



## **Network Notification**

**Date:** April 5, 2016  
**To:** MyCare Ohio Vision Health Partners  
**From:** CareSource®  
**Subject:** Vision Benefit Change

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Effective 5/1/2016, CareSource will no longer cover deluxe frames or progressive lenses for CareSource® MyCare Ohio (Medicare-Medicaid Plan) members.

Additionally, CareSource® MyCare Ohio will not routinely pay for photochromatic lenses. These charges may have been paid erroneously in the past. The only exception is 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, bill them with code V2744. No prior authorization (PA) is required; however, please document the need in the patient's medical record. Do not bill photochromatic lenses with miscellaneous codes V2199 and V2299. Any services billed using V2199 and V2299 will require a PA.

If a 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 show them the frames and lenses that are covered by their plan.

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

- *Ages 21 – 59: 1 complete frame and 1 pair of lenses every two years*
- *Ages 20 and younger & 60 and older: 1 complete frame and 1 pair of lenses every year.*
- *Regardless of age, if the member has both Medicare and Medicaid with CareSource, he/she is entitled to one pair of supplemental eyeglasses (lenses and/or frames) annually up to \$125. The additional benefit of \$125.00 only applies to standard frames and lenses.*

If you have questions, please call Health Partner Services at 1-800-488-0134 or contact your health partner representative.