



# PROVIDER NOTICE

Provider Relations Department | 1-888-895-4998

## Clarification

### Vision Codes Requiring Prior Authorization Beginning June 15

**Effective Date:** June 15, 2022

**Health Plans 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 for **services provided under medical benefits**.

**NOTE:** The codes below represent therapeutic contact lenses and scleral lenses that may be considered medically necessary when used for treatment of corneal disorders, severe ocular surface diseases or other medical conditions as described in the CMS02.16 Treatment of Cornea medical policy. Prior authorization is required. Please contact the member's vision benefit provider (listed on the Priority Partners member ID card) for information about covered services under vision benefits.

- **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

#### Preauthorization Process

Submit prior authorization requests to the JHHC Utilization Management department (UM) using one of these dedicated fax numbers: 410-762-5205 or 410-424-4603.

Please refer to the Johns Hopkins Prior Authorization Lookup tool (JPAL), located in the [HealthLINK](#) portal, on or after June 15 to check and verify prior authorization requirements for outpatient services and procedures.

*Please contact the JHHC Provider Relations department at 888-895-4998 with any questions or concerns.*