



To: Vision Care Providers

Subject: Changes to Request Process for Vision Care that Require Prior Authorization

Effective June 1, 2012, requests from vision care providers for prior authorization are to be submitted through the medical administrative services organization (ASO), Community Health Network of CT (CHNCT).

Prior authorization requests for miscellaneous vision services will no longer be accepted by HP as of June 1, 2012.

Effective June 1, 2012, requests should be submitted to CHNCT via either:

- Phone 1-800-440-5071 (Monday through Friday from 8 a.m. to 7 p.m.), or
- Fax at (203) 265-3994

Utilizing the “Outpatient Authorization Request Form”, which can be found online at www.huskyhealth.com Click on *For Providers* and then *Provider Bulletins, Updates & Forms*.

Please refer to the optician fee schedule for information on the procedure code(s) that require prior authorization. The optician fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, accept the end user license agreement by clicking on “I Agree”, then to “Optician”. To access the CSV file press the control key while clicking the CSV link, then select “Open”.

