



The provisions outlined in these Plan Specifics shall prevail over any provision in the Envolve Vision Provider Manual which may conflict or appear inconsistent with any provision contained in this document.

PLAN OVERVIEW:

Ambetter from Arkansas Health & Wellness provides covered health benefits through the Arkansas Health Insurance Marketplace. For specific individual member benefits and eligibility, call Customer Service at (877) 268-7755 or log into our provider portal Eye Health Manager at (visionbenefits.envolvehealth.com/logon.aspx).

Member Billing	<p>Contracted providers may not bill the member for any covered services except for copayments, coinsurance and deductible.</p> <ul style="list-style-type: none"> • Copayments, coinsurance and any unpaid portion of a deductible may be collected from the member at the time of service. • Providers agree that if the amount collected from the member is higher than the actual amount owed upon claim adjudication, the provider agrees to reimburse the member the over paid amount within thirty (30) business days.
Copayments, Coinsurance and Deductibles	<p>Please check eligibility at visionbenefits.envolvehealth.com/logon.aspx to confirm member specific information.</p> <p>Under the Affordable Care Act (ACA) the metal tiers for Health Insurance Marketplace products include Platinum, Gold, Silver, and Bronze. Each metal tier represents a different level of coverage. Member coinsurance, deductible and copayments for services vary for each tier. Members in the silver level may be eligible for reduced or zero cost-sharing. American Indian / Alaskan Natives are exempt from copayments.</p>
Premium Grace Period	<p>A provision of the Affordable Care Act (ACA) requires that Ambetter allow members a grace period to pay premiums before coverage is terminated. The ACA stipulates the following:</p> <p>Premium Grace Period for Members receiving Advanced Premium Tax Credits (APTCs)</p> <ul style="list-style-type: none"> • After the first premium is paid, a grace period of 3 months from the premium due date is given for the payment of premium. • Coverage will remain in force during the grace period. • If payment of premium is not received within the grace period, coverage will be terminated as of the last day of the first month during the grace period.

- Envolve Vision will continue to pay all claims for covered services rendered to the member during the first month of the grace period. Envolve Vision will suspend claims for covered services rendered to the member in the second and third month of the grace period. The Explanation of Payment will indicate that payment has been suspended.
- Once the member's grace period expires, suspended claims will automatically be reprocessed for payment or denied based on whether or not premium payments have been received.
- If the premium remains unpaid, providers may bill the member directly for covered services.
- If you are verifying eligibility during the first 30 days of non-payment of premium, you will not be notified of the non-payment of premium. During days 60-90 of the non-payment of premium period, you will be notified that the member is in a suspended status.

Premium Grace Period for Members NOT receiving Advanced Premium Tax Credits (APTCs)

- Premium payments are due in advance on a calendar month basis.
- Monthly payments are due on or before the first day of each month for coverage effective during such month.
- There is a one month grace period. If any required premium is not paid before the date it is due, it may be paid during the grace period.
- During the grace period, coverage will remain in force; however, Envolve Vision will suspend claims for covered services rendered to the member. The Explanation of Payment will indicate that payment has been suspended.
- Once the member's grace period expires, suspended claims will automatically be reprocessed for payment or denied based on whether or not premium payments have been received.
- If the premium remains unpaid, providers may bill the member directly for covered services.
- When verifying eligibility, you will be notified that the member is in a suspended status.

Members in suspended status should acknowledge liability for services rendered, should coverage not be reinstated, by signing the Suspended Status Acknowledgement Form. The form can be found on our website (visionbenefits.envolvehealth.com/logon.aspx). Click on Online Forms, and *Suspended Status Acknowledgement Form*.

PLAN BENEFITS:

