



## **Network Notification**

**Date:** August 30, 2018  
**To:** Ohio Medicaid Health Partners  
**From:** CareSource®  
**Subject:** Clarification on CareSource Medicaid Vision Benefit

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*This notification provides clarification on the CareSource Medicaid Vision Benefit stated in the [CareSource Additional Update on CareSource Vision Benefit network notification](#) dated July 24, 2018.*

### **POLYCARBONATE LENSES**

We value your feedback and your partnership. The following guidelines clarify our vision benefit for polycarbonate lenses:

- Polycarbonate lenses are covered using S0580 with an appropriate prescription.
- For your convenience, CareSource will continue to reimburse for V2782, V2783 and V2784 in addition to the new code S0580 identified under OAC 5160-6-01.
- Use the V codes for members 18 years and younger.
- Use the S code for members 19 years and older.
- Modifiers do not need to be noted on the claim.

### **BACKGROUND**

The previous notification stated that we will accept claims for medically necessary eyeglasses, and there is currently no prior authorization required. It also stated the following:

- 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**.