Vision Care

Applies to Iowa:
Blue Medicare Advantage HMO

Wellmark Advantage Health Plan

Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Vision Care

Vision care is designed to cover a member's preventive and routine visual needs, such as glaucoma testing for those at high risk, routine eye exams for both preventive and diagnostic purposes, and eyewear for corrective purposes.

Original Medicare

Original Medicare covers glaucoma tests once every 12 months for people who are at high risk. The beneficiary is at high risk if they have diabetes, a family history of glaucoma, are African American and 50 years of age or older or are Hispanic and age 65 or older. An eye doctor who is legally authorized by the state must perform the test.

Original Medicare also covers one pair of eyeglasses with standard frames (or one set of contact lenses) after cataract surgery that implants an intraocular lens.

Original Medicare does not cover routine eye exams.

Wellmark Advantage Health Plan HMO Enhanced Benefit

Wellmark Advantage Health Plan (WAHP) Blue Medicare Advantage HMO is a Medicare Advantage Plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows WAHP to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for routine vision exams and supplemental eyewear is provided to members under WAHP Blue Medicare Advantage HMO plan. Since Original Medicare does not cover routine vision care and supplemental eyewear, the scope of the benefit, reimbursement methodology, maximum allowed payment amounts, and member cost sharing are determined by the WAHP.

Eye Exams

A routine eye exam is a complete assessment by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing, and other tests necessary to determine overall visual health. Enhanced routine eye exam for Medicare age related eye exams is covered once per any period of 12 consecutive months with no member cost share. Cost share may apply for Medicare covered service by a Specialty Care Provider. WAHP Blue Medicare Advantage HMO has contracted with VSP, a leading provider of vision services, to administer and support these benefits.

Eyewear

Eyewear must be prescribed and dispensed by an ophthalmologist or optometrist based on the findings of the most recent eye examination.

- One eyeglass frame and lenses in any period of 12 consecutive months
- Elective* contact lenses in lieu of lenses and frame, or medically necessary contact lenses, renewed in any period of 12 consecutive months
- Medically necessary** contact lenses in lieu of lenses and frame, or elective contact lenses, renewed in any period of 12 consecutive months

*Elective — prescribed by an ophthalmologist or optometrist, but does not meet the criteria of 'medically necessary'

** Medically necessary – must meet the criteria of 'medically necessary

Conditions for Payment

The table below specifies conditions for routine vision exam and supplemental eyewear.

Conditions for Payment	
Eligible provider	M.D., D.O – VSP Choice Provider
Payable location	Outpatient
Service Description	CPT/HCPCS codes
Exam Services	92002,92004,92012,92014,92015,S0620,S0621
Frame	V2020,V2025
Contact Lens Services	92310,92311,92312,92313,92326,92072
Contact Lens	V2500,V2501,V2502,V2503,V2510,V2511,V2512, V2513,V2520,V2521,V2522,V2523,V2530,V2531, V2599
Single Vision Lens	V2100,V2101,V2102,V2103,V2104,V2105,V2106, V2107,V2108,V2109,V2110,V2111,V2112,V2113, V2114,V2115,V2118,V2121,V2199
Bifocal Lens	V2200,V2201,V2202,V2203,V2204,V2205,V2206, V2207,V2208,V2209,V2210,V2211,V2212,V2213, V2214,V2215,V2218,V2219,V2220,V2221,V2299
Trifocal Lens	V2300,V2301,V2302,V2303,V2304,V2305,V2306, V2307,V2308,V2309,V2310,V2311,V2312,V2313, V2314,V2315,V2318,V2319,V2320,V2321,V2399

Member Reimbursement

The provider will be paid based on the WAHP Enhanced Benefit Fee Schedule. Providers will be paid the lesser of allowed amount or the provider's charge, minus the member's cost share if applicable. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed and charge amounts.

In-network benefits are provided by VSP plan providers. Providers should contact VSP directly for billing instructions.

Members can find a VSP provider by calling 1-855-492-9028. TTY: users call 1-800-428-4833 or by visiting the website www.vsp.com.

Member Cost Sharing

Cost sharing apply to Blue Medicare Advantage HMO. Providers should collect the applicable cost sharing from the provider at the time of the service when possible. Cost sharing refers to a flat-dollar deductible, copayment, or a percentage coinsurance.

Providers can only collect the appropriate WAHP Blue Medicare Advantage HMO cost sharing amount from the member. Reference the plans Evidence of Coverage (EOC) or Summary of Benefits (SOB) for specific cost share amounts.

To verify member eligibility, benefits, and cost share, go to the Wellmark Advantage Health Plan secure website at www.WellmarkAdvantageHealthPlan.com or call Provider Inquiry 1-855-716-2556 (TTY:711).

Billing Instructions for Providers

- Bill services on the CMS-1500 (02/12) , or the 837 equivalent claim form.
- Use the Wellmark Advantage Health Plan unique billing requirements.
- Report CPT/HCPCS/Revenue codes and diagnosis codes to the highest level of specificity.
- Report your National Provider Identifier and Taxonomy number on all claims.
- Use electronic billing.
- Submit claims to:

  Wellmark Advantage Health Plan
  Station 1E238
  PO Box 9291
  Des Moines, IA 50306

Providers should contact VSP directly for billing instructions. The VSP website is https://www.vsp.com*.

Revision History

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