

**APPENDIX: PLAN SPECIFICS
MAGNOLIA HEALTH PLAN
MississippiCAN Program**

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 MississippiCAN (Mississippi Coordinated Access Network) Program is a coordinated care program to assist Mississippi Medicaid members covered under the Supplemental Security Income (SSI), Foster Care Program, Temporary Assistance for Needy Families (TANF), and Medicaid members with breast or cervical cancer. For specific individual member benefits and eligibility, log into our provider portal Eye Health Manager (visionbenefits.envolvehealth.com/logon.aspx) or call Customer Service at (888) 241-0663.

PLAN BENEFITS:

BENEFIT	BENEFIT CRITERIA/LIMITATIONS
Preventative Eye Exams with Refraction	<p>Members under 21: 2 complete eye exams every calendar year. The second refraction should be based on medical necessity. Members 21 & over: 1 complete eye exam every calendar year.</p> <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</i> form. • Regardless of final diagnosis, a member who presents for an exam with no complaint must be reported as a preventative exam, using the eligible codes as the primary diagnosis. Other medical conditions that are diagnosed should also be recorded. Conditions requiring additional medical attention and/or follow up should be accomplished at a separate visit. • 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 Ocular Injectable Drugs	<p>Medically necessary eye care services are covered for members of all ages as indicated in the evidence of coverage.</p> <ul style="list-style-type: none"> • No pre-authorization is required for the majority of services performed by participating providers in participating facilities • All medical and surgical services are subject to Envolve Vision Utilization Management policies and procedures. Policies and procedures can be found by logging into Eye Health Manager at visionbenefits.envolvehealth.com/logon.aspx.

	<ul style="list-style-type: none"> All claims for medically necessary eye care services, ocular injectable drugs, and facility services should be directed to Envolve Vision. Providers should comply with Magnolia Health Plan's drug formulary or preferred drug list when prescribing medications for a members. This information can be found at http://www.magnoliahealthplan.com/for-members/pharmacy/.
Co-Payments	None
Eyewear	<p>Members under 21: 2 pair of eyeglasses every calendar year. Members 21 & over: 1 pair of eyeglasses every calendar year.</p> <ul style="list-style-type: none"> Eligible diagnosis for routine eyeglasses can be found on the <i>ICD codes for Envolve Vision form</i>. <p>Dispensing Requirements (male/female, adult/child) Providers must have a selection of at least 30 standard-size frames available at no cost to the member. Frames must meet the following requirements:</p> <ul style="list-style-type: none"> Only standard frames are covered. Deluxe frames are not covered. Providers may not dispense a more expensive frame than is covered under the Medicaid Program and bill the member for the difference. Eyeglass frames should be durable and constructed to be normally resistant to damage or breakage to minimize the need for replacement. <p>Lenses must meet the following requirements:</p> <ul style="list-style-type: none"> Plastic or glass lenses are covered for members age 21 and over. Polycarbonate, plastic, or glass lenses are covered for members under age 21. All lenses must meet FDA impact resistant regulations. <p>A member may purchase non-covered lens features such as scratch resistant or anti-reflective coating. If a member chooses to purchase non-covered services, the member must be properly advised in advance and documentation must be maintained in the member's medical records of such election. Additionally a provider may collect these charges directly from the member.</p>
Medically Indicated Eyewear	<p>Pre-authorization is not required for medically necessary eyewear, however is subject to retrospective review. Please maintain documentation in the member's file of the necessity of the eyewear and/or services provided.</p> <p>Medically Indicated Contact Lenses Medically indicated contact lenses are covered when:</p> <ul style="list-style-type: none"> Conventional glasses will not result in acceptable vision correction Contact lenses are medically indicated to treat disease or injury to the eye

	<ul style="list-style-type: none"> Contact lenses for illness or injury must be billed in accordance with the State of Mississippi Division of Medicaid (DOM) Provider Policy Manual. <p>Low Vision Aids Covered when medically indicated for members under age 21. Pre-authorization is not required. All services will be reviewed post claim payment to ensure that services were provided in accordance with state or Envolve Vision policy.</p> <p>Lens Coating Tinted, photochromatic, or UV protected lenses will be covered when medically indicated for the following medical diagnoses as defined in the Mississippi DOM Provider Policy Manual: other disturbances of aromatic amino-acid metabolism, degeneration of macula and posterior pole, pigmentary retinal dystrophy, cataracts, keratitis, corneal opacity and other disorders of cornea, disorders of conjunctiva, aphakia, congenital aphakia, aniridia, and pseudophakos.</p> <p>High-index Covered when medically indicated for members under age 21.</p> <p>Post-cataract Eyewear Members who have undergone cataract surgery are entitled to one additional pair of eyeglasses when medically indicated and prescribed by an optometrist or ophthalmologist within six months of the cataract surgery.</p> <ul style="list-style-type: none"> This benefit is allowed once per lifetime, per eye This benefit is in addition to the eyewear benefits described in the Eyewear section above. Eyewear must meet the same requirements as those listed under the Eyewear section. Post cataract eyewear must be billed with the applicable diagnosis code.* <p>*Eligible ICD codes can be found on the <i>ICD codes for Envolve Vision</i> form.</p>
Frequency Exceptions	<p>Members under age 21 may receive additional refraction exams per calendar year based on medical necessity.</p> <ul style="list-style-type: none"> No prior approval is required Provider should retain documentation for the additional exams in the member's medical record. There are no frequency exceptions for members age 21 and over.
Eyeglasses Replacement	<p>Members under age 21 may obtain replacements of frames and lenses due to loss or theft.</p> <ul style="list-style-type: none"> Only the part that is lost may be replaced. For example, if a lens falls out and is lost, only the lens may be replaced. Providers should bill replaced components utilizing the appropriate RA or RB modifiers.

