

| DESCRIPTION | HCPCS/CPT | PROCEDURE | PeachCare for Kids | Medicaid | Adult Medicaid | AUTH REQUIRED | BENEFIT LIMITATIONS | ATTACHMENTS REQUIRED | 2009 FEE |
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| Annual eye health examinations should be reported as follows | | | | | | | | | |
| Annual eye health examination | 92002 | Routine ophthalmological examination including refraction; new patient | 0 - 19 | 0 - 20 | 21+ | No | One every 365 days | No | \$40.00 |
| Annual eye health examination | 92004 | Routine ophthalmological examination including refraction; new patient | 0 - 19 | 0 - 20 | 21+ | No | One every 365 days | No | \$40.00 |
| Annual eye health examination | 92012 | Routine ophthalmological examination including refraction; established patient | 0 - 19 | 0 - 20 | 21+ | No | One every 365 days | No | \$40.00 |
| Annual eye health examination | 92014 | Routine ophthalmological examination including refraction; established patient | 0 - 19 | 0 - 20 | 21+ | No | One every 365 days | No | \$40.00 |
| The following services evaluation and management services comprise the medical evaluation and management covered benefit under the Georgia Medicaid/Avesis vision program | | | | | | | | | |
| Medical Encounters Evaluation & Management | 99201 | 1) Focused history 2) Focused examination 3) Straightforward medical decision making | 0 - 19 | 0 - 20 | 21+ | Confirm eligibility | Must be medically necessary and appropriate | No | \$35.15 |
| Medical Encounters Evaluation & Management | 99202 | 1) Expanded problem focused history 2) Expanded problem focused examination 3) Straightforward medical decision making | 0 - 19 | 0 - 20 | 21+ | Confirm eligibility | Must be medically necessary and appropriate | No | \$54.57 |
| Medical Encounters Evaluation & Management | 99203 | 1) Detailed history 2) Detailed examination 3) Medical decision making of low complexity | 0 - 19 | 0 - 20 | 21+ | Confirm eligibility | Must be medically necessary and appropriate | No | \$76.53 |
| Medical Encounters Evaluation & Management | 99204 | 1) Comprehensive history 2) Comprehensive examination 3) Medical decision making of moderate complexity | 0 - 19 | 0 - 20 | 21+ | Yes | Must be medically necessary and appropriate | No | \$110.51 |
| Medical Encounters Evaluation & Management | 99205 | 1) Comprehensive history 2) Comprehensive examination 3) Medical decision making of high complexity | 0 - 19 | 0 - 20 | 21+ | Yes | Must be medically necessary and appropriate | No | \$137.12 |
| Medical Encounters Evaluation & Management | 99211 | 1) Problem focused history 2) Problem focused examination 3) Straightforward medical decision making | 0 - 19 | 0 - 20 | 21+ | Confirm eligibility | Must be medically necessary and appropriate | No | \$17.46 |
| Medical Encounters Evaluation & Management | 99212 | 1) Expanded problem focused history 2) Expanded problem focused examination 3) Straightforward medical decision making | 0 - 19 | 0 - 20 | 21+ | Confirm eligibility | Must be medically necessary and appropriate | No | \$29.67 |
| Medical Encounters Evaluation & Management | 99213 | 1) Detailed history 2) Detailed examination 3) Medical decision making of low complexity | 0 - 19 | 0 - 20 | 21+ | Confirm eligibility | Must be medically necessary and appropriate | No | \$40.70 |
| Medical Encounters Evaluation & Management | 99214 | 1) Comprehensive history 2) Comprehensive examination 3) Medical decision making of moderate complexity | 0 - 19 | 0 - 20 | 21+ | Yes | Must be medically necessary and appropriate | No | \$62.71 |
| Medical Encounters Evaluation & Management | 99215 | 1) Comprehensive history 2) Comprehensive examination 3) Medical decision making of high complexity | 0 - 19 | 0 - 20 | 21+ | Yes | Must be medically necessary and appropriate | No | \$93.46 |
| The following diagnostic testing services comprise the covered diagnostic testing benefits under the Georgia Medicaid/Avesis vision program | | | | | | | | | |
| Special Ophthalmological Services | 92065 | Orthoptic and/or pleoptic training, with continuing medical direction and evaluation | 0 - 19 | 0 - 20 | Not a covered benefit | Yes | Must be medically necessary and appropriate | 1) Prior Approval Form 2) Charting Notes | \$30.71 |
