Eyewear and Contact Lens Auto-Approval Process

A faster prior authorization pathway through the Comagine Health Provider Portal

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QIO Director

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Objectives

- Review the Required Documents for Eyewear and Contact
- Review the Comagine Health Provider Portal (CHPP)
- Review Log-on Information
- View Dashboard Features
- How to Enter an Eyewear and Contact Authorization Request Demonstration
- Review Provider Resources – Quick Start Guides

Please remain on mute during the presentation, and if you have questions, put them in the chat. We will monitor chat throughout the presentation and answer questions at the end.

2

A More Efficient Approval Process

- Comagine Health is updating how prior authorization requests for eyewear and contacts are submitted on behalf of the DC Department of Health Care Finance (DHCF).
- Every request is reviewed for medical appropriateness in accordance with DHCF-specific criteria.
- To make approvals faster, a new auto-approval pathway is now available through the CHPP.



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Who Qualifies for Prior Authorization

Adults 21 and older

Covered for an acute condition that, if left untreated, may cause permanent or chronic damage to the person's eye.

Beneficiaries under 21

Covered when deemed medically necessary by the child's ophthalmologist or optometrist.

All requests are reviewed for medical appropriateness in accordance with DHCF-specific criteria.

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The Auto-Approval Pathway

- Submit eyewear and contact lens prior authorization requests directly through the CHPP.
- Eligible requests are approved automatically—no waiting for manual review.
- Providers get faster decisions and a more efficient submission process.



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Required Documentation for Eyewear and Contacts

- The 719A form is good for six (6) months – it must be signed and dated on the same day as vision prescription order or after vision prescription order date (the form cannot precede the vision prescription date).
- Vision Prescription Order must be dated less than one (1) year of request.

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DHCF 719A Prior Authorization Form

(Transmittal 23-37)

- The 719A is an open prescription for six (6) months.
- All the information in the patient, prescribing provider, and servicing provider sections must be completed in its entirety. None of the boxes should be left blank.
- If a mistake is made on the 719A, the provider should draw a line through the incorrect information, initial, and date any corrections made on the form. Whiteout should never be used to correct a mistake.
- Any alterations made by the servicing provider after the 719A form has been signed by the prescribing provider could lead to denial of claims, action seeking monetary sanctions against the servicing provider, and possible criminal charges.

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719A Form – Prescribing Provider

- This is the DC Medicaid provider (NP, MD, or DO) who is completing the medical justification and signing the 719A form.
- This is also the Treating provider in the CHPP.

Prescribing Provider	
Provider Name **JOHN Doctor**	
Provider Number **08888888**	NPI **1888877777**
Address City, State, Zip **44333 Nursing Home Road, NE** **Washington DC XXXXX**	
Telephone Number **202- XXX-XXXX**	

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719A Form – Service Provider

- This is the DC Medicaid Eyewear provider who is ordering the service and whom the PA will be issued to. This is also the Admitting provider in the CHPP.
- The servicing provider should never alter, add, and/or change any information designated for the prescribing provider.

Servicing Provider	
Provider Name Eyewear Provider	
Provider Number 07777777	NPI 1555555555
Address City, State, Zip 12000 Brown Road, NE Washington DC 22222	
Telephone Number 333-333-3333	

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719A Form

All information on the 719A form must be completed, including the requested service **(Eyewear)** and the beneficiary's location.

Other Health Insurance Coverage	Requested Service				Beneficiary Location	
	Surgery	☐	DME	☐	Home	X
	Medical	☐	Pharmacy	☐	ICF/MR	☐
	Dental	☐	Eyewear	X	Nursing Home	☐
	Hospice	☐	Other	☐	Hospital	☐
Discharge Date:	Home Health: ☐ Skilled Nurse ☐PT ☐OT ☐SLP ☐HHA ☐Private Duty				Office	☐

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719A Form – Requested Service Data

- The ICD-10 diagnosis code must be relevant to the service you are requesting.
- The HCPCS code must align with the service description on the DC Medicaid fee schedule.
- Eyewear and Contacts time frame is two (2) months.

Requested Service Data					
Diagnosis Code	Procedure Code	Description of Services, DME and Supplies	Time Required	Frequency or Units	Estimated Charges
Use ICD 10	V2025	Deluxe Frame	2 months	1	$80.00
Code for Dx.	V2784	Polycarbonate	2 months	2	$200.00
H52.4	V2203	Spherocylinder Bifocal	2 months	2	$139.00

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719A Form – Medical Justification

- The medical justification for the service being requested is completed by the prescribing provider.
- The medical justification is not a diagnosis.
- The start date of the request cannot be earlier than the 719A form's signature date, should also be noted here.

Justification: Patient is farsighted which is a condition known as presbyopia and also needs a new pair of eyeglasses for vision correction

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719A Form – Signature Requirement

All 719A forms require the signature of the provider and the date of the request. These two elements MUST be on the 719A form. DC Medicaid will not accept stamped or typed signatures in this section – original signatures are required. By signing and dating in the appropriate spaces, the provider certifies that they have reviewed the form for accuracy and is responsible for the contents submitted. **Authorized prescriber signature dates are used as the request start date unless otherwise specified.**

Signature of the Requesting Provider: I Certify that the services requested are medically indicated and necessary for the health of this patient and that the foregoing information is true, accurate, and complete. Signature: John Doctor Title: Optician	DATE 07/23/2026

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719A Form Example

Government of the District of Columbia
Department of Health Care Finance
Fee-For-Service Medicaid Program

719A Prior Authorization Request

Patient	Prescribing Provider	Servicing Provider
Beneficiary Name Sade Medicaid	Provider Name John Doctor	Provider Name Eyewear Provider
DCID Number 71077777	Provider Number 0888888 / NPI 1888877777	Provider Number 07777777 / NPI 1555555555
Address City, State, Zip 5555 DC Street, NE Washington, DC 22222	Address City, State, Zip 44333 Nursing Home Road, NE Washington, DC 22222	Address City, State, Zip 12000 Brown Road, NE Washington DC 22222
Telephone Number 202-222-2222 / DOB 00/00/0000 / SEX F	Telephone Number 202-202-2022	Telephone Number 333-333-3333
Other Health Insurance Coverage	Requested Service: Surgery ☐ DME ☐ Medical ☐ Pharmacy ☐ Dental ☐ Eyewear X Hospice ☐ Other ☐	Beneficiary Location: Home X ICF/MR ☐ Nursing Home ☐ Hospital ☐ Office ☐
Discharge Date:	Home Health: ☐ Skilled Nurse ☐PT ☐OT ☐SLP ☐HHA ☐Private Duty	

