



PROVIDER NOTICE

Provider Relations Department 1-888-895-4998

This update contains pertinent information about changes that will impact the Johns Hopkins HealthCare provider network

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: the following vision codes will require prior authorization for Priority Partners:

- **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.

Please contact the JHHC Provider Relations department at 1-888-895-4998 with any questions or concerns.

