



PROVIDER NOTICE

Provider Relations Department | 1-888-895-4998

Vision Codes Requiring Prior Authorization Beginning June 15

Effective Date: June 15, 2022

Health Plan Affected: Priority Partners

Type of Change: Prior Authorization

Explanation of Change:

Effective June 15, 2022, the following vision codes will require prior authorization for Priority Partners:

HCPCS Code	Code Description
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
V2627	Scleral cover shell

Prior Authorization Process

Submit prior authorization requests to the Johns Hopkins HealthCare Utilization Management (UM) department using the dedicated fax number listed below:

- **Priority Partners:** 410-762-5205 or 410-424-4603

Please refer to the Johns Hopkins Prior Authorization Lookup tool (JPAL), located in the [HealthLINK](#) portal, to check and verify prior authorization requirements for outpatient services and procedures.