

2014 CareSource Just4Me™ Vision Benefit Quick Reference Guide

To be used prior to Dec. 31, 2014

ROUTINE EYE EXAM

CareSource provides one routine eye exam per year for all CareSource Just4Me™ members. 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 Just4Me Dental & Vision plans. Supplemental benefits require a \$25 copay and include up to \$150 per year for the following services:

- 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 (must be ordered through one of CareSource's contracted optical labs)

VISION BENEFIT: CHILDREN

CareSource provides the following vision benefits to children with **any Just4Me 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 providers 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, irregular astigmatism. **Participating providers 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.

PEDIATRIC LOW VISION

All services for low vision require **prior authorization** from CareSource and include 1 comprehensive low vision evaluation every 5 years, with a maximum charge of \$300; maximum low vision aid allowance of \$600 with a lifetime maximum of \$1,200 for items such as high-power spectacles, magnifiers and telescopes. Benefits are limited to **4 follow-up visits in any 5 year period with a maximum charge of \$100 each visit.**

(continued)

EXCLUSIONS: ADULTS AND CHILDREN

The following services are not covered for CareSource Just4Me members:

- Services provided by non-network providers
- 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

92202-92004	V2218	V2627-V2628
92012-92014	V2221	V2629 – Requires documentation & PA
92250 – For patients with complications, requires documentation	V2300-V2315	V2744
	V2318	V2745
	V2321	V2750
92499 – Requires documentation & PA, only covered if billed by ophthalmologist	V2399	V2755
	V2500	V2760
	V2510-V2513	V2762
99050 – Only covered if billed by ophthalmologist	V2520-V2523	V2780
	V2530-V2531	V2781
99201-99205	V2599 – Requires documentation & PA	V2782-V2784
99211-99215	V2600, V2610, V2615 – Requires PA if >\$750	V2799 – Requires documentation & PA
V2020	V2623 (aids or prosthetic eyes)	
V2100-V2115	V2624-V2626 – Requires PA if >\$750	
V2118		
V2121		
V2200-V2215		

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



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