BENEFIT	BENEFIT CRITERIA/LIMITATIONS
Annual Eye Exams with Refraction	<p>Members are eligible for one eye exam per calendar year</p> <ul style="list-style-type: none"> • Eligible diagnosis for annual eye exams can be found on our website at https://visionbenefits.envolvehealth.com/forms.aspx, navigate to the <i>Eligible ICD Coding Information</i> section and select the <i>ICD codes for Envolve Vision form</i>. • The refraction (92015) must be reported separately when billing with a 92XXX exam code. • Regardless of final diagnosis, a member who presents for an exam with no complaint must be reported as a preventive exam, using the eligible diagnosis codes as the primary diagnosis. • Providers are required to code all claims to the highest level of specificity and report and submit all diagnoses that impact the patient's evaluation, care and treatment; reason for the visit; co-existing acute conditions; chronic conditions or relevant past conditions. • 3072F should be included to indicate no evidence of diabetic retinopathy in the prior year, when applicable. This code is separately reimbursable.
Medical Services, Surgical Services, and Injectable Ocular Drugs	<p>Medically necessary eye care services are covered for all members as indicated in the evidence of coverage.</p> <ul style="list-style-type: none"> • No pre-authorization is required for the majority of services; however some surgeries require pre-authorization. Please see Pre-Authorization section for more information. • All medical and surgical services are subject to Centers for Medicare and Medicaid Services (CMS) and must comply with Envolve Vision Utilization Management policies and procedures. • All claims for medically necessary eye care services and injectable ocular drugs should be directed to Envolve Vision. • Injectable ocular drugs must be billed with the applicable National Drug Code. • Coinsurance and any unpaid portion of a deductible may be collected from the member at the time of service. Providers should comply with Ambetter from Arkansas drug formulary or preferred drug list when prescribing medications for a member. This information can be found on the Ambetter from Arkansas Health & Wellness website (www.ambetterofarkansas.com). • Sensorimotor examination with multiple measurements of ocular deviation (e.g. restrictive or paretic muscle with diplopia) with interpretation and report is covered for members under 19 when medically necessary and documented in accordance with Envolve Vision's Clinical Policy.
Eyewear	<p>Members are eligible for one pair of prescription eyeglasses per calendar year. In lieu of eyeglasses, members may elect the contact lens benefit as defined below.</p>

	<ul style="list-style-type: none"> • Eligible diagnosis for routine optical services can be found on the ICD codes for Envolve Vision form. • Coverage varies by age. <p>Members under 19 diagnosed as having one of the following conditions must have a surgical evaluation in conjunction with supplying eyeglasses;</p> <ul style="list-style-type: none"> • Ptosis (droopy lid) • Congenital cataracts • Exotropia or vertical tropia • Children between the ages of twelve (12) and eighteen (18) exhibiting exotropia
Eyewear – Ophthalmic Lenses	<p>Members of all ages are eligible for one pair of ophthalmic lenses per year. Lenses can be ordered from the provider’s lab of choice or an Essilor preferred lab.</p> <ul style="list-style-type: none"> • Scratch resistant lenses, in CR-39 or polycarbonate materials, with standard anti-reflective coating (e.g. Sharp view) are covered in full: <ul style="list-style-type: none"> o Single o Bifocal o Trifocal o Lenticular
Essilor Labs of America Partnership	<p>Envolv Vision has a partnership with Essilor Labs of America (ELOA). Through the ELOA partnership, providers are offered a discounted rate for covered materials.</p> <ul style="list-style-type: none"> • Envolv Vision prefers that providers utilize an ELOA lab, however, providers may choose any lab to fulfill their eyewear orders. • Providers will place their orders directly with the lab. • Providers will be responsible for paying the lab and Envolv Vision will reimburse the providers directly for all covered materials. • In order to receive the Envolv Vision discount, please be sure to select Envolv Vision on your order online and/or notate “Envolv Vision” on your fax order form in the special instructions box, or inform the customer service representative that it is an Envolv Vision order. • Additional information about this arrangement is located on the Essilor Labs of America Partnership - Frequently Asked Questions at https://visionbenefits.envolvehealth.com/forms.aspx.
Eyewear – Frames	<p>Members 19 & over:</p> <ul style="list-style-type: none"> • Eligible for a \$130 allowance towards eyeglass frames. • Members are responsible for any charges exceeding the allowance.

- If a member chooses to purchase upgraded frames, the provider should bill the member for the difference.
- Upgraded frames should be billed using V2025.

