

2015 CareSource Just4Me™ Vision Benefit Quick Reference Guide

To be used prior to Dec. 31, 2015

ROUTINE EYE EXAM

CareSource provides one routine eye exam per year for ALL CareSource Just4Me members, including those without the enhanced plan. There is **NO COPAY** for this first eye exam. This is a comprehensive eye examination of a member's complete visual system. An eye examination includes: case history, monocular and binocular visual acuity with or without present corrective lenses; neurological integrity (pupil response); biomicroscopy (external exam); visual field testing (confrontation); ophthalmoscopy (internal exam); tonometry (intraocular pressure); refraction (with recorded visual acuity); extraocular muscle balance assessment; dilation as required; present prescription analysis; specific recommendation; and assessment plan.

VISION BENEFIT: ADULTS (Members 19 years or older)

CareSource provides supplemental vision benefits to adults with CareSource Just4Me Dental & Vision plans. **Supplemental benefits require a \$25 copay and include up to \$150 per year for the following services. Member is responsible for charges exceeding \$150.**

- Bifocal lenses
- Trifocal lenses
- Lenticular lenses
- Elective contact lenses (available from a selection of contact lenses). Fitting fees are not covered.
- Medically necessary contact lenses*
- Single vision lenses
- Frames

VISION BENEFIT: CHILDREN (children do not have a \$25 materials copay or \$150 maximum benefit)

CareSource provides the following vision benefits to children with **any Just4Me plan**.

- Eye exam
 - New patient and established patient exams
 - Routine ophthalmologic exam with refraction
 - Eyewear: Prescription glasses or contacts
 - Lenses: One pair covered in full per year**
 - Contact lenses: Covered once per calendar year in lieu of eyeglasses. Medically necessary contact lenses may require prior authorization.*
- Other vision services/optional lenses and treatments:
- Ultraviolet protective coating
 - Polycarbonate lenses
 - Blended segment lenses
 - Intermediate vision lenses
 - Standard and premium progressives (Varilux®, etc.)
 - Photochromic glass lenses
 - Plastic photosensitive lenses (Transitions®)
 - Polarized lenses
 - Medically necessary contact lenses*
 - Standard Anti-Reflective (AR) coating
 - Hi-index lenses

NOTE: In some instances, participating providers may charge separately for the evaluation, fitting, or follow-up care relating to contact lenses. Should this occur and the value of the contact lenses received is less than the allowance, you may submit a claim for the remaining balance.

***Medically necessary contact lenses:** In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses or other eyewear, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression. Contact lenses may be determined to be medically necessary in the treatment of the following conditions: keratoconus, pathological myopia, aphakia, anisometropia, aniseikonia, aniridia, corneal disorders, post-traumatic disorders, irregular astigmatism. **Participating providers will obtain the necessary prior authorization for these services. Prior authorization is required for expenses in excess of \$600 for medically necessary contact lenses.**

**Lenses include choice of glass or plastic lenses, all lens powers (single vision, bifocal, trifocal, lenticular), fashion and gradient tinting, oversized and glass-grey #3 prescription sunglass lenses.

PEDIATRIC LOW VISION

All services for low vision require **prior authorization** from CareSource and include 1 comprehensive low vision evaluation every 5 years, with a maximum charge of \$300; maximum low vision aid allowance of \$600 with a lifetime maximum of \$1,200 for items such as high-power spectacles, magnifiers and telescopes. Benefits are limited to **4 follow-up visits in any 5 year period with a maximum charge of \$100 each visit.**

(continued)

EXCLUSIONS: ADULTS AND CHILDREN

The following services are not covered for CareSource Just4Me members:

- Services provided by non-network providers
- Any vision service, treatment or materials not specifically listed as a covered service
- Services and materials that are experimental or investigational
- Services or materials which are rendered prior to the member's effective date or after the member's termination date
- Services strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
- State or territorial taxes on vision services performed
- Vision orthoptic training
- Two pairs of eyeglasses in lieu of bifocals
- Visual therapy
- The prescription, fitting or purchase of eyeglasses or contact lenses except as otherwise specifically stated as a covered service
- Services and materials not meeting accepted standards of optometric practice
- Eye surgery to correct errors of refraction, such as near-sightedness, including without limitation LASIK, radial keratotomy or keratomileusis or excimer laser refractive keratectomy
- Special lens designs or coatings other than those described in the EOC
- Non-prescription (plano) lenses
- Insurance of contact lenses
- Replacement of lost or stolen eyewear

COMMON VISION CODES

92002 & 92004 – New Patient	V2218 – Bifocal Lenses	V2627-V2628 – Prosthetic Eye
92012 & 92014 – Estab. Patient	V2221 – Bifocal Lenses	V2629 – Requires documentation & PA
92250 – For patients with complications, requires documentation	V2300-V2315 – Trifocal Lenses	V2744 – Photochromatic
	V2318 – Trifocal Lenses	V2745 – Tint
	V2321 – Trifocal Lenses	V2750 – Anti-reflective coating
92499 – Requires documentation & PA, only covered if billed by ophthalmologist	V2399 – Trifocal Lenses	V2755 – UV coating
	V2500 – Contact Lenses	V2760 – Scratch resistant coating
	V2510-V2513 – Contact Lenses	V2762 – Polarization add-on
99050 – Only covered if billed by ophthalmologist	V2520-V2523 – Contact Lenses	V2780 – Oversize lens
	V2530-V2531 – Contact Lenses	V2781 – No line bifocal add-on
99201-99205 – New Patient E&M	V2599 – Requires documentation & PA	V2782-V2784 – Mid-index /
99211-99215 – Estab. Patient E&M		Hi-index / Polycarb material add-on
V2020 – Frames	V2600, V2610, V2615 – Requires PA if >\$750	V2799 – Requires documentation & PA
V2100-V2115 – Single Vision Lens	V2623 (aids or prosthetic eyes)	
V2118 – Single Vision Lens	V2624-V2626 – Requires PA if >\$750	
V2121 – Single Vision Lens		
V2200-V2215 – Bifocal Lenses		

NOTE: Labs should bill optometrists for materials and associated costs, then optometrists should bill CareSource for reimbursement.

Indiana Providers:

CareSource Claims Department
P.O. Box 3607
Dayton OH 45401-3607
1-866-286-9949

EDI/Electronic Claims Submission:
CareSource payer ID number: INCS1

Ohio Providers:

CareSource Claims Department
P.O. Box 8730
Dayton, OH 45401-8730
1-800-488-0134

EDI/Electronic Claims Submission:
CareSource payer OH ID number: 31114



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