

Davis Vision Prior Authorization Request Submissions

June 2025



Our mission is to help members enjoy the wonders of sight through healthy eyes and vision.

Our purpose is grounded in the belief that when people can see everything, they hold the power to become anything they set their sights on—in their personal lives, in their communities, and in the world.

An illustration featuring a woman with dark hair in a bun, wearing a purple long-sleeved shirt and a dark skirt, running across a rooftop. In the background, a city skyline with various skyscrapers is visible under a soft, hazy sky. To the right, a multi-story building has three balconies. On the top balcony, a man in a red tank top and shorts waves. On the middle balcony, a woman in a pink dress and a face mask looks out. On the bottom balcony, a man in a white t-shirt and blue shorts is lifting weights, while a woman in a red top and pants stands next to him.

**SEE EVERYTHING.
BE ANYTHING.™**

Agenda

- Revised Forms
- General Information
- Medical Necessity Reviews
- Benefit Reviews
- Eligibility and Warranty
- Submitting the Prior Authorization Form
- Commonly Seen Errors



Revised Forms

Top Portion of the Form

- Revised forms are now available on the Provider Resource Center (PRC) (prc.versanthealth.com/forms/)
- Revisions to the top portion of the form seen here include primary subscriber ID, individual provider NPI, and laterality of CPT code selection and corresponding diagnosis code
- The fields outlined in red are required for processing a prior authorization request



Date of Request:

Routine and Medically Necessary Vision Services and Materials Authorization Request Form
Return to: Fax (800) 584-2329 or Secure Email to UMPAuth@versanthealth.com

Please check the specific health plan requirements for services that need a prior authorization. Not all services are covered by all plans.
Form must be fully completed, signed, and dated. **Please include signed medical records with all requests (i.e., corneal topography, best corrected visual acuities).** Failure to submit the required documentation may result in denied services.

Member Information

Member Name: Date of Birth:
Primary Subscriber ID: Member's Health Plan:

Rendering Provider Information

Rendering Provider Name: Contact Name:
Individual Provider NPI: Office Phone:
Rendering Provider Office ID: Office Fax:
Office Address:

Services Being Requested:

Date of Service:

CPT Code: ☐OD ☐OS ☐OU Diagnosis Code(s):
CPT Code: ☐OD ☐OS ☐OU Diagnosis Code(s):
CPT Code: ☐OD ☐OS ☐OU Diagnosis Code(s):
Additional relevant information:

Revised Forms Continued

Bottom Portion of the Form

- Revisions include pertinent health conditions and specific benefit reviews including two pair of single vision glasses in lieu of bifocals and repair or replacement benefits
- Some health plans require medical documentation for two pair of single vision glasses in lieu of bifocals, submission with the initial request will result in quicker processing times
- Repair or Replacement benefits include broken and lost glasses
 - Not all plans require prior authorization

Additional relevant information:

Health Conditions: Please select any applicable health conditions.

☐ Diabetes ☐ Hypertension ☐ Cataracts ☐ Cataract Surgery ☐ Aphakia ☐ Head/Neck Trauma ☐ Kidney Disease ☐ Pregnancy ☐ Dementia
Other pertinent health conditions:

Is this request for two pair of single vision glasses in lieu of bifocals? ☐ Yes ☐ No
If yes, please submit medical documentation for the request.

Is this request for repair or replacement benefits? ☐ Yes ☐ No
If yes, please provide indication:

Eyeglass Prescription Information

Previous Prescription							
OD:						20/	
	Sphere	Cylinder	Axis	Add	Prism	Visual Acuties	
OS:						20/	
	Sphere	Cylinder	Axis	Add	Prism	Visual Acuties	
New Prescription							
OD:						20/	
	Sphere	Cylinder	Axis	Add	Prism	Visual Acuties	
OS:						20/	
	Sphere	Cylinder	Axis	Add	Prism	Visual Acuties	
Provider's Signature							
Sign here:	<input type="text"/>					Date:	<input type="text"/>

By checking the following box, you are certifying a decision rendered under the standard timeframe could jeopardize the patient's life, health (vision), or ability to regain maximum function and an expedited/urgent determination is required. This reason should not apply to routine services ☐
Medical indication for urgent request:

Determination: _____ Authorization Number: _____

August 2024

General Information

➤ Primary Subscriber ID

- The primary subscriber's ID is required for locating each member in Davis Vision. If the member is a dependent, the policy holder's ID number is needed in lieu of the dependent's individual member ID.

➤ Individual provider NPI

- Prior authorizations are issued for network providers based on the provider and location. Each network provider has an individual provider NPI. To ensure each prior authorization is associated with the appropriate network provider, the individual provider's NPI is needed in lieu of umbrella office NPIs.