Members under 19:

- Eligible for a covered in full frame.
- Members may choose from the frames listed below or any Frames Direct wholesale equivalent:

Manufacturer/Brand	Type	Style(s)
Clear Vision/Jessica McClintock	Female	JMC177, JMC164, JMC193, JMC191, JMC194
Marchon/Nine West	Female	NW5031, NW5016, NW5005, NW5020, NW5032
Zyloware/Project Runway	Female	103M, 113M, 111Z, 107M, 108M, 114Z, 110Z
Viva/Skechers	Female	SK2068, SK 2058, SK2006, SK2042, SK2015
ROI/Alexander Julian	Male	Arrasene, Gabardine, Jaconet, Keswick, Batiste
ROI/B.U.M. Equipment	Male	Innovator, Croquet, Soccer, Earplug, Writer, Leader
Marchon/Nautica	Male	N8029, N7222, N7169, N8062, N8041, N7147
Viva/Skechers	Male	SK3104, SK3000, SK3090, SK2034, SK3014
Marchon/Disney Princess	Kids/Female	Princess Anastasia, Princess True Love, Little Darling, Starlet, Princess Tiana, Princess Majestic
Ralph Lauren Children	Kids/Female	PP8029, PP8514, PP8518, PP8519, PP8028
Colors in Optics/Crayola	Kids/Female	CR124, CR123, CR139, CR146, CR133, CR119
Marchon/Disney Eyewear	Kids/Male	Disney 111UT, Disney 112, Disney 109, Disney 110, Disney 106, Disney 107, Disney 108
Eyewear Designs/New Balance	Kids/Male	NBK 58, NBK 53, NBK 57, NBK, 54, NBK 55
Colors in Optics/Crayola	Kids/Male	CR118, CR101, CR148, CR102, CR140, CR103

Eyewear – Contact Lenses

Members 19 & over:

- May utilize the \$130 allowance towards contact lenses, in lieu of eyeglasses. Members are responsible for any charges exceeding the allowance.
- One standard contact lens fitting is covered in full. If a specialty contact lens fitting is required, the fitting is covered up to \$50. Member is responsible for any amount exceeding \$50.

Members under 19:

- An initial supply of lenses is covered in full.

	<ul style="list-style-type: none"> One standard contact lens fitting or specialty contact lens fitting is covered in full. Members may choose from the list below or similarly priced lenses: <table border="1" data-bbox="667 207 1472 358"> <thead> <tr> <th>Company</th> <th>Name</th> <th>Initial Supply</th> </tr> </thead> <tbody> <tr> <td>Cooper</td> <td>Biomedics 55</td> <td>Two 6-pack boxes</td> </tr> <tr> <td>Bausch & Lomb</td> <td>SoftLens 38</td> <td>Two 6-pack boxes</td> </tr> <tr> <td>Vistakon</td> <td>Acuvue 2</td> <td>Two 6-pack boxes</td> </tr> </tbody> </table>	Company	Name	Initial Supply	Cooper	Biomedics 55	Two 6-pack boxes	Bausch & Lomb	SoftLens 38	Two 6-pack boxes	Vistakon	Acuvue 2	Two 6-pack boxes
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Cooper	Biomedics 55	Two 6-pack boxes											
Bausch & Lomb	SoftLens 38	Two 6-pack boxes											
Vistakon	Acuvue 2	Two 6-pack boxes											
Medically Necessary Eyewear	<p>Optical services that are medically necessary and meet Envolve Vision’s guidelines are covered and must be billed in accordance with Envolve Vision’s guidelines. A copy of Envolve Vision’s policies and guidelines may be found at visionbenefits.envolvehealth.com/logon.aspx. Prior authorization is not required for medically necessary eyewear, but Envolve Vision conducts retrospective review. Please maintain documentation in the member’s file of the necessity of the eyewear and/or services provided.</p> <p>Standard Progressive Lenses and Low Vision Aids The following are covered for members under 19 when medically necessary without pre-authorization:</p> <ul style="list-style-type: none"> Low vision optical devices including low vision services Standard progressive lenses All services will be reviewed post claim payment to ensure that services were provided in accordance with state or Envolve Vision policy. <p>Post-Cataract Eyewear</p> <ul style="list-style-type: none"> Members who have undergone cataract surgery are entitled to one covered-in-full pair of standard frames and lenses. Contact lenses are covered when medically necessary. Use the eligible diagnosis code.* This benefit is allowed once per eye, per lifetime. No pre-authorization is required. <p>Medically Necessary Contact Lenses</p> <ul style="list-style-type: none"> May be obtained in lieu of eyeglasses when there is no other way to correct a visual defect. Contact lenses for treatment of keratoconus*, aphakia*, and other conditions, as medically necessary, are covered. Medical diagnosis should be used when submitting claims. <p>* Eligible ICD codes can be found on the ICD codes for Envolve Vision form.</p>												

