



NETWORK Notification

Notice Date: January 12, 2024
To: Michigan Medicaid Providers
From: HAP CareSource
Subject: Superior Vision Prior Authorization Code Change
Effective Date: January 1, 2024

Summary

Superior Vision and HAP CareSource are implementing changes to vision prior authorization requirements.

Impact

Effective Jan. 1, 2024, the following CPT codes require a prior authorization. Please review the updated prior authorization requirements.

CPT/HCPCS Code	Description	Prior Authorization Required as of 1/1/2024
92065	Orthoptic training; performed by a physician or other qualified health care professional	No for under 21 Yes for 21 and older
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	No for under 21 Yes for 21 and older
92070	Fitting of contact lens for treatment of disease, including supply of lens	Yes
92071	Fitting of contact lens for treatment of disease, including supply of lens	Yes
92072	Fitting of contact lens for treatment of ocular surface disease	Yes
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	Yes
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye	Yes
92312	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	Yes
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	Yes

92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	Yes
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye	Yes
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes	Yes
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens	Yes
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	Yes
92326	Replacement of contact lens	Yes
S0500	Disposable contact lens, per lens	Yes
S0512	Daily wear specialty contact lens, per lens	Yes
S0592	Comprehensive contact lens evaluation	Yes
V2500	Contact lens, pmma, spherical, per lens	Yes
V2501	Contact lens, pmma, toric or prism ballast, per lens	Yes
V2502	Contact lens, pmma, bifocal, per lens	Yes
V2503	Contact lens, gas permeable, bifocal, per lens	Yes
V2510	Contact lens, gas permeable, spherical, per lens	Yes
V2511	Contact lens, gas permeable, toric, or prism ballast, per lens	Yes
V2512	Contact lens, gas permeable, bifocal, per lens	Yes
V2513	Contact lens, gas permeable, extended wear, per lens	Yes
V2520	Contact lens, hydrophilic, spherical, per lens	Yes
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	Yes
V2522	Contact lens, hydrophilic, bifocal, per lens	Yes
V2523	Contact lens, hydrophilic, extended wear, per lens	Yes
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens	Yes
V2525	Contact lens, hydrophilic, dual focus, per lens	Yes
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)	Yes
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	Yes
V2599	Contact lens, other type	Yes

Questions?

We greatly appreciate the best-in-class eye care services that you render to our members. If you have any questions, please call Superior Vision's Call Center at **877-235-5317**.

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