

Notice Date: January 12, 2024
To: Michigan Medicaid Providers
From: HAP CareSource
Subject: Superior Vision Prior Authorization Code Change
Effective Date: January 1, 2024

Summary

Superior Vision and HAP CareSource are implementing changes to vision prior authorization requirements.

Impact

Effective Jan. 1, 2024, the following CPT codes require a prior authorization. Please review the updated prior authorization requirements.

CPT/HCPCS Code	Description	Prior Authorization Required as of 1/1/2024
92065	Orthoptic training; performed by a physician or other qualified health care professional	No for under 21 Yes for 21 and older

92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	Yes
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye	Yes
92316	Prescription of optical and	