

Humana Vision Care Plan Medically Necessary Eyewear

Humana Vision Care Plan (VCP) provides vision care necessary to the visual health and welfare of the patient. This includes high-index lenses, polycarbonate lenses or other lens options if they are necessary for the patient's visual welfare.

Prior authorization

To obtain prior authorization for medically necessary eyewear, please submit the Medically Necessary Eyewear Prior Authorization Request Form below along with all required documentation indicated on the form.

If the prior authorization request is denied, the patient is responsible for any additional cost.

If the prior authorization request is approved, an approval form will be returned to you. Please include the approval form with the claim form when submitting for payment.

Cosmetic additions

The patient pays for cosmetic additions according to the Patient Options Price List or your usual and customary fees, whichever is less.



Medically Necessary Eyewear Prior Authorization Request Form

Complete clinical medical records with all testing and results must be included or the request will not be considered for authorization. Narratives are not accepted in lieu of clinical medical records.

Fax this form with clinical medical records to 1-866-685-2759.

Patient name:			Date of serv	Date of service:		
Pa	atient date of birth:		Humana Vis	Humana Vision ID number:		
	•	: □Lens replacemer	•	te		
Other Reason/diagnosis code (required)						
Current Spectacle Prescription						
	Sphere	Cylinder	Axis	Prism	Add Power	
R						
L						
Other information:						
Provider Information						
Re	questing physician					
	me and NPI number					
	quired):					
	fice location address:					
Phone number: Fax number:						
TAN HAITINGT		I certify and attest that all information provided as part of this prior				
		•	authorization request is true and accurate.			
			•			
		Provider signature	Provider signature (required):			

Benefits are subject to eligibility and plan provisions.

Please allow 10 business days for a response.

To check prior authorization status, call 1-866-537-0229.