



Network Notification

Date: July 24, 2018
To: Ohio Medicaid Health Partners
From: CareSource®
Subject: Additional Update on CareSource Medicaid Vision Benefit

Note: *The information in this notification has been revised. For the most up-to-date information, please reference the notification titled [Clarification on CareSource Medicaid Vision Benefit dated August 30, 2018](#).*

This notification is a revision to the previous [CareSource Medicaid Vision Benefit network notification dated April 18, 2018](#).

We value your feedback and your partnership.

The previous notification stated that effective **January 11, 2018** CareSource would no longer accept claims for eyeglasses beyond the Medicaid benefit limits. However, until further notice we will accept claims for medically necessary eyeglasses, and there is currently no prior authorization required.

Deluxe frames and progressive lenses are not covered for any age.

CareSource does not routinely pay for Transitions® photochromatic lenses, even though these charges may have been paid in error in the past.

CareSource will cover photochromatic lenses for any age if the provider writes a prescription for glasses requesting photochromatic lenses due to medical necessity for a vision-related medical condition.

If photochromatic lenses are medically necessary, they must be billed using V2744. No prior authorization is required; however, documentation should be noted in the patient's medical record.

Thank you for your continued support. If you have any questions, please speak with your Provider Engagement Representative or call CareSource Provider Services at **1-800-488-0134**.

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