



**APPENDIX: AMBETTER HEALTH AND AMBETTER HEALTH SOLUTIONS VISION PLAN SPECIFICS**  
**PEDIATRIC AND ADULT VISION SERVICES: AZ, IN, OH**

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

**PLAN OVERVIEW**

Ambetter Health provides vision benefits through the Health Insurance Marketplace. Ambetter Health Solutions is available to individuals who receive a defined contribution from their employer to purchase individual health insurance, such as through Individual Coverage Health Reimbursement Arrangements (ICHRAs). Centene Vision administers pediatric vision Essential Health Benefits (EHB) and offers optional adult vision coverage for members 19+. For specific individual member benefits and eligibility, log into our Eye Health Manager at [log into our Eye Health Manager](https://centenevision.com/logon) (centenevision.com/logon) or call your state's Customer Service number (found at the end of this document).

**PLAN BENEFITS**

| BENEFIT                          | BENEFIT CRITERIA/LIMITATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Annual Eye Exams with Refraction | <p>Eligible members may receive one eye exam per calendar year.</p> <ul style="list-style-type: none"><li>Eligible diagnoses for preventive vision exams can be found on our website at <a href="https://centenevision.com/forms">centenevision.com/forms</a>, navigate to the <i>Eligible ICD Coding Information</i> section and select the <i>Eligible ICD Codes for Centene Vision</i> form.</li><li>Report the refraction (92015) separately when billing the exam with a 92XXX code.</li><li>Regardless of final diagnosis, a member who presents for a routine exam with no complaint must be reported using a routine code as the primary diagnosis. Additional diagnoses identified during the exam should be reported following the initial routine diagnosis that corresponds with the chief complaint.</li><li>Providers are required to code all claims to the highest level of specificity and report and submit all diagnoses that impact the member's evaluation, care, and treatment; reason for the visit; co-existing acute conditions; chronic conditions or relevant past conditions.</li><li>CPT II codes 2022F-2033F and 3072F are separately reimbursable when reported for evaluation of diabetic retinopathy. Submit 2022F-2033F for results corresponding to current year findings, or 3072F to report no retinopathy in the prior year.</li></ul> |



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| Eyewear                   | <p>Members are eligible for one pair of prescription eyeglasses per calendar year. In lieu of eyeglasses, members may elect to use the contact lens benefit as defined in the section below “Eyewear – Contact Lenses” below.</p> <ul style="list-style-type: none"><li>• Eligible diagnoses for routine optical services can be found on the <i>Eligible ICD Codes for Centene Vision</i> form. Coverage varies by age.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Eyewear—Ophthalmic Lenses | <p>Members 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"><li>• Scratch resistant lenses, in CR-39 or polycarbonate materials with standard anti-reflective coating (e.g., SharpView) are covered in full.<ul style="list-style-type: none"><li>○ Single</li><li>○ Bifocal</li><li>○ Trifocal</li><li>○ Lenticular</li></ul></li></ul> <p>In addition, members under 19 are also eligible for the following lens options:</p> <ul style="list-style-type: none"><li>• Progressive lenses (standard or premium);</li><li>• Intermediate vision lenses;</li><li>• Blended segment lenses;</li><li>• Hi-Index lenses;</li><li>• Plastic photosensitive lenses;</li><li>• Photochromic glass lenses;</li><li>• Glass-grey #3 prescription sunglass lenses;</li><li>• Fashion and gradient tinting;</li><li>• Ultraviolet protective coating;</li><li>• Polarized lenses;</li><li>• Anti-reflective coating (standard, premium or ultra);</li><li>• Oversized lenses; and</li><li>• Polycarbonate lenses.</li></ul> |
| Eyewear—Frames            | <p>Members under 19:</p> <ul style="list-style-type: none"><li>• Are eligible for a standard eyeglass frame covered in full.</li></ul> <p>Members 19 and over:</p> <ul style="list-style-type: none"><li>• Are eligible for \$130 allowance towards eyeglass frames.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



