

**APPENDIX: PLAN SPECIFICS
COORDINATED CARE**

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:

The Coordinated Care is a Managed Care Organization (MCO) that renders services to Washington Medicaid eligible clients via the Washington Apple Health Program. For specific individual member benefits and eligibility, log on our provider portal Eye Health Manager (visionbenefits.envolvehealth.com/logon.aspx) or contact Customer Service at (888) 282-6025.

PLAN BENEFITS:

BENEFIT	BENEFIT CRITERIA/LIMITATIONS
Professional Routine Exam Services	<p>Washington Apple Health Members 20 and under – 1 eye exam with refraction every calendar year Washington Apple Health Members 21 and over – 1 eye exam with refraction every 2 calendar years Members of the Division of Developmental Disabilities – 1 eye exam with refraction every calendar year</p> <p>Copayments: None</p> <ul style="list-style-type: none"> • Eligible diagnosis for routine vision exams can be found by logging into Eye Health Manager at visionbenefits.envolvehealth.com/logon.aspx, and clicking on <i>Office Manuals</i> and <i>ICD codes for Coordinated Care</i>. • The refraction (procedure code 92015) must be reported separately. • Regardless of final diagnosis, a member who presents for an exam with no complaint must be reported as a routine exam, using the eligible diagnosis codes as the primary diagnosis. • 3072F should be included to indicate no evidence of diabetic retinopathy in the prior year, when applicable. This code is separately reimbursable. • Additional eye examinations and refractions are covered outside the limitation listed above with pre-authorization
Copayments	Please confirm member specific copayments and/or eligibility at visionbenefits.envolvehealth.com/logon.aspx .
Medical Services, Surgical Services, and Injectable Ocular Drugs	<p>Medically necessary eye care services are covered for members of all ages as indicated in their evidence of coverage.</p> <ul style="list-style-type: none"> • Services performed must comply with applicable co-management policies and benefit limitations as defined under the Washington Administrative Code.

	<ul style="list-style-type: none"> • All medical and surgical services are subject to Centers for Medicare and Medicaid Services (CMS) and 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.
Eyewear	<p>Eyewear is not covered by Envolve Vision Members 20 and under are eligible for eyewear. Providers must register and obtain all eyewear through CI Optical (formally Airway Heights). Please refer to WAC 388-544-0150.</p> <p style="text-align: center;">CI Optical 11919 West Sprague Avenue P.O. Box 1959 Airway Heights, WA 99001-1959 Customer Service: 1-888-606-7788 Fax number: 1-888-606-7789</p> <p>If you are not registered with CI Optical, the member must be sent to another provider that is registered with CI Optical.</p>
Prosthetics	<p>Prosthetic eyes are covered when provided by any of the following:</p> <ul style="list-style-type: none"> ○ An ophthalmologist; ○ An ocularist; or ○ An optometrist who specializes in prosthetics
Vision Therapy	<p>Orthoptics and/or Vision therapy are covered in accordance with Envolve Vision’s policy and State guidelines. A copy of the applicable policies and guidelines may be found at visionbenefits.envolvehealth.com/logon.aspx.</p>
Non-Covered Services *Not covered by Envolve Vision. May be covered by DSHS separately.	<ul style="list-style-type: none"> • All eyewear products, i.e. lenses, frames and contacts, including fitting and dispensing services.* • Services for cosmetic purposes only. • Group vision screening for eyeglasses. • 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. • Physician supplied medications, except those drugs administered by the physician in the physician’s office. • 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. • Non-Allowable services as defined in the member’s evidence of coverage • If any of the above services are provided, the Provider must inform the Member prior to providing the service that it is not covered. The Member is then responsible for payment if they choose to proceed with the service.

UTILIZATION MANAGEMENT REQUIREMENTS:

Pre-authorization	<p>Pre-authorization is required for the following services:</p> <ul style="list-style-type: none"> ○ Additional eye examinations and refractions, beyond the member’s benefit limitations. ○ Non-emergent surgeries - CPT codes 15820, 15821, 15822, 15823, 21280, 21282, 67715, 67900-67904, 67906 and 67908, 67909, 67911, 67914, 67915-67917, 67921-67924, 67938, 67950. ○ Unlisted procedure codes. ○ Experimental or investigational procedures. <ul style="list-style-type: none"> ● 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 PO Box 7548 Rocky Mount, NC, 27804</p> <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. ● Detailed instructions for submitting pre-authorization requests can be found on the Envolve Vision website (visionbenefits.envolvehealth.com/logon.aspx). Click on <i>Online Forms</i> and <i>Pre-Authorization Request For Coordinated Care Members</i>.
Documentation	<p>Medical records must support medical necessity as applicable.</p> <ul style="list-style-type: none"> ● Envolve Vision conducts retrospective review of medical records to ensure documentation requirements are satisfied.

