



FROM  arkansas health & wellness.



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:

Allwell from Arkansas Health and Wellness provides covered health benefits for individuals eligible for Medicare. For specific individual Member benefits and eligibility, log into our provider portal Eye Health Manager (www.envolvevision.com/logon) or call Customer Service at (844) 856-1248.

PLAN BENEFITS:

BENEFIT	BENEFIT CRITERIA/LIMITATIONS
Preventative Eye Exams with Refraction	One complete eye exam every calendar year <ul style="list-style-type: none"> • Eligible diagnosis for preventative vision 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. • Regardless of final diagnosis, a member who presents for an exam with no complaint must be reported as a preventative 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.
Co-Payments and Coinsurance	May vary; confirm member specific coinsurance through eligibility by logging into Eye Health Manager at www.envolvevision.com/logon .
Medical Services, Surgical Services and Ocular Injectables	Medically necessary eye care services are covered for members of all ages as indicated by their evidence of coverage. <ul style="list-style-type: none"> • No pre-authorization is required for the majority of services; however it is required for some. Please see the pre-authorization section below for more information. • All claims for medically necessary eye care services and ocular injectable drugs services should be directed to Envolve Vision. • Providers should comply with the Allwell from Arkansas Health and Wellness drug formulary or preferred drug list when prescribing medications for a Member. This information can be found at https://allwell.arhealthwellness.com/prescription-drugs-formulary/formulary.html.
Eyewear	Members are eligible for a retail eyewear allowance every calendar year.

	<ul style="list-style-type: none"> • May be used towards the purchase of glasses (including lens add-ons or upgrades) and/or the purchase of contact lenses (including disposables and fitting fee). • Members are responsible for any amount over the allowance. • The Provider must obtain and retain a signed and dated Non-Covered Services Liability Form in the Member's file, indicating their agreement to pay for amounts exceeding the allowance. This form is available on our website (www.envolvevision.com/logon). Click on <i>Providers, Online Forms and Non-Covered Services Liability Acknowledgement</i>.
Medically Necessary Eyewear	<p>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 and aphakia (refer to applicable ICD codes on the ICD codes for Envolve Vision form) are covered and does not require pre-authorization. • Medically necessary contact lenses may be covered in other cases and will not require pre-authorization. <p>Post-cataract Eyewear</p> <ul style="list-style-type: none"> • Members who have undergone cataract surgery are entitled to one additional pair of standard frames and lenses, or conventional contact lenses, when medically necessary, after the surgery. • Benefit only applies once per eye, per lifetime. • No pre-authorization required. • Eligible diagnosis for post cataract eyewear is located on the ICD codes for Envolve Vision form.
Non-Covered Services *For coverage of these items, please contact Arkansas Health and Wellness at 1-855-565-9518	<ul style="list-style-type: none"> • Non-prescription sunglasses • Plano (non-prescription) lenses • Repair services • Out of network services • Any service not listed as a covered benefit within these Plan Specifics

UTILIZATION MANAGEMENT REQUIREMENTS:

<p>Pre-Authorization</p>	<p>Pre-authorization is required for the following services:</p> <ul style="list-style-type: none"> o Non-emergent surgeries - CPT codes 15822, 15823, 67900, 67904 and 67908 o J2778 (Lucentis), J0178 (Eylea), J2503 (Macugen) and J3396 (Visudyne) <p>Avastin does not require pre-authorization.</p> <ul style="list-style-type: none"> • Requests for pre-authorizations for blepharoplasty procedures must include original photographs. • 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. • All pre-authorization requests for Allwell from Arkansas Health and Wellness should be submitted to the Central Medicare Unit (CMU). • Detailed instructions for submitting pre-authorization requests can be found on the Arkansas Health and Wellness website at https://allwell.arhealthwellness.com/.
<p>Documentation</p>	<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. • Envision Vision conducts retrospective review of medical records to ensure documentation requirements are satisfied.