Requested Service Data

Diagnosis Code	Procedure Code	Description of Services, DME and Supplies	Time Required	Frequency or Units	Estimated Charges
Use ICD 10	V2025	Deluxe Frame	2 months	1	$80.00
Code for Dx	V2784	Polycarbonate	2 months	2	$200.00
H52.4	V2203	Spherocylinder Bifocal	2 months	2	$139.00

Justification: Patient is farsighted which is a condition known as presbyopia and also needs a new pair of eyeglasses for vision correction

For Dental Use only

DENOTE THE TEETH ALREADY MISSING BY "X", TO BE EXTRACTED BY "/", X-RAYS TAKEN BY "√"

Q1 FACIAL Q2 — PRIMARY TEETH — LINGUAL — Q4 FACIAL Q3

For DME, Home Health, Private Duty Use Only

Requesting Physician Certification: I certify that I have documented that a Face-to-Face encounter, related to the primary reason the beneficiary requires Home Health or DME services, occurred on _____between the beneficiary and the allowed prescriber (listed below).
☐Primary Physician ☐ Nurse Practitioner ☐ Certified Nurse Mid-Wife ☐ Physician Assistant ☐ Acute or Post-Acute Physician
Name of allowed prescriber:_____ Title:_____ Date:_____

Durable Medical Equipment Face to Face Regulations

☐ Any HCPCS code for the following types of DME: ++Transcutaneous Electrical Nerve Stimulation (TENS) unit ++Rollabout Chair ++Traction-cervical ++Oxygen and Respiratory equipment ++Hospital beds and accessories
☐ Any item of DME that appears on the DMEPOS Fee Schedule with a price ceiling at or greater than $1,000.
☐ Any other item of DME that CMS adds to the list of Specified Covered Items

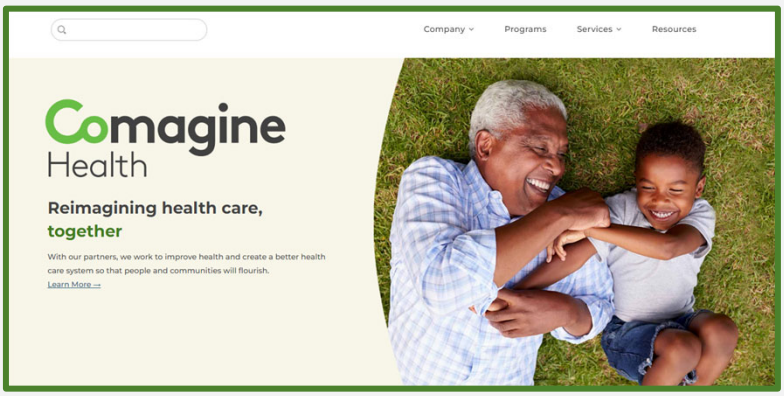
Signature of the Requesting Provider: I Certify that the services requested are medically indicated and necessary for the health of this patient and that the foregoing information is true, accurate, and complete. Signature: John Doctor Title: Optician	DATE 07/23/2026

719A June 2018

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- **Comagine Health Provider Portal**
  - Submit reviews within the CHPP.
  - Go to Comagine Health's website - http:www.comagine.org

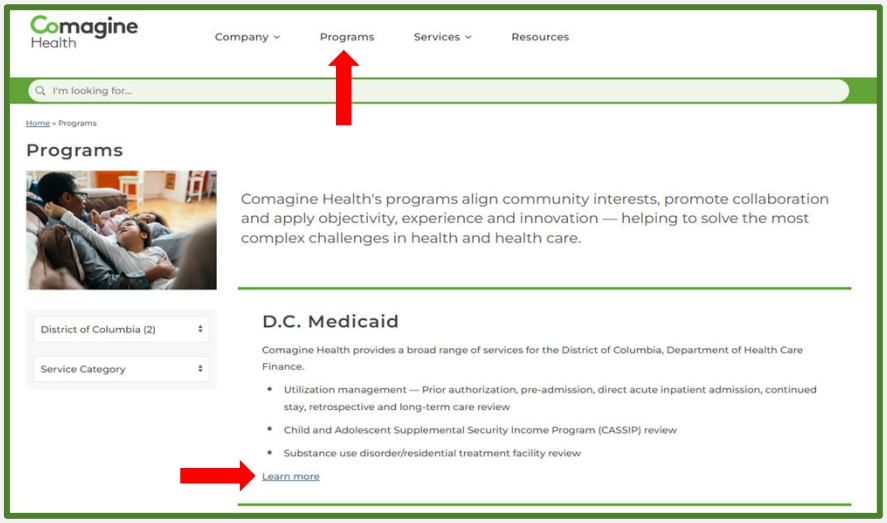


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- **Comagine Health Website**

Click on Programs, find **D.C. Medicaid**, and select **Learn more.**

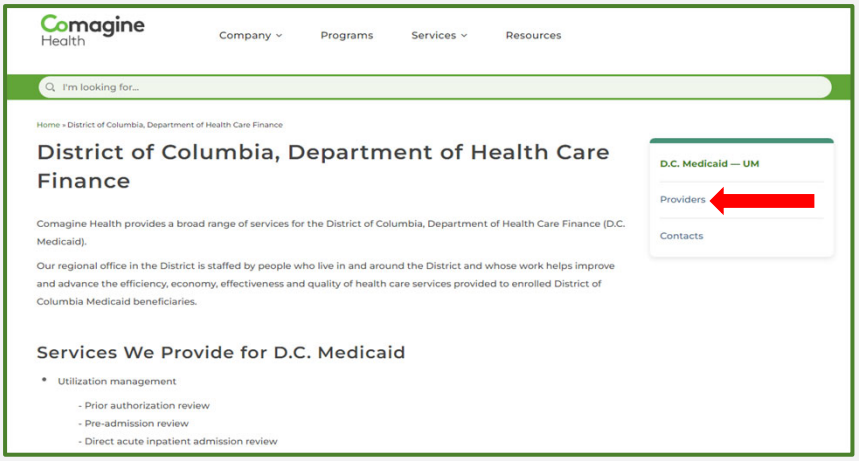


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Provider Portal Access

Select **Providers** on the right-side panel and it will display the Provider page with the link to the CHPP and other resources.

