

2017 CareSource Marketplace Plans Vision Benefit Quick Reference Guide

TO BE USED PRIOR TO DEC. 31, 2017.

ROUTINE EYE EXAM

CareSource provides one routine eye exam per year for all CareSource Marketplace plan members, including those without the enhanced plan. There is no copay for this first eye exam. This is a comprehensive eye examination of a member's complete visual system. An eye examination includes: case history, monocular and binocular visual acuity with or without present corrective lenses; neurological integrity (pupil response); biomicroscopy (external exam); visual field testing (confrontation); ophthalmoscopy (internal exam); tonometry (intraocular pressure); refraction (with recorded visual acuity); extraocular muscle balance assessment; dilation as required; present prescription analysis; specific recommendation; and assessment plan.

VISION BENEFIT: ADULTS (MEMBERS 19 YEARS OR OLDER)

CareSource provides supplemental vision benefits to adults with CareSource Dental & Vision plans. Supplemental benefits require a \$25 copay and include up to \$150 per year for the following services. The member is responsible for charges exceeding \$150.

- Bifocal lenses
- Trifocal lenses
- Lenticular lenses
- Elective contact lenses (available from a selection of contact lenses). Fitting fees are not covered.
- Medically necessary contact lenses*
- Single vision lenses
- Frames

VISION BENEFIT: CHILDREN (CHILDREN DO NOT HAVE A \$25 MATERIALS COPAY OR \$150 MAXIMUM BENEFIT)

CareSource provides the following vision benefits to children with any CareSource Marketplace plan:

- Eye exam
- New patient and established patient exams
- Routine ophthalmologic exam with refraction
- Eyewear: Prescription glasses or contacts
- Lenses: One pair covered in full per year**
- Contact lenses: Covered once per calendar year in lieu of eyeglasses. Medically necessary contact lenses may require prior authorization.*

Other vision services/optional lenses and treatments:

- Ultraviolet protective coating
- Polycarbonate lenses
- Blended segment lenses
- Intermediate vision lenses
- Standard and premium progressives (Varilux®, etc.)
- Photochromic glass lenses
- Plastic photosensitive lenses (Transitions®)
- Polarized lenses
- Medically necessary contact lenses*
- Standard Anti-Reflective (AR) coating
- Hi-index lenses

NOTE: In some instances, participating health partners may charge separately for the evaluation, fitting, or follow-up care relating to contact lenses. Should this occur and the value of the contact lenses received is less than the allowance, you may submit a claim for the remaining balance.

***Medically necessary contact lenses:** In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses or other eyewear, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression. Contact lenses may be determined to be medically necessary in the treatment of the following conditions: keratoconus, pathological myopia, aphakia, anisometropia, aniseikonia, aniridia, corneal disorders, post-traumatic disorders and irregular astigmatism. Participating health partners will obtain the necessary prior authorization for these services. Prior authorization is required for expenses in excess of \$600 for medically necessary contact lenses.

**Lenses include choice of glass or plastic lenses, all lens powers (single vision, bifocal, trifocal, lenticular), fashion and gradient tinting, oversized and glass-grey #3 prescription sunglass lenses.

LOW VISION

Low vision is a significant loss of vision but not total blindness. Ophthalmologists and optometrists specializing in low vision care can evaluate and prescribe optical devices, as well as provide training and instruction to maximize the remaining usable vision for our covered members with low vision. Health partners must obtain the necessary prior authorization for these covered services. Covered services for low vision will include one comprehensive low vision evaluation every five years.



EXCLUSIONS: ADULTS AND CHILDREN

The following services are not covered for CareSource Marketplace plan members:

- Services provided by non-network health partners
- Any vision service, treatment or materials not specifically listed as a covered service
- Services and materials that are experimental or investigational
- Services or materials which are rendered prior to the member's effective date or after the member's termination date
- Services strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
- State or territorial taxes on vision services performed
- Vision orthoptic training
- Two pairs of eyeglasses in lieu of bifocals
- Visual therapy
- The prescription, fitting or purchase of eyeglasses or contact lenses except as otherwise specifically stated as a covered service
- Services and materials not meeting accepted standards of optometric practice
- Eye surgery to correct errors of refraction, such as near-sightedness, including without limitation LASIK, radial keratotomy or keratomileusis or excimer laser refractive keratectomy
- Special lens designs or coatings other than those described in the EOC
- Non-prescription (plano) lenses
- Insurance of contact lenses
- Replacement of lost or stolen eyewear

COMMON VISION CODES

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|---|---|--|
| 92002 & 92004 – New Patient | V2218 – Bifocal Lenses | V2627-V2628 – Prosthetic Eye |
| 92012 & 92014 – Estab. Patient | V2221 – Bifocal Lenses | V2629 – Requires documentation & PA |
| 92250 – For patients with complications, requires documentation | V2300-V2315 – Trifocal Lenses | V2744 – Photochromatic |
| 92499 – Requires documentation & PA, only covered if billed by ophthalmologist | V2318 – Trifocal Lenses | V2745 – Tint |
| 99050 – Only covered if billed by ophthalmologist | V2321 – Trifocal Lenses | V2750 – Anti-reflective coating |
| 99201-99205 – New Patient E&M | V2399 – Trifocal Lenses | V2755 – UV coating |
| 99211-99215 – Estab. Patient E&M | V2500 – Contact Lenses | V2760 – Scratch resistant coating |
| V2020 – Frames | V2510-V2513 – Contact Lenses | V2762 – Polarization add-on |
| V2100-V2115 – Single Vision Lens | V2520-V2523 – Contact Lenses | V2762 – Polarization add-on |
| V2118 – Single Vision Lens | V2530-V2531 – Contact Lenses | V2780 – Oversize lens |
| V2121 – Single Vision Lens | V2599 – Requires documentation & PA | V2781 – No line bifocal add-on |
| V2200-V2215 – Bifocal Lenses | V2600, V2610, V2615 – Requires PA if > \$750 | V2782-V2784 – Mid-index / Hi-index / Polycarb material add-on |
| | V2623 (aids or prosthetic eyes) | V2799 – Requires documentation & PA |
| | V2624-V2626 – Requires PA if > \$710 | |

NOTE: Labs should bill optometrists for materials and associated costs, then optometrists should bill CareSource for reimbursement.

Indiana Health Partners:

CareSource Claims Department
P.O. Box 3607
Dayton OH 45401-3607
1-866-286-9949

EDI/Electronic Claims Submission:
CareSource payer ID number: **INCS1**

Ohio Health Partners:

CareSource Claims Department
P.O. Box 8730
Dayton, OH 45401-8730
1-800-488-0134

EDI/Electronic Claims Submission:
CareSource payer ID number: **31114**

West Virginia Health Partners:

CareSource Claims Department
P.O. Box 804
Dayton, OH 45401-0804
1-855-202-1091

EDI/Electronic Claims Submission:
CareSource payer ID number: **WVCS1**

Kentucky Health Partners:

CareSource Claims Department
P.O. Box 824
Dayton, OH 45401-0824
1-855-852-5558

EDI/Electronic Claims Submission:
CareSource payer ID number: **KYCS1**