



Network Notification

Date: December 3, 2015

To: Ohio Health Partners

From: CareSource®

Subject: Vision Benefit Change (Transitions Lenses)

Effective 3/1/2016, CareSource will no longer cover photochromatic lenses for CareSource Medicaid members.

CareSource does not routinely pay for “Transitions” 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 V2744. No prior authorization is required; however documentation should be noted in the patient’s medical record.

NOTE: V2199 & V2299 are miscellaneous codes and should no longer be billed to report photochromatic lenses. Any services billing using V2199 & V2299 will require a prior authorization.

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.