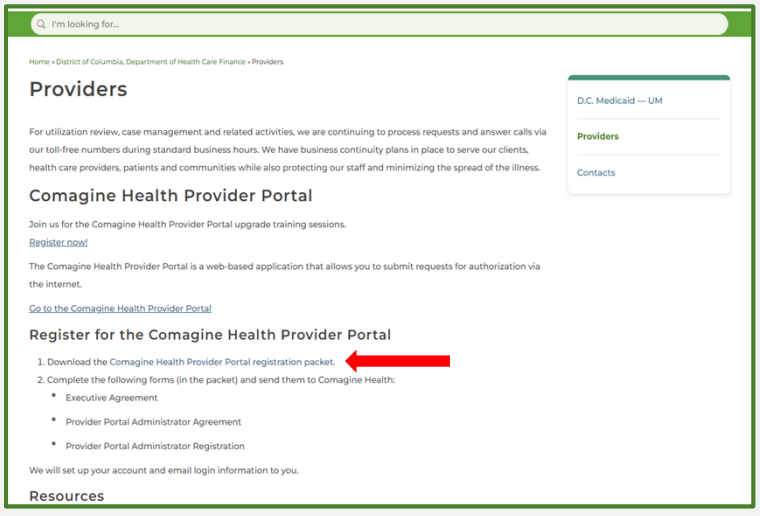


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Provider Registration Packet

On the Provider page, under the Comagine Health Provider Portal section, you will find the link to download the CHPP registration packet.



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Submitting a Request for Portal Access

Submit via email:

- Email: dcmedicaid@comagine.org

Submit all completed forms:

- Executive Agreement
- Provider Portal Administrator Agreement
- Provider Portal Administrator Registration Form
- Provider Portal User Agreement
- Provider Portal User Registration Form

Once Comagine Health processes your registration packet, you will receive an email with your CHPP access information.

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Provider Portal Administrators

- Administrators have additional system access and system tasks to perform
- Staff who need access to the CHPP are required to contact their Administrators
- Provider Portal Administrators are responsible for:
  - Adding all User accounts
  - Managing all User accounts
  - Keeping the User account registration information
  - Resetting the passwords for User accounts, and
  - Deactivating User accounts

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- **Provider Portal Access**



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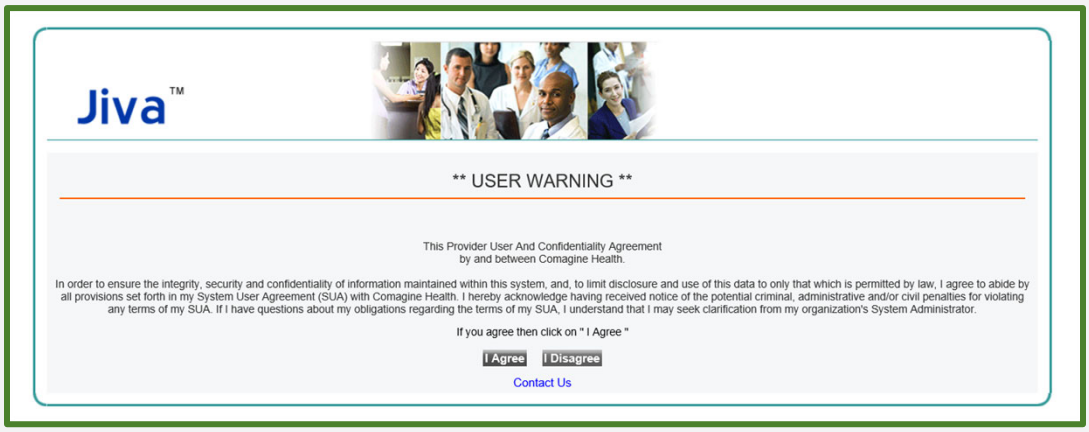
- **How to Log Into the Provider Portal**



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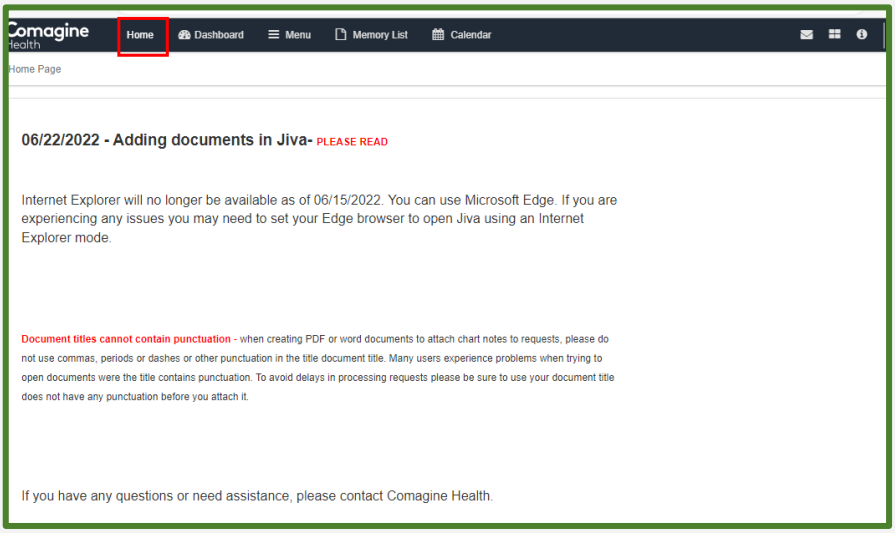
- **Provider Portal Log In**



