



	Amerigroup of Iowa, Inc. / Superior Vision	AmeriHealth Caritas Iowa, Inc. / Avesis	UnitedHealthcare Plan of the River Valley, Inc. / Superior Vision
Vendor Used for Vision	Superior Vision	Avēsis	Superior Vision
Contact Information			
Member Eligibility Applicable Vision Benefits	<p>Superior Vision Provider Services 866-819-4298</p> <p>Superior Vision Secure Website www.Superiorvision.com/Provider</p> <p>Superior Vision Member Call Center 800-879-6901</p>	<p>Avēsis Provider Services 855-569-8338</p> <p>Avēsis Secure Website www.avesis.com</p> <p>Avēsis IVR 866-234-4806</p> <p>AmeriHealth Caritas Iowa Member Services 855-332-2440</p> <p>Fax Avēsis Eligibility Verification Form to 855-691-2927</p>	<p>Superior Provider Services 866-819-4298</p> <p>Superior Secure Website www.Superiorvision.com/provider</p> <p>Members should call UnitedHealthcare Member Services directly at 800-464-9484</p>
Providers wanting to join program, Question on contract, credentialing, or any other contract related items	<p>Mary Brittingham, Senior Network Development Specialist 443-451-2097 or 800-243-1401 x2097 mbrittingham@superiorvision.com</p>	<p>Cynthia Meraz, IA Provider Relations Representative cmeraz@avesis.com 410-413-9095</p>	<p>Mary Brittingham, Senior Network Development Specialist 443-451-2097 or 800-243-1401 x2097 mbrittingham@superiorvision.com</p>



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Prior Authorization			
Prior Authorization Process	<p>Vision Therapy Only:</p> <p>(1) Provider contacts Superior Vision to initiate prior authorization request. Required form can be located on the provider form page.</p> <p>www.SuperiorVision.com/Provider</p> <p>Please fill out the following named form and fax back to 410-752-9184</p> <ul style="list-style-type: none"> • <i>Special Eligibility Verification Non Standard</i> 	<p>Providers are required to complete the prior authorization form and submit with member's medical record via Fax: 855-591-3566, or Email: visionum@avesis.com. The form is available at www.avesis.com.</p>	<p>Vision Therapy Only:</p> <p>Provider contacts Superior Vision to initiate prior authorization request. Required form can be located on the provider form page.</p> <p>www.SuperiorVision.com/Provider</p> <p>Please fill out the following named form and fax back to 410-752-9184</p> <ul style="list-style-type: none"> • <i>Special Eligibility Verification Non Standard</i>
Forms	<p>Superior Vision Website</p> <p>www.superiorvision.com/Provider</p>	<p>Avēsis Provider Portal: www.avesis.com</p> <p>View or download plan information, fee schedules, provider manual, etc.</p>	<p>Superior Vision Website</p> <p>www.superiorvision.com/Provider</p>



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Billing			
Forms	CMS-1500 claim form (Paper) Superior Vision's Web portal (Electronic)	CMS-1500 Emdeon/Trizetto electronic filing via clearinghouse. Avēsis Payer ID is 87098. Avēsis Provider Portal: www.avesis.com	CMS-1500 claim form (Paper) Superior Vision's Web portal (Electronic)
Medical Claims		Avēsis administers full routine, medical and surgical services. Submit all eye care services to Avēsis.	
Contact Information for Billing Issues	Superior Vision Customer Service Call Center 866-819-4298	ACIA Provider Help Line: 855-569-8338	Superior Vision Customer Service Call Center 866-819-4298
Billing Support Contact	Provider Relations 800-243-1401 X2107 prsupport@superiorvision.com	ACIA Provider Helpline: 855-569-8338	Provider Relations 800-243-1401 X2107 prsupport@superiorvision.com
Escalated Billing Issue	Shakara Anthony - Dedicated Rep santhony@superiorvision.com	Cynthia Meraz, IA Provider Relations Representative: 410-413-9095 or cmeraz@avesis.com	Shakara Anthony-Dedicated Rep santhony@superiorvision.com



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Eligibility			
Determine/Find Eligibility Information	Superior Vision's Web Portal www.superiorvision.com/provider	Avēsis Provider Portal www.avesis.com	Superior Vision's Web Portal www.superiorvision.com/provider
	Telephone IVR 866-819-4298	IVR 866-234-4806	Telephone IVR 866-819-4298
	Customer Service Call Center 866-819-4298	Provider Help line 855-569-8338	Customer Service Call Center 866-819-4298
Support/Account Executive			
Provider Support/Account Executive	Superior Vision's Web Portal www.superiorvision.com/provider Telephone IVR 866-819-4298 Paul Wilmoth Account Manager - Health Plan Assistance 443-451-2145 pwilmoth@superiorvision.com	Cynthia Meraz, IA Provider Relations Representative cmeraz@avesis.com 410-413-9095	Superior Vision's Web Portal www.superiorvision.com/provider Telephone IVR 866-819-4298 Paul Wilmoth Account Manager - Health Plan Assistance 443-451-2145 pwilmoth@superiorvision.com