UTILIZATION MANAGEMENT REQUIREMENTS:

DESCRIPTION	CODE
Ophthalmological Exam	92002, 92004, 92012, 92014
Frames	V2020, V2025
Single Vision Lenses	V2100 – V2199
Bifocal Lenses	V2200 – V2299
Trifocal Lenses	V2300 – V2399
Contact Lenses	V2500 – V2599, S0500
Fitting of Contact Lenses	92071, 92072, 92310 – 92317
Lens Add-ons	V2700 – V2784, V2797 – V2799

CLAIMS SUBMISSION:

All claims must be submitted within 365 days of the date of service. No reimbursement will be made for claims received beyond this date. Claims received after the 365-day filing period will be considered a Provider liability and Members may not be billed for services.

<p>Eye Health Manager (available 24/7)</p> <ul style="list-style-type: none"> · Verify member benefits and eligibility · File claims · Review claims status · Use audit tools · Download, research, and reprint EOB's 	<p>To access Eye Health Manager:</p> <ol style="list-style-type: none"> 1. Go to www.envolvevision.com/logon 2. Log in with your user name 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.
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<p>Electronic Claims Submission</p>	<p>Change HealthCare Payer ID# 56190</p>
<p>Paper Claims Submission</p>	<p>Envolve Vision, Inc. PO Box 7548 Rocky Mount, NC 27804</p>

Contacting Envolve Vision

<p>Customer Service: Member Eligibility and Claims Inquiries</p>	<p>(844) 856-1248</p>
<p>Network Management: Provider Participation Inquiries</p>	<p>(800) 531-2818</p>

Member Identification Cards

Front



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Health & Wellness

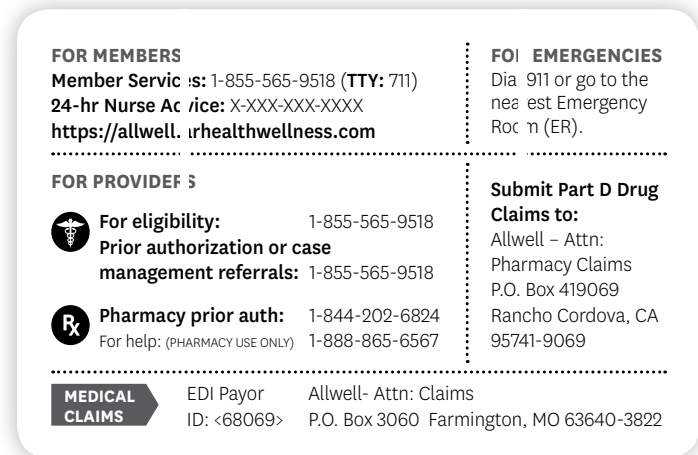
Allwell Medicare HMO
CMS#: XXXXX-XXX
Effective: <mm/dd/yyyy>

MEMBER INFORMATION
Name: <First Last>
Member ID#: <XXXXXXXXXX-XX>
Issuer ID: <(80840)> <9151014609>

PHARMACY INFORMATION
Medicare^{Rx}
Prescription Drug Coverage

Rx Claims Processor:
<CVS Caremark®>
RXBIN: <004336>
RXPCN: <MEDDADV>
RXGRP: <RX8909>

Back



FOR MEMBERS
Member Services: 1-855-565-9518 (TTY: 711)
24-hr Nurse Advice: X-XXX-XXX-XXXX
<https://allwell.arhealthwellness.com>

FOR PROVIDERS
For eligibility: 1-855-565-9518
Prior authorization or case management referrals: 1-855-565-9518
Pharmacy prior auth: 1-844-202-6824
For help: (PHARMACY USE ONLY) 1-888-865-6567

FOI EMERGENCIES
Dial 911 or go to the nearest Emergency Room (ER).

Submit Part D Drug Claims to:
Allwell - Attn: Pharmacy Claims
P.O. Box 419069
Rancho Cordova, CA 95741-9069

MEDICAL CLAIMS EDI Payor ID: <68069> Allwell- Attn: Claims P.O. Box 3060 Farmington, MO 63640-3822