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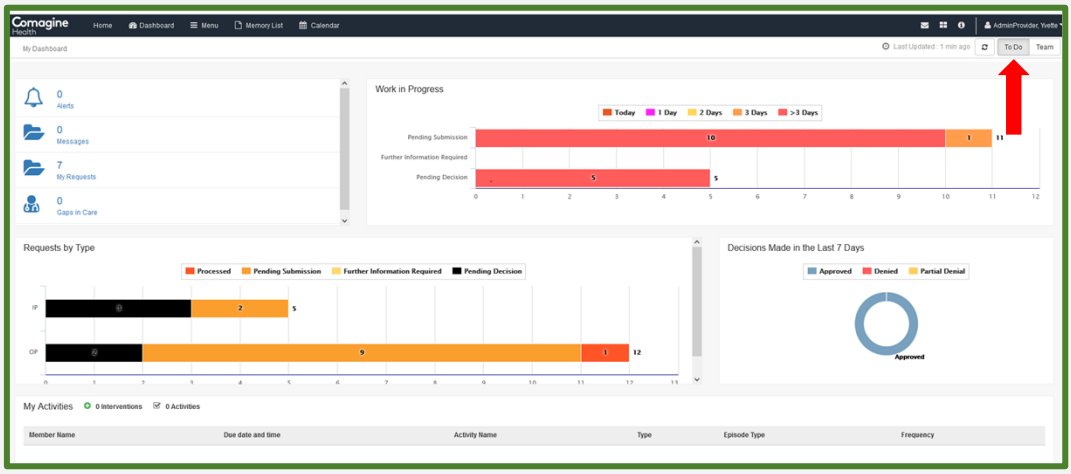
- **Provider Home Page – View Posted Announcements**



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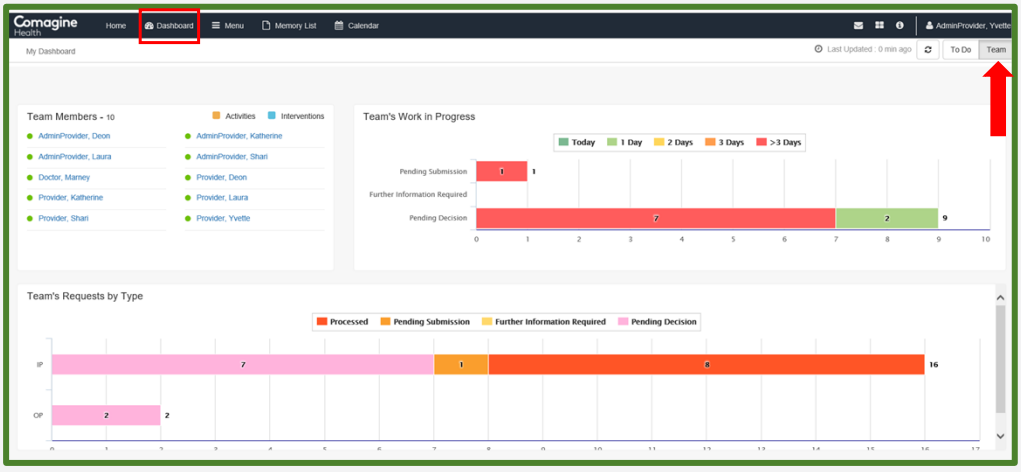
- **Provider Dashboard – To Do**



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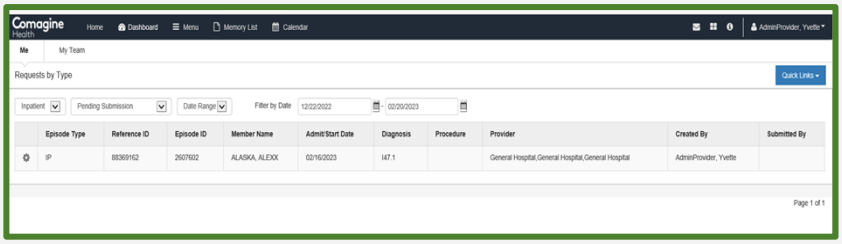
- **Provider Dashboard – Teams**

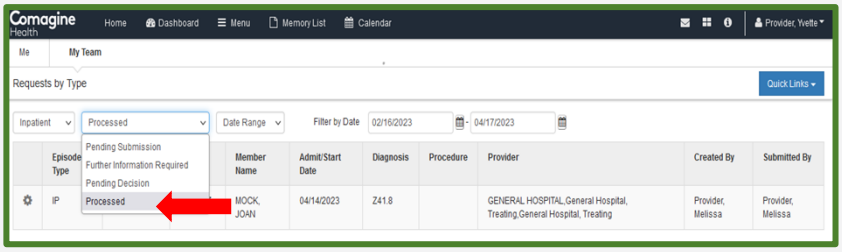


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- **Provider Dashboard Links**