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Referrals			
Options for Referrals	No referrals are applicable	No referral needed for routine eye care services or eye medical/surgical services	No referrals are applicable
Any provider?	No referrals are applicable	Refer members to in-network provider	No referrals are applicable
Specific provider?	No referrals are applicable	The provider being referred must be in-network	No referrals are applicable
Referral Process	No referrals are applicable	Provider referring will facilitate the appointment or instruct the member to do so. If they need assistance locating a participating provider they can contact Avēsis for assistance at 855-569-8338.	No referrals are applicable



Amerigroup of Iowa, Inc. / Superior Vision			
	Medicaid Benefits	hawk-i Vision Benefits	Iowa Health and Wellness Plan Vision Benefits
Covered Services			
Medical	Yes (Primary Eye Care Services)	Yes (Primary Eye Care Services)	Yes (Primary Eye Care Services)
Routine Eye Health	Yes	Yes	Yes
Materials (Frames and Lenses)	Yes	Yes (\$100 benefit for Materials)	No, except for members 19 to 20 years old
Contacts	Yes	Yes (\$100 benefit for Materials)	No, except for members 19 to 20 years old
Replacements	Yes	Not covered	No, except for members 19 to 20 years old
Reimbursement			
Eye Exam	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	Provider's billed charges or exam rate on file with Superior Vision for hawk-i program (whichever is less)	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)
Materials	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	\$100 retail eyewear allowance. Provider is reimbursed at percent of retail based on their contract agreement.	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)
Replacements	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	Not Covered	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)



AmeriHealth Caritas Iowa, Inc. / Avesis			
	Medicaid Vision Benefits	hawk-i Vision Benefits	Iowa Health and Wellness Plan Vision Benefits
Covered Services			
Medical	Yes	Yes	Yes
Routine Eye Health	Yes	Yes	Yes
Materials (Frames and Lenses)	Yes	Yes \$100 benefit for materials	No, except following cataract surgery or for Medically Frail members, or members age 19 and 20.
Contact Lenses* *Medically Necessary contact lenses require prior authorization	Yes for Medically Necessary contact lenses*	Yes \$100 benefit for routine or Medically Necessary contact lenses*; in lieu of eyeglasses	Yes for Medically Necessary contact lenses*: Following cataract surgery, for Medically Frail members, and for members between ages 19 and 20.
Replacements	One pair per year with prior authorization for members age 21 and over For members under age 21, prior authorization is required after 2nd pair of replacement eyeglasses	No, unless member's annual \$100 material allowance has not been exhausted.	One pair per year with prior authorization for members 21 and over who are Medically Frail or who have had cataract surgery. For members under 21 prior authorization is required after 2nd pair of replacement eyeglasses
Reimbursement			
Eye Exam	Iowa Medicaid Fee Schedule	Iowa Medicaid Fee Schedule	Iowa Medicaid Fee Schedule
Materials	Iowa Medicaid Fee Schedule	\$100 benefit Iowa Medicaid Fee Schedule	Iowa Medicaid Fee Schedule
Replacements	Iowa Medicaid Fee Schedule	Iowa Medicaid Fee Schedule, if benefit allowance has not been exhausted.	Iowa Medicaid Fee Schedule



UnitedHealthcare Plan of the River Valley, Inc. / Superior Vision			
	Medicaid Vision Benefits	<i>hawk-i</i> Vision Benefits	Iowa Health and Wellness Plan Vision Benefits
Covered Services			
Medical	Yes (Primary Eye Care Services)	Yes (Primary Eye Care Services)	Yes (Primary Eye Care Services)
Routine Eye Health	Yes	Yes	Yes
Materials (Frames and Lenses)	Yes	Yes (\$100 retail allowance for materials)	Yes (Only available to members age 19 – 20)
Contacts	Yes	Yes (\$100 retail allowance for materials)	Yes (Only available to members age 19 – 20)
Replacements	Yes	Not Covered	Yes (Only available to members age 19 – 20)
Reimbursement			
Eye Exam	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	Provider's billed charges or exam rate on file with Superior Vision for <i>hawk-i</i> program (whichever is less)	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)
Materials	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	\$100 retail eyewear allowance. Provider is reimbursed at percent of retail based on their contract agreement.	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less) available to members 19-20
Replacements	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less)	Not Covered	Current Iowa Medicaid reimbursement schedule or billed charges (whichever is less) available to members 19-20