination was at least 18 months ago |
| Second Opinion Exam      | • 1 service date every year for asymptomatic clients ages 20 and under or asymptomatic clients of the division of developmental disabilities, regardless of age.  
• 1 service date every 2 years for asymptomatic clients ages 21 and older.  
• Providers **MUST** obtain prior confirmation.  
• **To identify a second opinion exam, please bill with modifier SO.** |
| Necessary Medical Services | Covered as needed when services are performed by an optometrist and are within the scope of licensure.                                                      |
| Non-Covered Services     | • Surgical eye care.  
• Eyewear.                                                                                   |