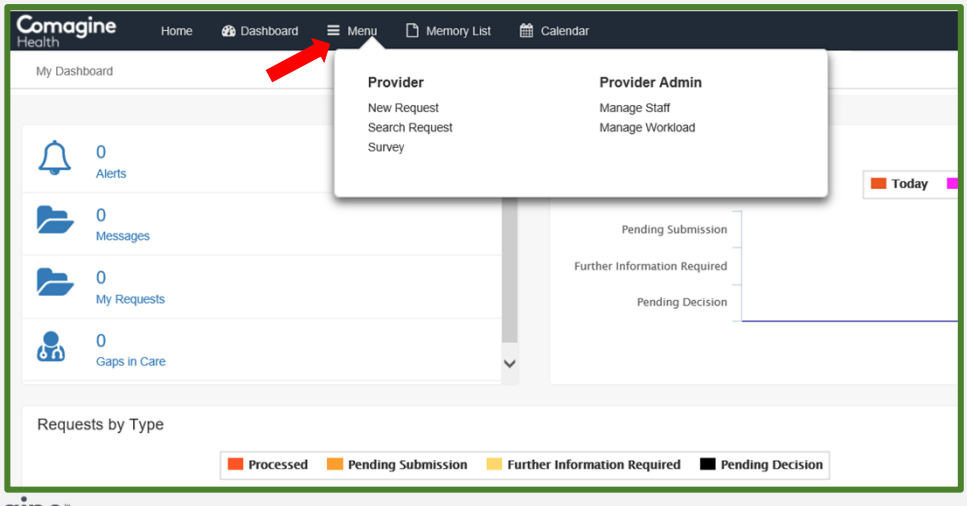




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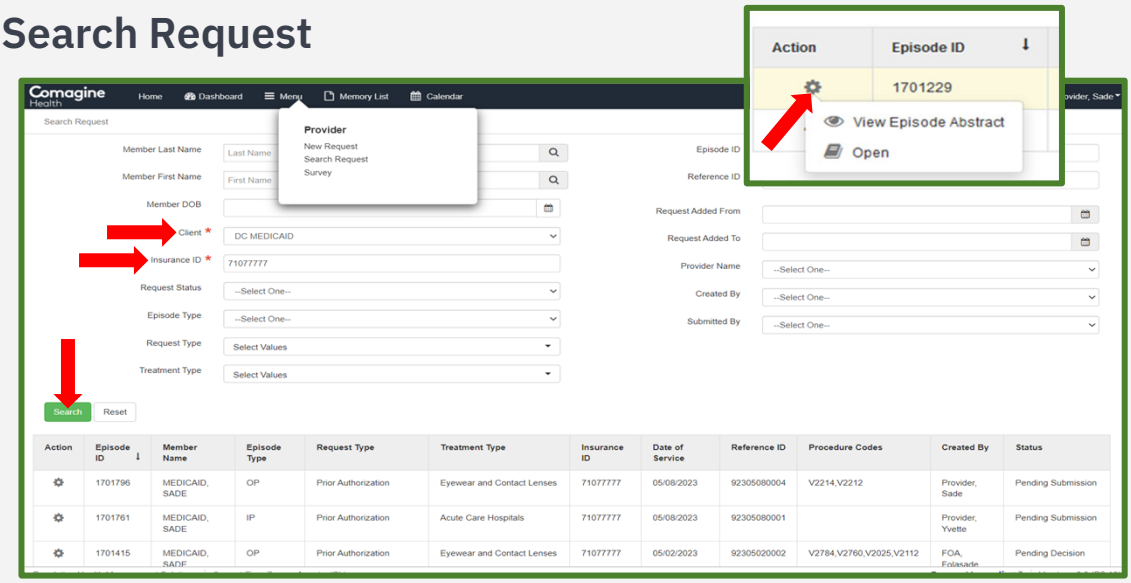
- **How to Search or Submit a New Request**



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Search Request

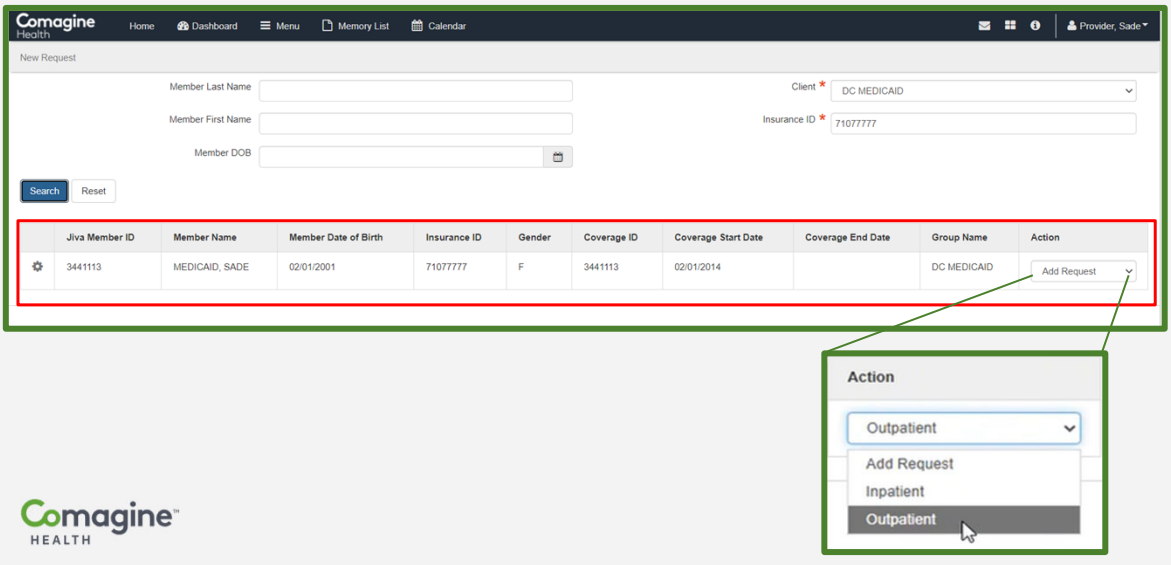


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Submit a New Request

Continued



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Submit a New Request

Continued

Fill out the **Episode Details** with the red asterisks, including the Treatment Class. For **Outpatient** requests, complete:

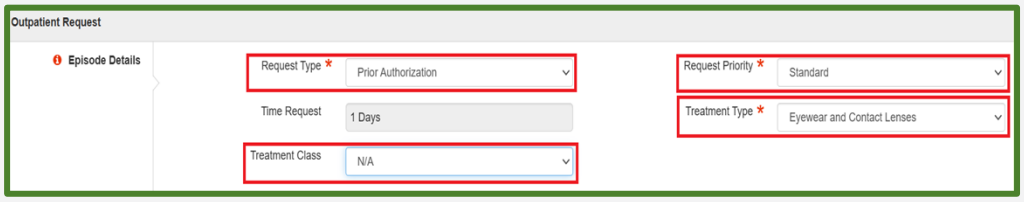
A. **Request Type***: Enter **Prior Authorization**.

