



Network Notification

Date: December 3, 2015

To: Ohio MyCare Health Partners

From: CareSource®

Subject: Vision Benefit Change – Transitions Lenses

Effective 3/1/2016 CareSource will no longer cover deluxe frames or progressive lenses for CareSource® MyCare Ohio members.

Additionally, CareSource® MyCare Ohio does not routinely pay for photochromatic lenses, even though these charges may have been paid in error in the past. The only exception will be if the physician 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 should be billed using code V2744. No Prior Authorization is required however documentation should be noted in the patient's medical record. V2199 and V2299 are miscellaneous codes and should no longer be billed to report photochromatic lenses. Any services billed using V2199 and V2299 will require a Prior Authorization.

If the CareSource® MyCare Ohio member requests deluxe frames or progressive lenses please advise the patient these services are no longer paid for by CareSource® MyCare Ohio and share with them the frames and lenses that are covered by their plan.

As a CareSource® MyCare Ohio member, their benefit allows them up to \$125.00 eyeglasses expenses every two years if they have exhausted their Medicaid Eyewear benefit. The additional benefit of \$125.00 applies to standard frames and lenses

Standard frames and lenses will continue to be paid in full by CareSource:

- *Members ages 21 – 59: 1 complete frame and 1 pair of lenses every two years*
- *Members ages 20 and younger & 60 and older: 1 complete frame and 1 pair of lenses every year.*

If you have questions, please call your health partner representative at 1-800-488-0134.