This document contains information specific to the State of New Mexico. Please refer to the Provider Reference Guide for general information regarding plan administration.

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1.1 Covered Benefits - Molina Healthcare of New Mexico – Complete Care (Medicare) Plan 007

Benefit	Benefit Limitations/Criteria
Exam	▪ 1 service date every calendar year.
Eyewear	▪ $250 allowance every 2 calendar years. ▪ Allowance may be used toward frames, lenses, lens extras and/or contact lenses. ▪ In-house frame and lenses **MUST** be used.
Eyewear After Cataract Surgery	▪ One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses following cataract surgery with an intraocular lens. Allowance does not apply. ▪ 20% coinsurance applies to select members. Please refer to the Patient Benefit Summary in eyeSynergy® or contact Customer Service at (844) 706-2724 to determine if the member has a coinsurance.. ▪ **To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.**

Glaucoma Screening	▪ 1 service date every calendar year when member is considered “at-risk” according to the following Medicare definitions of “at-risk”:
	  ▪ Individuals with a family history of glaucoma.
	  ▪ Individuals with diabetes mellitus.
	  ▪ African-Americans age 50 and older.
	  ▪ Hispanic-Americans age 65 and older.

Non-Covered Services	▪ Medical or surgical eye care

1.2 Covered Benefits - UnitedHealthcare Dual Complete® PPO D-SNP (Medicare) H2228

Benefit	Benefit Limitations/Criteria
Exam	▪ 1 service date every calendar year.
Necessary Medical Services	▪ 20% co-insurance*. Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Eyewear	▪ $200 allowance every 2 calendar years. ▪ Allowance may be used toward frames, lenses, lens extras and/or contact lenses. ▪ In-house frame and lenses **MUST** be used.
Eyewear After Cataract Surgery	▪ One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses after cataract surgery. Allowance does not apply. ▪ **To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.**
Glaucoma Screening	▪ 20% co-insurance*. 1 service date every calendar year when member is considered "at-risk" according to the following Medicare definitions of "at-risk": ▪ Individuals with a family history of glaucoma ▪ Individuals with diabetes mellitus ▪ African-Americans ages 50 and older ▪ Hispanic-Americans ages 65 and older
Non-Covered Services	▪ Surgical eye care.

*UnitedHealthcare Dual Complete® PPO D-SNP plan members may be eligible for Medicaid benefits not covered by the UnitedHealthcare Dual Complete® PPO D-SNP plan including payment of the member's co-insurance. The co-insurance applicable to select services under the UnitedHealthcare Dual Complete® PPO D-SNP plan must be billed to the member's Medicaid plan. Any payment on behalf of the member's Medicaid plan is to be considered payment in full. The co-insurance is 20% of the Medicare contracted rate for participating providers and will be deducted from the claim prior to MARCH payment.

1.3 Covered Benefits - UnitedHealthcare Dual Complete® LP HMO-POS D-SNP (Medicare) H5008-009

Benefit	Benefit Limitations/Criteria
Exam	▪ 1 service date every calendar year.
Necessary Medical Services	▪ Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Eyewear	▪ $200 allowance every 2 calendar years. ▪ Allowance may be used toward frames, lenses, lens extras and/or contact lenses. ▪ In-house frame and lenses **MUST** be used.
Eyewear After Cataract Surgery	▪ One pair of eyeglasses (standard frame and lenses) OR one pair of contact lenses after cataract surgery. Allowance does not apply. ▪ **To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.**
Glaucoma Screening	▪ 1 service date every calendar year when member is considered "at-risk" according to the following Medicare definitions of "at-risk": ▪ Individuals with a family history of glaucoma ▪ Individuals with diabetes mellitus ▪ African-Americans ages 50 and older ▪ Hispanic-Americans ages 65 and older
Non-Covered Services	▪ Surgical eye care.