	<ul style="list-style-type: none"> Members age 21 and over are not eligible for replacement eyeglasses due to loss or destruction.
Eyeglasses Repair	<p>Repair of damaged lenses and/or frame is covered for members under age 21.</p> <ul style="list-style-type: none"> The provider must maintain a description of the damage in the medical record and must repair only the part that is damaged. If the cost of repair supplies exceeds the Medicaid allowable amount for a new frame and lenses, the provider must dispense new eyeglasses. Members age 21 and over are not eligible for repair services.
Prosthetics	<p>Prosthetic eyes are a covered service for members under 21.</p> <ul style="list-style-type: none"> Pre-authorization is not required, however, providers are instructed to attach the invoice when submitting a claim for prosthetics.
Non-Covered Services	<ul style="list-style-type: none"> Eyeglasses used solely for protective, fashion, cosmetic, sports, occupational, or vocational purposes Replacements for members age 21 and over Spare pair of glasses or single vision glasses in addition to multifocal glasses Deluxe frames No-line/invisible bifocals Hi-index or polycarbonate lenses for members age 21 and older Lens coating except as noted above for medical necessity Sunglasses, eyeglass cases, engraving, eyeglass or contact lens insurance Contact lenses except as noted above for medical necessity Contact lens supplies or solutions Dispensing fees Low vision evaluations, services, and hardware for members 21 and older Vision therapy (orthoptics and pleoptics) Prosthetics for members 21 and over Cosmetic, experimental, or investigative services LASIK and other elective refractive procedures

UTILIZATION MANAGEMENT REQUIREMENTS:

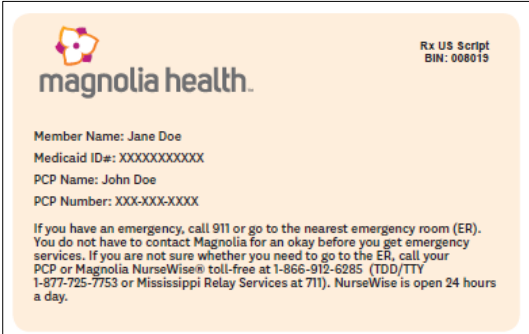
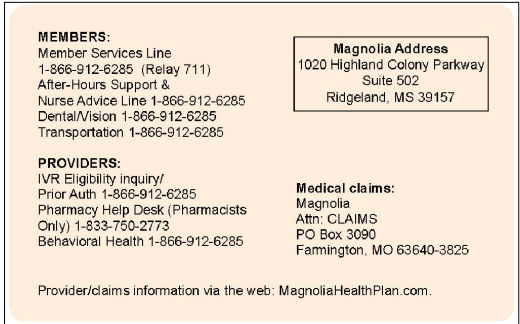
Pre-Authorization	<p>The following requires pre-authorization:</p> <ul style="list-style-type: none"> ○ J2778 (Lucentis), J0178 (Eylea), J2503 (Macugen) and J3396 (Visudyne) Avastin does not require pre-authorization. ● Requests for pre-authorizations for the ocular injectables listed above must be sent using the Pre-Authorization for Anti-VEGF Injectables located on our website at https://visionbenefits.envolvehealth.com/forms.aspx. ● All procedures must be performed at a participating facility. ● Detailed instructions for submitting pre-authorization requests can be found on our website (visionbenefits.envolvehealth.com/logon.aspx). Click on <i>Online Forms</i>, and <i>Pre-Authorization Request for Magnolia Health Members</i>.
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. ● Prescriptions for lens coating must include diagnosis code and/or narrative as defined by the State. ● Envolve Vision conducts retrospective review of medical records to ensure that documentation requirements are satisfied.

CODING INFORMATION:

Description	Code
Routine Ophthalmological Examination	92002, 92004, 92012, 92014
Refraction	92015
Frames	V2020
Fitting of spectacles	92340 – 92342
Repair and refitting spectacles	92370
Low risk for retinopathy (no evidence of retinopathy in the prior year)	3072F
Replacement of a DME item	RA Modifier
Replacement of a part of DME furnished as a part of a repair	RB Modifier

CLAIMS SUBMISSION

All claims should be submitted within 180 days from the date of service. No reimbursement will be made for claims received beyond this date. Claims received after the 180-day filing deadline will be considered a provider liability and members may not be billed for

<p>services. All corrected claims, requests for reconsideration or claim disputes must be received within 90 calendar days from the date of notification of payment or denial.</p>	
<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 EOB's • Request secure HIPAA compliant pre-authorization requests 	<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 user name 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 the Eye Health Manager.
<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>
<p>Contacting Envolve Vision</p>	
<p>Customer Service: Member Eligibility and Claims Inquiries</p>	<p>(888) 241-0663</p>
<p>Network Management: Provider Participation and Credentialing Inquiries</p>	<p>(800) 531-2818</p>
<p>Member Identification Card</p>	
<p>FRONT</p>	<p>BACK</p>
 <p>The front of the card features the Magnolia Health logo, member information (Jane Doe), Medicaid ID, PCP information (John Doe), and emergency instructions. It also includes an Rx US Script BIN number.</p>	 <p>The back of the card lists contact information for members and providers. It includes phone numbers for various services like Member Services, Nurse Advice, and Behavioral Health. It also provides the Magnolia Address and medical claims contact information.</p>