B. **Time Request**: Does not need to be filled in, automatically populates to one (1) day.

C. **Treatment Class**: Select **N/A** (this field MUST be completed even though an asterisk is not present).

D. **Request Priority***: Will auto-populate with **Non-Urgent**.

E. **Treatment Type***: Select **Eyewear and Contact Lenses**



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Submit a New Request

Continued

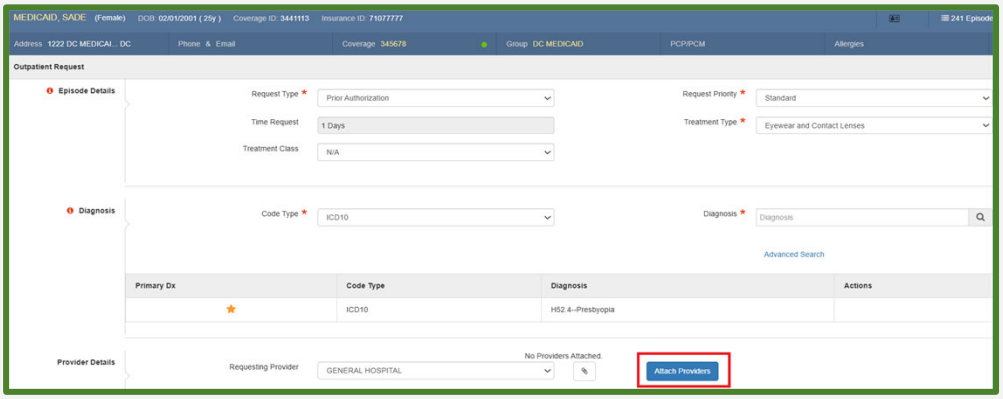
Enter the diagnosis



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- **Submit a New Request**
  Continued

  Attach Providers to Episode

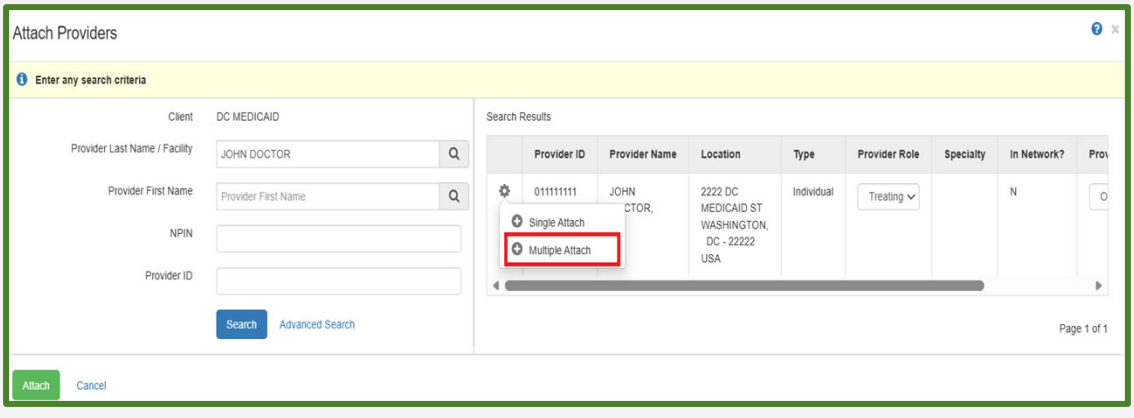


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- **Steps to Add Providers**

  Use **Search** or **Advanced Search** to find providers.



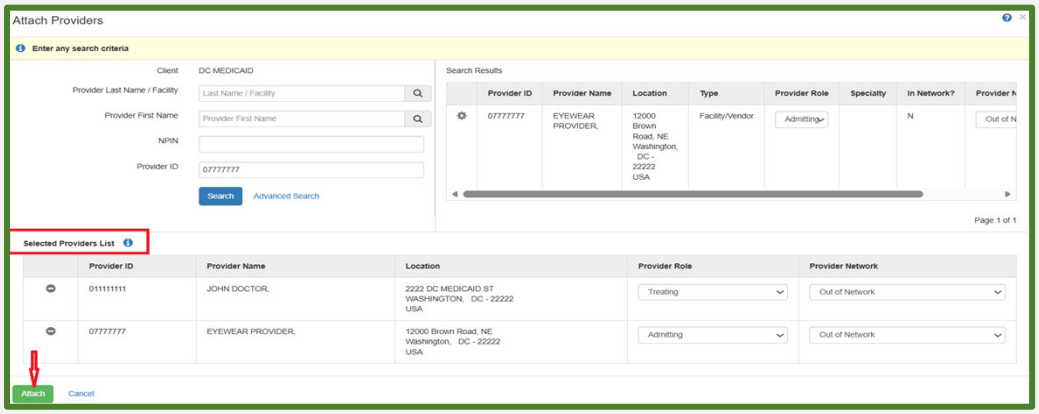
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Steps to Add Provider

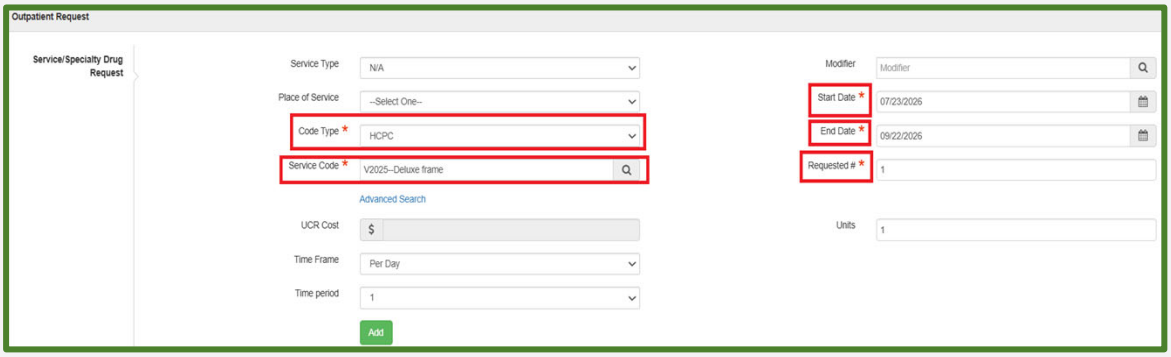
Continued

Admitting, Treating, and Requesting providers must be attached.