Orthoptic and Pleoptic Training	<ul style="list-style-type: none"> Office-based orthoptic and pleoptic training is covered for members under the age of 19 in the treatment of convergence insufficiency, with continuing and medical direction and evaluation. Refer to the Visual Therapy policy located on our website (visionbenefits.envolvehealth.com/logon.aspx) for coverage and benefit limitation.
Prosthetics	<p>Prosthetics for artificial eyes are covered</p> <ul style="list-style-type: none"> Replacements are not covered unless required by a physical change in the member and the item cannot be modified. If more than one prosthetic device can meet a member's functional needs, only the charge for the most cost effective prosthetic device will be considered a covered service expense.
<p>Non-Covered Services</p> <p>*If the member requires a service not within the provider's scope of service, please refer member back to Primary Care Physician (PCP).</p>	<ul style="list-style-type: none"> Orthoptic training/visual therapy for members 19 & over Two pairs of eyeglasses as a substitute for bifocals Non prescription lenses Sunglasses Non-Allowable services as defined in the member's evidence of coverage Low vision optical devices and services for members 19 & over Routine vision services for members over the age of 19 Eyewear Replacement/Repair High index tints UV Coating Refractive surgery of any type that changes the eye's refractive error if the intent of the refractive surgery procedure is to reduce or eliminate the need for eyeglass or contact lens correction. This refractive surgery exclusion does not include intraocular lens implantation following cataract surgery. Services for cosmetic purposes only. Experimental or investigation services, procedures, treatments, devices, drugs, or application of associated services, except when the individual factors of an individual client's condition justify a determination of medical necessity.
Covered Services Not Administered by Envolve Vision	<p>The following services may be covered directly by Ambetter from Arkansas Health & Wellness:</p> <ul style="list-style-type: none"> Inpatient, ambulatory, and outpatient facility services Tissues (including all ocular tissues and amniotic membrane) Drug delivery devices and associated medications CT, MRI and Doppler Imaging Mobile laser facility services Implants, shunts and intraocular lenses

	<ul style="list-style-type: none"> • Medically Necessary plastic surgery procedures not involving the eye and ocular adnexa whether performed by a participating or non-participating surgeon • Non-ophthalmologic treatment of ocular trauma • Treatment of choroidal melanoma (consultation and professional services) • Durable and disposable medical equipment (other than prescription eyewear) • Oculoplastic services performed by non-ophthalmic provider <p>For coverage and claim filing information of these items, please contact Ambetter from Arkansas Health & Wellness at (877) 617-0390.</p>
Reporting to Primary Care Physicians (PCP)	<p>When applicable, the Provider should partner with the Primary Care Physician to deliver specialty care to Members. A key component of the Provider’s responsibility is to maintain ongoing communication with the Member’s Primary Care Physician.</p> <ul style="list-style-type: none"> • Providers should supply a complete written report of findings to the Member’s Primary Care Physician within one (1) week following examination and treatment. If urgent or emergent follow up is required, the Provider shall provide a verbal report to the Member’s Primary Care Physician within twenty-four (24) hours.

UTILIZATION MANAGEMENT REQUIREMENTS:

Pre-Authorization	<p>Pre-authorization is required for the following services:</p> <ul style="list-style-type: none"> • Non-emergent surgeries - CPT codes 15822, 15823, 67900, 67904, , 66982 and 67908 • J2778 (Lucentis), J0178 (Eylea), J2503 (Macugen) and J3396 (Visudyne) <p style="padding-left: 40px;">Avastin does not require pre-authorization.</p> <ul style="list-style-type: none"> • Requests for pre-authorization for cataract surgeries should be submitted online at visionbenefits.envolvehealth.com/logon.aspx. • Requests for pre-authorizations for blepharoplasty procedures must include original photographs and be sent via secure email to visionUMauthorization@envolvehealth.com. If you do not have access to a secure e-mail program, contact the Utilization Management Department at 800-465-6972 and a Clinical Reviewer will send you a secure e-mail. Open the secure e-mail attachment, select “Reply to All”, and attach the pre-authorization documents for submission to Envolve Vision. If you do not have the ability to transmit records electronically, please mail your request to the following address: <p style="text-align: center;"> Envolve Vision, Inc. P O Box 7548 Rocky Mount, NC, 27804 </p>
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	<ul style="list-style-type: none"> Services performed without pre-authorization will be denied and the member will be held harmless for payment of benefits normally covered under their benefit plan. All procedures must be performed at a participating facility Requests for pre-authorizations for the ocular injectables listed above must be sent using the Pre-Authorization for Anti-VEGF Injectables located on our website at https://visionbenefits.envolvehealth.com/forms.aspx. Detailed instructions for submitting pre-authorization requests can be found on our website (visionbenefits.envolvehealth.com/logon.aspx). Click on Online Forms and Pre-Authorization Request Form. For more information, contact Envolve's Utilization Management department at (800) 465-6972 or by fax at (877) 865-1077
Documentation	<p>Medical records must support medical necessity as applicable.</p> <ul style="list-style-type: none"> Eyeglass documentation includes lens specifications such as lens type, power, axis, prism, absorptive power, and impact resistance. Contact lens documentation includes lens specifications such as power, size, curvature, flexibility, and gas permeability. Envolve Vision conducts retrospective review of medical records to ensure documentation requirements are satisfied