CODING INFORMATION:

Description	Code
Ophthalmological Exam	92002, 92004, 92012, 92014
Refraction	92015
Low risk for retinopathy (no evidence of retinopathy in the prior year)	3072F
Orthoptic and/or Pleoptic Training	92065

CLAIMS SUBMISSION

Claims for covered services must be filed within 365 days from the date of service. Providers are encouraged to submit their claims as soon as possible after the dates of service.

<p>Eye Health Manager (available 24/7)</p> <ul style="list-style-type: none"> • Verify member eligibility and benefits • File claims • Review claims status • Use audit tools • Download, research, and reprint EOBs 	<p>To access Eye Health Manager:</p> <ol style="list-style-type: none"> 1. Go to visionbenefits.envolvehealth.com/logon.aspx. 2. Log in with your username and password. 3. Please contact Network Management at (800) 531-2818 if you have misplaced your username/password or if you would like to have access to Eye Health Manager.
<p>Electronic Claims Submission</p>	<p>Change HealthCare Payer ID# 56190</p>
<p>Paper Claims Submission</p>	<p>Envolve Vision PO Box 7548 Rocky Mount, NC 27804</p>
<p style="text-align: center;">Contacting Envolve Vision</p>	
<p>Customer Service: Member Eligibility and Claims Inquiries</p>	<p>(888) 282-6025</p>
<p>Network Management: Provider Participation and Credentialing Inquiries</p>	<p>(800) 531-2818</p>

Member Identification Cards

Front	Back		
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;">   <p>RXBIN: 004336 RXPCN: MCAIDADV RXGRP: RX5435</p> <p>NAME: MEDICAID ID#: MEMBER ID#: DOB:</p> <hr/> <p><small>If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. CoordinatedCareHealth.com</small></p> </div>	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>IMPORTANT TELEPHONE NUMBERS</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p>Members: ALL Member Services: 1-877-644-4613 TDD/TTY: 1-866-862-9380 24/7 Nurse Advice Line: 1-877-644-4613</p> </td> <td style="vertical-align: top;"> <p>Providers: Provider Services & IVR Eligibility Inquiry: 1-877-644-4613 Prior Auth: CoordinatedCareHealth.com or 1-877-644-4613 Pharmacy: 1-800-311-0591</p> </td> </tr> </table> <p>Medical and Behavioral Health Claims: Coordinated Care Attn: Claims PO Box 4030 Farmington, MO 63640-4197</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p>Coordinated Care 1145 Broadway, Suite 300 Tacoma, WA 98402</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p>EDI/EFT/ERA please visit Provider Resources at www.CoordinatedCareHealth.com</p> </div> </div>	<p>Members: ALL Member Services: 1-877-644-4613 TDD/TTY: 1-866-862-9380 24/7 Nurse Advice Line: 1-877-644-4613</p>	<p>Providers: Provider Services & IVR Eligibility Inquiry: 1-877-644-4613 Prior Auth: CoordinatedCareHealth.com or 1-877-644-4613 Pharmacy: 1-800-311-0591</p>
<p>Members: ALL Member Services: 1-877-644-4613 TDD/TTY: 1-866-862-9380 24/7 Nurse Advice Line: 1-877-644-4613</p>	<p>Providers: Provider Services & IVR Eligibility Inquiry: 1-877-644-4613 Prior Auth: CoordinatedCareHealth.com or 1-877-644-4613 Pharmacy: 1-800-311-0591</p>		



RXBIN: 004336
RXPCN: MCAIDADV
RXGRP: RX5435

NOMBRE:
NÚM. DE ID DE MEDICAID:
NÚM. DE ID DE MIEMBRO:
FECHA DE NACIMIENTO:

Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana (ER).
Servicios de Emergencia de un proveedor que no está en la red del plan serán cubiertos
sin autorización previa. CoordinatedCareHealth.com

NÚMEROS DE TELÉFONO IMPORTANTES

Miembros:

Servicios de Miembros: 1-877-644-4613
TDD/TTY: 1-866-862-9380
24/7 Nurse Advice Line (línea directa de enfermera): 1-877-644-4613

Providers:

Provider Services & IVR Eligibility Inquiry:
1-877-644-4613
Prior Auth: CoordinatedCareHealth.com
or 1-877-644-4613
Pharmacy: 1-800-311-0591

**Medical and Behavioral Health
Claims:**

Coordinated Care
Attn: Claims
PO Box 4030
Farmington, MO 63640-4197

Coordinated Care
1145 Broadway, Suite 300
Tacoma, WA 98402

EDI/EFT/ERA please visit
Provider Resources at
www.CoordinatedCareHealth.com