| Ophthalmoscopy/Fluorescein Angiography | 92250 | Fundus photography with interpretation and report | 0 - 19 | 0 - 20 | 21+ | Yes | One time per year | Clinical Chart Notes | \$52.76 |
| Special Ophthalmological Services | 92081 | Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent) | 0 - 19 | 0 - 20 | 21+ | Yes | One time per year, with prior authorization | Clinical Chart Notes | \$41.30 |
| Special Ophthalmological Services | 92082 | Intermediate examination (e.g., at least 2 isopters on Goldman perimeter, or semi quantitative, automated suprathereshold screening program, Humphrey suprathereshold automatic diagnostic test, Octopus program 3) | 0 - 19 | 0 - 20 | 21+ | Yes | One time per year, with prior authorization | Clinical Chart Notes | \$47.00 |
| Special Ophthalmological Services | 92083 | Extended examination (e.g., Goldman visual fields with at least 3 isopters plotted and static determination within the 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2) | 0 - 19 | 0 - 20 | 21+ | Yes | One time per year, with prior authorization | Clinical Chart Notes | \$50.76 |

Avesis Georgia
Medicaid/ Maximum Allowable Schedule

| DESCRIPTION | HCPCS/CPT | PROCEDURE | PeachCare for Kids | Medicaid | Adult Medicaid | AUTH REQUIRED | BENEFIT LIMITATIONS | ATTACHMENTS REQUIRED | 2009 FEE | |
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| The following contact lens services comprise the covered contact lens benefits under the Avesis/Georgia Medicaid vision program | | | | | | | | | | |
| Special Ophthalmological Services | 92070 | Fitting of contact lens for treatment of disease, including supply of lens | 0 - 19 | 0 - 20 | 21+ | Yes | 1) Up to one time per 365 days 2) Medically necessary | No | \$59.59 | |
| Contact Lens | V2500 | PMMA, spherical, per lens | 0 - 19 | 0 - 20 | 21+ | Yes | 1) Up to one pair per year be medically necessary and appropriate | 2)Must Clinical Chart Notes | \$126.94 | |
| Contact Lens | V2513 | Gas Permeable, extended wear, per lens | 0 - 19 | 0 - 20 | 21+ | Yes | 1) Up to one pair per year be medically necessary and appropriate | 2)Must Clinical Chart Notes | \$177.71 | |
| Contact Lens | V2520 | Hydrophilic, Spherical, per lens | 0 - 19 | 0 - 20 | 21+ | Yes | 1) Up to one pair per year be medically necessary and appropriate | 2)Must Clinical Chart Notes | \$177.71 | |
| The following comprises the covered benefits under Option 1 of the Avesis/Georgia Medicaid vision program | | | | | | | | | | |
| Provider Frame Kit | V2020 | Provider supplied frames | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days 2) All adult RX's require prior authorization Minimum RX for adults is +/-1.00 | 3) | No | \$20.00 |
| Provider Supplied Lens | V2100-V2198 | Provider supplied lens | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days lens material requested is other than CR-39 for all children who do not meet the state mandated requirement for polycarbonate lenses prior authorization is required 2) All adult RX's require prior authorization adults is +/-1.00 adults will be CR-39 | 2)If | No | \$20.00 |
| Frame Buy-up | V2025 | Frames outside of Medicaid Provider frame kit | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days All adult RX's require prior authorization Minimum RX for adults is +/-1.00 sign non - covered services disclosure form | 3) 4)M | No | Retail less \$20 |
| Lens Buy-up | V2199 V2299 V2399 | Provider lens outside of Medicaid allowable | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days lens material requested is other than CR-39 for all children who do not meet the state mandated requirement for polycarbonate lenses prior authorization is required 2) All adult RX's require prior authorization adults is +/-1.00 adults will be CR-39 adults will be CR-39 services disclosure form | 2)If | No | Retail less \$20 |
| The following comprises the covered benefits under Option 2 of the Avesis/Georgia Medicaid vision program | | | | | | | | | | |
| GCI Frame Kit | V2020 | GCI supplied frames | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days 2) All adult RX's require prior authorization Minimum RX for adults is +/-1.00 | 3) | No | \$0.00 |