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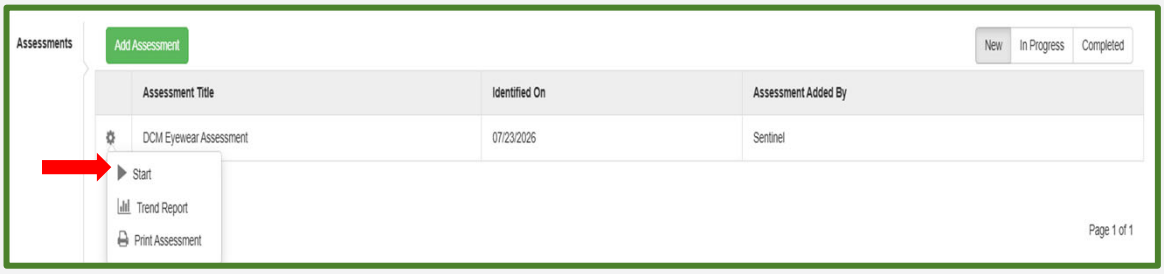
Add a Service Request



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Assessments

Select and complete the **DCM Eyewear Assessment (mandatory process to save and submit)**

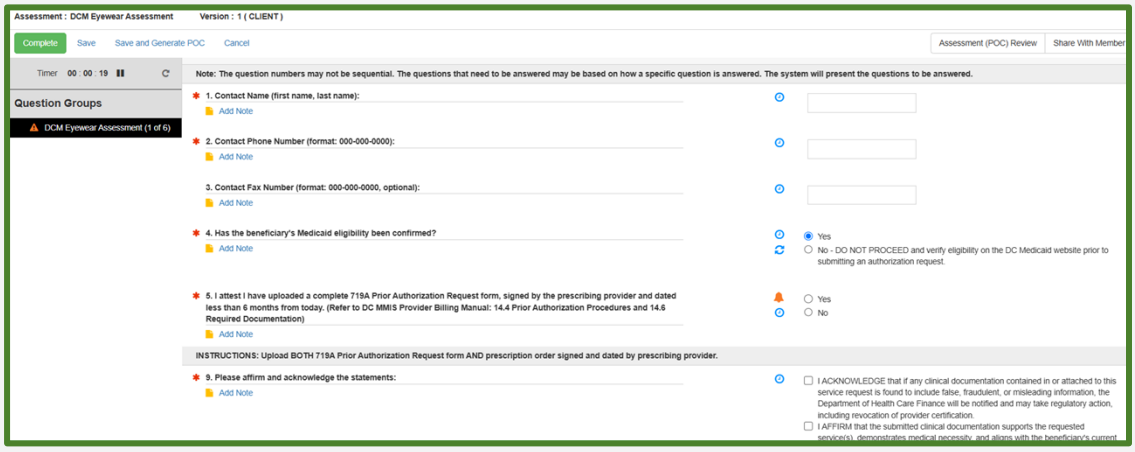


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DCM Eyewear Assessment

Complete the **DCM Eyewear Assessment** questions.

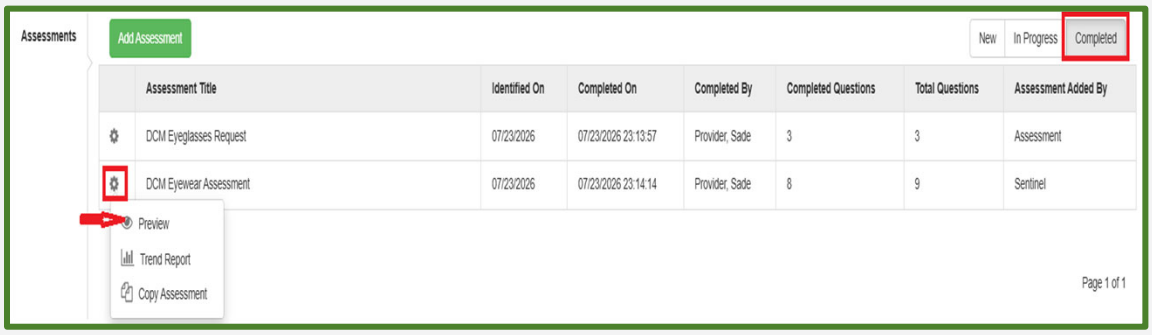


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Preview Assessment

- You can review the completed or in progress assessment by clicking on the gear and selecting **Preview**.
- The tab on the right-hand side also needs to be selected – to either **completed** or **in progress**.

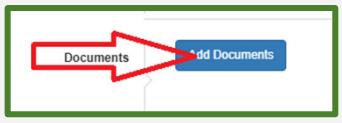


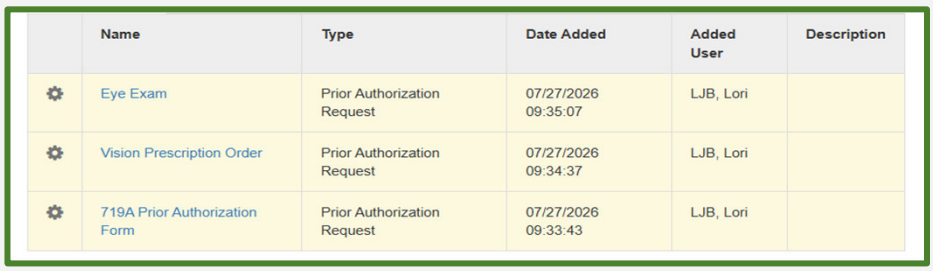
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Adding Documents

- Click on the **Add Documents** button.
- Please only use PDF or DOC files; TIFF files will not be accepted.