➤ Rendering Provider Office ID (previously known as the panel number)

- Many network providers are associated with multiple offices. The rendering provider's office ID is helpful to ensure the prior authorization is associated with the correct location.

➤ Laterality of Requested CPT Codes

- Laterality is pertinent information for clinical reviewers to complete medical necessity reviews.

➤ Date of Service

- Each form is valid for one date of service. If a prior authorization is needed for CPT codes on additional dates of service, please submit a new form for each date of service.

Medical Necessity Reviews

Required Processing Elements

- Member Demographics
 - Member Name
 - Member Date of Birth
 - Primary Subscriber's ID (policy holder)
- Provider Information
 - Individual Provider's Name
 - Individual Provider's NPI
 - Office Address
 - Office Phone and Fax Number
- Requested Services or Materials
 - CPT codes
 - Laterality
 - Diagnosis Codes
 - Single Date of Service (if unknown or undecided, leave blank)
- Clinical Information
 - Medical Records (including but not limited to)
 - Complete Eye Exam
 - Color topography
 - Keratometry
 - Best Corrected Visual Acuity with Eyeglasses and Contact Lenses
- Provider Signature and Date

Benefit Reviews

Required Processing Elements

- Member Demographics
 - Member Name
 - Member Date of Birth
 - Primary Subscriber's ID (policy holder)
- Provider Information
 - Provider's Name
 - Individual Provider's NPI
 - Office Address
 - Office Phone and Fax Number
- Clinical Information Relevant to the Request
 - New and Old Prescription
 - Medical Indication for two pairs of single glasses in lieu of bifocals
 - Indication for repair/replacement benefits (i.e lost, broken, etc.)
- Requested Services or Materials
 - Documentation of the requested services
 - CPT codes; or
 - Written documentation of the requested services; or
 - Glasses
 - Lenses only
 - Frames only
 - Check boxes indicating the benefit requested; and
 - Two pairs of single glasses in lieu of bifocals
 - Repair or replacement benefits
 - Indication for the request/Diagnosis Code
- Provider Signature and Date

Eligibility and Warranty

- Prior Authorization is not required if the member is currently eligible for routine benefits or if the materials are covered under warranty
 - Verification of eligibility is completed on the provider portal
- If the member receives materials from the Versant Health lab, the materials may be covered by warranty
 - Contact Provider Services at (800) 773-2847 to verify if the materials are covered by warranty

Submitting the Prior Authorization Form

- The first step in submitting a prior authorization request is submitting the correct prior authorization form
 - Davis Vision Routine and Medically Necessary Prior Authorization Request Forms and BCBS FEP Routine and Medically Necessary Prior Authorization Request Forms are on the PRC and used for routine benefits and medically necessary contact lenses, low vision, and vision therapy
 - Complete all required fields previously noted
 - Submit prior authorization form with all relevant clinical information by email to UMPAuth@versanthealth.com or by fax at (800) 584-2329
- Arizona and New Mexico Universal Prior Authorization Request Forms are on the Provider Portal
 - Form should be completed and submitted with all relevant clinical information by email to UMPAuth@versanthealth.com or by fax at (800) 584-2329 for Davis Vision members
- Accessing the prior authorization form from the PRC
 - prc.versanthealth.com
 - Resources
 - Prior Auth Forms
 - [Davis Vision Routine & Medically Necessary Services Prior Authorization Request Form](#)
 - [FEP Routine & Medically Necessary Services Prior Authorization Request Form](#)

Commonly Seen Errors

Unable to Process

- Missing requested services
 - All medically necessary requests require CPT codes and diagnosis codes
 - Benefit review should indicate the services or materials in need of review either with CPT codes, written documentation, or utilizing check boxes on the form
- Unable to verify provider
 - Provider name, NPI, office ID, and address assist verification of the correct provider and location
- Multiple member requests in one submission
 - Each request creates a case file for an individual member, multiple member requests should be submitted separately
- Open authorization on file for the same requested services
 - The provider portal may be utilized to verify if a member has an open authorization on file
- Denial on file for the same requested services
 - Previously denied services within the last 60 days must follow the appeals process outlined in the denial letter notice
- Duplicate requests
 - Requests only need to be submitted once by either email or fax, not both, to avoid inadvertent void of both requests
- Dependent member ID provided
 - Submit the prior authorization with the primary subscriber/policy holder's ID number
- Claims Submissions
 - The UM department is unable to process claims. Contact provider services at (800) 773-2847 for assistance in submitting a claim or claims related inquiries.

Q & A

Additional questions or status checks related to prior authorizations may be submitted via email at Umfax@versanthealth.com or by calling Provider Services at (800) 773-2847



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