



April 4, 2024

Nevada Medicaid Web Announcement 3327

Attention Providers of Ocular Procedure Codes: Provider Type (PT) 20 (Physician, M.D., Osteopath, D.O.), PT 24 (Advanced Practice Registered Nurse), PT 25 (Optometrist), PT 41 (Optician, Optical Business) and PT 77 (Physician's Assistant)

The Medical Benefits Coverage (MBC) unit of the Division of Health Care Financing and Policy (DHCFP) is reminding providers of the limitation error codes on claims for certain ocular procedure codes, as outlined in [Web Announcement 2063](#).

As specified under the Prior Authorization (PA) section of the [Provider Types 25 and 41 Billing Guide](#), PA is required for the following codes for age 21 and older when the service limitation of once every 12 months is exhausted:

92002	Eye exam new patient
92004	Eye exam new patient, comprehensive
92012	Eye exam established patient
92014	Eye exam and treatment for established patient, comprehensive, one or more visits
92015	Determine refractive state
92018	New eye exam and treatment, under general anesthesia
92019	Eye exam and treatment, limited
92020	Special eye evaluation
92060	Special eye evaluation
92081	Visual field examination(s)
92082	Visual field examination(s), intermediate
92083	Visual field examination(s), extended
V2020	Vision services, frames

In addition to the above-listed service limitations, limitations exist for Service Groups containing similar codes delivered to recipients of all ages.

Service Groups: Multiple claims from a single service group may not be billed within a 12-month period, unless a PA is submitted and approved.

- **Procedure codes 92002, 92004, 92012 and 92014**
- **Procedure codes 92015, 92018, 92019, 92020, 92060, 92081, 92082 and 92083**

(NOTE: This information was previously included in the Provider Type 25 and 41 Billing Guide in effect from 04/17/2018 through 02/08/2023.)

The Medicaid Management Information System (MMIS) has been processing these service limits incorrectly and may have paid the claims inappropriately; claims will be reprocessed automatically, if necessary. A future web announcement will provide further information, if needed.

Billing Guidelines for PTs 20-24-77 and PTs 25-41 are being reviewed for any needed updates.

For questions and additional information, please contact the inbox for DHCFP's Medical Benefits Coverage unit: MedicalPrograms@DHCFP.NV.GOV.