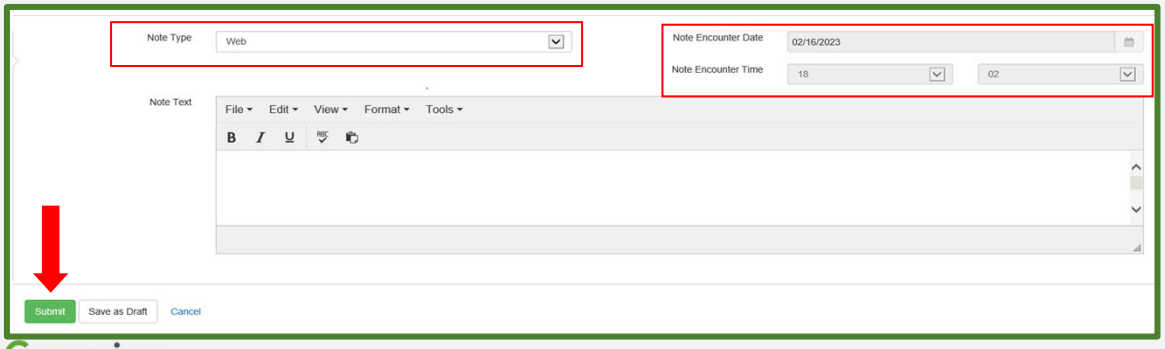
	Name	Type	Date Added	Added User	Description
⚙	Eye Exam	Prior Authorization Request	07/27/2026 09:35:07	LJB, Lori	
⚙	Vision Prescription Order	Prior Authorization Request	07/27/2026 09:34:37	LJB, Lori	
⚙	719A Prior Authorization Form	Prior Authorization Request	07/27/2026 09:33:43	LJB, Lori	

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Notes

- **Note Type**: Auto Populates to **Web**
- **Note Text**: Add notes according to the request (i.e., additional information submitted)
- **Note Encounter**: Auto Populates the date
- **Note Encounter Time**: Auto-populates the time

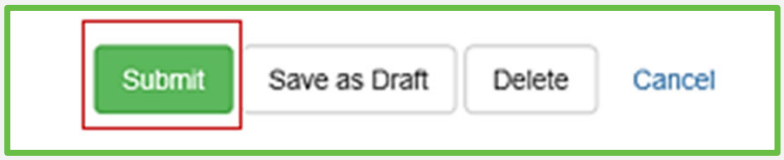


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Submit or Save as Draft

- **Submit**: Episode will be submitted to Comagine Health.
- **Save as Draft**: Episode will not submit to Comagine Health but will be saved for later submission and can be edited.
- **Delete**: The request will be deleted.

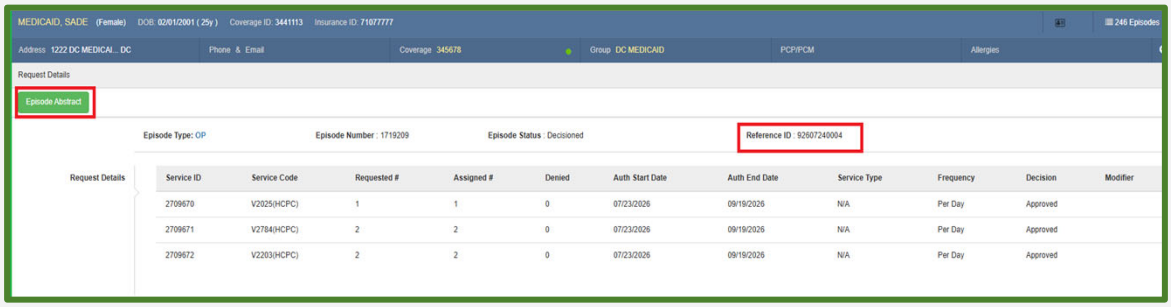


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Reference ID

- Make a note of the **CHPP Reference ID number** for your records to locate the episode faster.
- The reference ID will become a prior authorization number on an approved request.
- Selecting **Episode Abstract** allows you to review what was submitted; however, you cannot edit from here.

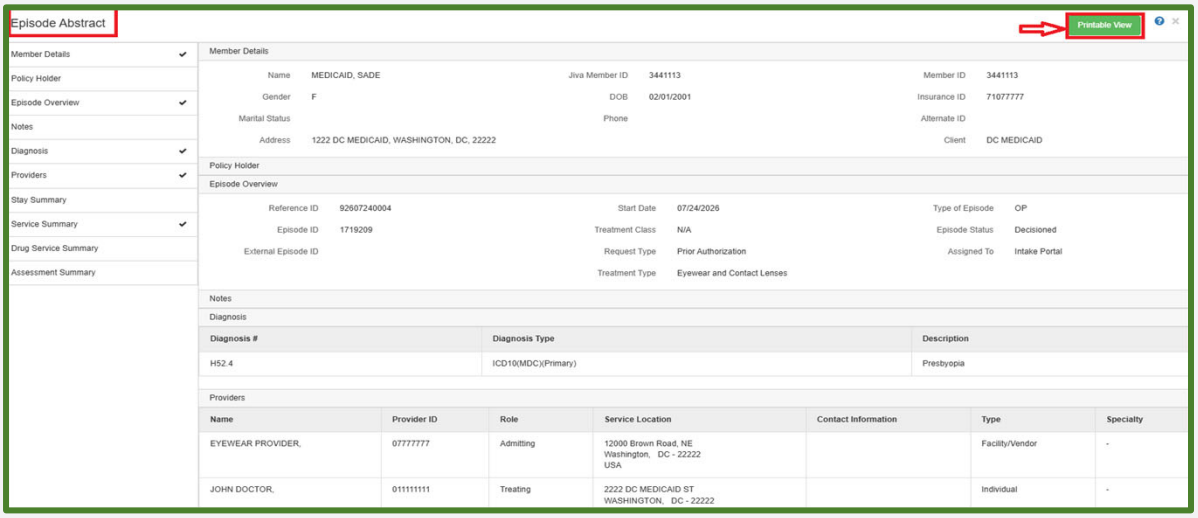


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Abstract View

You can print by selecting **Printable View**.



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Provider Resources

On the Comagine Health Webpage

- CHPP User Guide
- CHPP Administrator Guide
- CHPP Quick Start Guide
- CHPP System Training Webinars (recording and slides)
- CHPP Registration Packet

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Who to Contact

- If there are errors messages with the CHPP.
- Request to create a new member in the CHPP.
- Questions regarding Medical Necessity Denial or general questions.

Comagine Health DC Office

Main #: 1-800-251-8890

Review-related questions:

- Escalated questions or concerns – **Contract Director Folasade Akinkuowo**

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- **Questions**



Please type your questions in the chat

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Thank you!

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