CODING INFORMATION:

DESCRIPTION	CODE
Ophthalmological Exam Including Refraction	S0620, S0621
Ophthalmological Exam	92002, 92004, 92012, 92014
Refraction	92015
Fitting of Spectacles	92340 – 92342
Frames	V2020
Deluxe Frames	V2025
Single Vision Lenses	V2100 – V2199
Bifocal Lenses	V2200 – V2299
Trifocal Lenses	V2300 – V2399
Contact Lenses	V2500 – V2599, S0500
Standard Contact Lens Fitting	92310-92317

DESCRIPTION	CODE
Specialty Contact Lens Fitting	S0592
Medically Necessary Contact Lens Fitting	92071, 92072
Low risk for retinopathy (no evidence of retinopathy in the prior year)	3072F

CLAIMS SUBMISSION	
Providers must submit first time claims within 180 days of the date of service. Claims received outside of this timeframe will be denied for untimely submission. All corrected claims, requests for reconsideration or claim disputes must be received within 180 days from the date of notification of payment or denial is issued.	
Eye Health Manager (available 24/7) <ul style="list-style-type: none"> Verify member benefits and eligibility File claims Review claim status Use audit tools Download, research, and reprint EOB's Request/submit secure, HIPAA compliant secure pre-authorization 	To access Eye Health Manager: <ol style="list-style-type: none"> Go to visionbenefits.envolvehealth.com/logon.aspx Log in with your user name and password Please contact Network Management if you have misplaced your username/password or if you would like to have access to the Eye Health Manager.
Electronic Claims Submission	Change Healthcare Payer ID# 56190
Paper Claims Submission	Envolve Vision, Inc. P O Box 7548 Rocky Mount, NC 27804
Contacting Envolve Vision	
Customer Service: Member Eligibility and Claims Inquiries	(877) 268-7755
Network Management: Provider Participation Inquiries	(800) 531-2818

Member Identification Cards

Front

Back



Subscriber: [Jane Doe] Effective Date of Coverage: [XX/XX/XX]
Member: [John Doe]
Policy #: [XXXXXXXXXX] RXBIN: 004336
Member ID #: [XXXXXXXXXXXXXXXXXX] RXPCN: ADV
Plan: [Ambetter Balanced Care 1] RXGROUP: RX5448
[Line 2 if needed]

COPAYS PCP: [\$10 coin. after ded.] Deductible (Med/Rx): [\$250/\$500]
Specialist: [\$25 coin. after ded.]
Rx (Generic/Brand): [\$5/\$25 after Rx ded.] Coinsurance (Med/Rx): [50%/30%]
Urgent Care: [20% coin. after ded.]
ER: [\$250 copay after ded.]

Ambetter.ARhealthwellness.com

Member/Provider Services: 1-877-617-0390
TTY/TDD: 1-877-617-0392
24/7 Nurse Line: 1-877-617-0390
Medical Claims: Arkansas Health & Wellness
Attn: CLAIMS
PO Box 5010
Farmington, MO
63640-5010

Numbers below for providers:
Pharmacy Help Desk: 1-844-432-0698
EDI Payor ID: 68069
EDI Help Desk: Ambetter.ARhealthwellness.com



Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.ARhealthwellness.com.

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