

June 19, 2017 (Updated August 25, 2017)

Announcement 1394

Ocular Services Codes Updated

The prior authorization requirements for ocular services codes have been updated in the Medicaid Management Information System (MMIS) to allow appropriate reimbursement for providers. Claims with ocular services codes for recipients age 21 and older that denied incorrectly because the prior authorization requirements were not updated in the MMIS will be automatically reprocessed. A future web announcement will notify providers when the claims are reprocessed.

The following updates have been made effective with claims processed on or after June 19, 2017.

- Prior authorization is required for procedure code 92310 (Contact lens fitting)
- Prior authorization is required for the following codes for age 21 and older when the limitation of once every 12 months is exceeded:

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 codes denying if no prior authorization is obtained to exceed the limitation for recipients age 21 and older, the following service groups may not be billed within a 12-month period, i.e., code 92002 and code 92004 cannot be billed in the same 12-month period. Please see the groups of procedure codes below that cannot be billed together in the same 12-month period:
 - Procedure codes 92002, 92004, 92012 and 92014.
 - Procedure codes 92015, 92018, 92019, 92020, 92060, 92081, 92082 and 92083.

Recipients age 20 and under are exempt from these ocular service limitations. Claims for these codes for recipients age 20 and under that have denied with edit code 0912 (only 1 unit per 12 months; PA required) will be automatically reprocessed. A future web announcement will notify providers when the claims are reprocessed.