| GCI Supplied Lens | V2100-V2198 | GCI supplied lens | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days lens material requested is other than CR-39 for all children who do not meet the state mandated requirement for polycarbonate lenses prior authorization is required 2) All adult RX's require prior authorization adults is +/-1.00 adults will be CR-39 | 2)If | No | \$0.00 |
| Frame Buy-up | V2025 | Frames outside of Medicaid GCI frame kit | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days All adult RX's require prior authorization Minimum RX for adults is +/-1.00 sign non - covered services disclosure form | 3) 4)M | No | Retail less \$20 |
| Lens Buy-up | V2199 V2299 V2399 | Lens outside of Medicaid GCI allowable | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days lens material requested is other than CR-39 for all children who do not meet the state mandated requirement for polycarbonate lenses prior authorization is required 2) All adult RX's require prior authorization adults is +/-1.00 adults will be CR-39 services disclosure form | 2)If | No | Retail less \$20 |
| Providers selecting Option 2 should report the dispensing fee as follows | | | | | | | | | | |
| Fitting spectacles | 92340 | Except for aphakia; monofocal | 0 - 19 | 0 - 20 | 21+ | No | 1) One every 365 days 2) All adult RX's require prior authorization Minimum RX for adults is +/-1.00 | 3) | No | \$15.00 |
| Fitting spectacles | 92341 | Bifocal | 0 - 19 | 0 - 20 | 21+ | No | 1) One every 365 days 2) All adult RX's require prior authorization Minimum RX for adults is +/-1.00 | 3) | No | \$15.00 |
| Fitting spectacles | 92342 | Multifocal, other than bifocal | 0 - 19 | 0 - 20 | 21+ | No | 1) One every 365 days 2) All adult RX's require prior authorization Minimum RX for adults is +/-1.00 | 3) | No | \$15.00 |
| The following comprises the covered benefits under Option 3 of the Avesis/Georgia Medicaid vision program | | | | | | | | | | |
| Essilor Frame Kit | V2020 | Essilor supplied frames | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days 2) All adult RX's require prior authorization Minimum RX for adults is +/-1.00 | 3) | No | Up to \$10 wholesale |
| Essilor Supplied Lens | V2100-V2198 | Essilor supplied lens | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days lens material requested is other than CR-39 for all children who do not meet the state mandated requirement for polycarbonate lenses prior authorization is required 2) All adult RX's require prior authorization adults is +/-1.00 adults will be CR-39 | 2)If | No | 1. CR-39 SV \$14 2. CR-39 Bif \$16 3. CR-39 Tri \$16 4. Polycarbonate SV \$18 5. Polycarbonate Bif \$22 6. Polycarbonate Tri \$25 |
| Frame Buy-up | V2025 | Frames outside of Medicaid Essilor frame kit | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days All adult RX's require prior authorization Minimum RX for adults is +/-1.00 sign non - covered services disclosure form | 3) 4)M | No | Retail less \$20 |
| Lens Buy-up | V2199 V2299 V2399 | Lens outside of Medicaid Essilor allowable | 0 - 19 | 0 - 20 | 21+ | See Benefit Limitations | 1) One every 365 days lens material requested is other than CR-39 for all children who do not meet the state mandated requirement for polycarbonate lenses prior authorization is required 2) All adult RX's require prior authorization adults is +/-1.00 adults will be CR-39 services disclosure form | 2)If | No | Retail less \$20 |
| Providers selecting Option 3 should report the dispensing fee as follows | | | | | | | | | | |
| Fitting spectacles | 92340 | Except for aphakia; monofocal | 0 - 19 | 0 - 20 | 21+ | No | 1) One every 365 days 2) All adult RX's require prior authorization Minimum RX for adults is +/-1.00 | 3) | No | \$15.00 |
| Fitting spectacles | 92341 | Bifocal | 0 - 19 | 0 - 20 | 21+ | No | 1) One every 365 days 2) All adult RX's require prior authorization Minimum RX for adults is +/-1.00 | 3) | No | \$15.00 |
| Fitting spectacles | 92342 | Multifocal, other than bifocal | 0 - 19 | 0 - 20 | 21+ | No | 1) One every 365 days 2) All adult RX's require prior authorization Minimum RX for adults is +/-1.00 | 3) | No | \$15.00 |