



May 21, 2024

Nevada Medicaid Web Announcement 3359

Attention Provider Type 25 (Optometrist): Update on Claims for Procedure Codes 92060, 92081, 92082 and 92083

As provider type 25 (Optometrist) was notified in [Web Announcement 3327](#) and in the [PT 25 and PT 41 Billing Guide](#), prior authorization (PA) is required for the following procedure codes for age 21 and older when the service limitation of once every 12 months is exhausted: 92060, 92081, 92082 and 92083.

Beginning with claims processed on or after May 21, 2024, claims with dates of service on or after April 4, 2024, for the above procedure codes that exceed limitation without a PA will deny correctly with error code 5521 (1 unit allowed per 12 rolling months - PA override).

Claims submitted by PT 25 for procedure codes 92060, 92081, 92082 and 92083 on or after April 4, 2024, that exceeded the limitation and paid without a PA will be reprocessed automatically at a later date. Results of the reprocessed claims will appear on a future remittance advice.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.