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|                             | <ul style="list-style-type: none"><li>• Are responsible for any charges exceeding the allowance.</li><li>• If choosing to purchase upgraded frames, should be billed by provider for the difference.</li><li>• Upgraded frames should be billed using V2025.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Eyewear—Contact Lenses      | <p>Members under 19:</p> <ul style="list-style-type: none"><li>• Are eligible for initial supply of contact lenses.</li><li>• Are eligible for one standard contact lens fitting or specialty contact lens fitting covered in full.</li></ul> <p>Members 19 and over:</p> <ul style="list-style-type: none"><li>• May utilize the \$130 allowance towards contact lenses, in lieu of eyeglasses. Members are responsible for any charges exceeding the allowance.</li><li>• Are eligible for one standard contact lens fitting covered in full. If a specialty contact lens fitting is required, the fitting is covered up to \$50. Members are responsible for any amount exceeding \$50.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Medically Necessary Eyewear | <p>Optical services that are medically necessary and meet Centene Vision’s guidelines are covered and must be billed in accordance with our guidelines. A copy of our policies and guidelines may be found at <a href="http://centenevision.com/logon">centenevision.com/logon</a>. <b>Prior authorization is not required for medically necessary eyewear; however, we conduct retrospective reviews.</b> Please maintain documentation in the member’s file of the necessity of the eyewear and/or services provided.</p> <p><b>Low Vision Aids and Services</b></p> <p>Low vision aids and services are covered for members under the age of 19 when medically necessary. All services are reviewed post claim payment to ensure that services are provided in accordance with state or Centene Vision policy.</p> <p><b>Post-Cataract Eyewear</b></p> <ul style="list-style-type: none"><li>• 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.</li><li>• Use the eligible diagnosis code.</li><li>• This benefit is allowed once per eye, per lifetime.</li></ul> <p><b>Contact Lenses</b></p> <ul style="list-style-type: none"><li>• May be obtained in lieu of eyeglasses when there is no other way to correct a visual defect.</li><li>• Contact lenses for treatment of keratoconus*, aphakia*, and other conditions, as medically necessary, are covered.</li></ul> |



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|                         | <ul style="list-style-type: none"><li>• Include medical diagnosis when submitting claims.</li></ul> <p>*Eligible ICD codes can be found on the <i>Eligible ICD codes for Centene Vision</i> form.</p>                                                                                                              |
| Prosthetic Eyes         | <ul style="list-style-type: none"><li>• Prosthetic eyes covered in full.</li><li>• Replacements are not covered unless required by a physical change in the member and the item cannot be modified.</li></ul>                                                                                                      |
| Out-of-Network Coverage | <ul style="list-style-type: none"><li>• Certain Indiana Ambetter Health Solutions members can receive services from out-of-network providers. Members in all other states and plans must visit participating network providers. Members should refer to their Schedule of Benefits for coverage details.</li></ul> |

#### NON-COVERED SERVICES

- All medical/surgical services;\*
- Deluxe frame/frame upgrade (above the allowance);
- Visual therapy(see medical coverage);
- Two pair of glasses as a substitute for bifocals; and
- LASIK surgery

\*Services may be covered by medical plan.

#### UTILIZATION MANAGEMENT REQUIREMENTS

##### Documentation

Medical records must support medical necessity as applicable.

- 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.
- Centene Vision conducts retrospective review of medical records to ensure documentation requirements are satisfied.

#### PROVIDER GRIEVANCES AND APPEALS

To file a provider claim appeal, please email [visionappealsandrecons@centene.com](mailto:visionappealsandrecons@centene.com). To file a provider grievance, please email [visiongrievances@centene.com](mailto:visiongrievances@centene.com).



## 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                            |
| Contact Lens Fitting                                          | 92310 – 92317, S0592                            |
| Medically Necessary Contact Lens Fitting                      | 92071, 92072                                    |
| Category II CPT Codes for Diabetic Retinal Exam (DRE) Measure | 2022F – 2033F, or 3072F for prior year findings |

## PROVIDER QUICK REFERENCE GUIDE

### Eye Health Manager (available 24/7)

- Verify member eligibility and benefits.
- File claims and review claim status.
- Use audit tools.
- Download, research, & reprint EOPs.
- Request/submit secure, HIPAA-compliant prior notification.

### To access Eye Health Manager:

1. Go to [centenevision.com/logon](https://centenevision.com/logon).
2. Log in with your username and password.
3. 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 Payor ID# 56190

### Paper Claims Submission

Centene Vision  
PO Box 7548  
Rocky Mount, NC 2780



| State | Product                                             | Centene Vision Provider Customer Service | Provider Appeals and Grievances Turnaround Time         |
|-------|-----------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| AZ    | Ambetter Health and Ambetter Health Solutions/ICHRA | 844-610-0177                             | 180 calendar days from Explanation of Payment/Date Paid |
| IN    | Ambetter Solutions only                             | 877-236-1340                             | 180 calendar days from Explanation of Payment/Date Paid |
| IN    | Ambetter Health only                                | 877-505-3913                             | 180 calendar days from Explanation of Payment/Date Paid |
| OH    | Ambetter Health and Ambetter Health Solutions/ICHRA | 866-864-9153                             | 180 calendar days from Explanation of Payment/Date Paid |

**CLAIMS TIMELY FILING**

180 calendar days from Date of Service.

**MEMBER IDENTIFICATION CARDS**

Please [find Member ID Card examples for your state](#) at Where We Are (centenevision.com/mystate).