

EyeMed Relationship Begins Jan. 1, 2024

Effective **Jan. 1, 2024**, EyeMed will be responsible for prior authorization for surgical and therapeutic vision services as well as network management, related member and provider service calls, prior authorization, and claims payment for routine vision and medical optometry services for Healthfirst members. Davis Vision and Superior Vision will no longer be contracted with Healthfirst as of that date.

Reminders for Healthfirst providers

- Certain procedure codes require prior authorization. Please see the list of CPT codes and descriptions.
- If you perform routine vision services for Healthfirst members, start the contracting process with EyeMed by completing the form at [EyeMedInFocus.com/Join](https://www.eyemedinfocus.com/Join).

CPT codes and descriptions

Effective Jan. 1, 2024, Healthfirst requires authorization through EyeMed for the below selected vision services. On or after Jan. 1, 2024, you may request prior authorization from EyeMed here: [EyeMed.Filebound.com/portal/2265](https://www.eyemed.filebound.com/portal/2265).

Any requests for prior authorization through Dec. 31, 2023, for future dates of service should be directed through Superior Vision.

CPT Code	CPT Code Description
15820	Blepharoplasty, upper eyelid; with removal of excess skin and tissue
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighing down lid
65820	Trabeculectomy ab externo; surgical procedure for glaucoma

Provider Alert

CPT Code	CPT Code Description
66174	Transluminal dilation of aqueous outflow canal
66999	Unlisted procedure, anterior segment of eye
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling, includes obtaining fascia
67903	Repair of blepharoptosis; levator resection or advancement, internal approach
67904	Repair of blepharoptosis; levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling, includes obtaining fascia
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
J0178	Injection, EYLEA (aflibercept) - 1 milligrams
J0179	Injection, BEOVU (brolucizumab-dbl) - 1 milligrams
J2778	Injection, LUCENTIS (ranibizumab) 0.5 milligrams (0.05 mL)
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 milligrams

If you have questions, please contact your network account manager, or Healthfirst Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst"). EyeMed is contracted with Healthfirst to provide vision benefits to its members.