



January 12, 2018

Web Announcement 1498

Notification Regarding Claims with Ocular Procedure Code 92014 Billed with 92015 and Code 92060 Billed with 92083

Claims submitted by provider type (PT) 25 (Optometrist) with codes 92014 (Eye exam and treatment for established patient, comprehensive, one or more visits) and 92015 (Determine refractive state) billed on the same day or within a 12-month period for the same recipient are denying in error with edit code 0912 (Only one unit per 12 months; prior authorization required).

Claims submitted by PTs 25, 12 (Hospital, Outpatient), 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse) and 77 (Physician's Assistant) with procedure codes 92060 (Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or parietic muscle with diplopia) with interpretation and report) and 92083 (Visual field examination, unilateral or bilateral, with interpretation and report; extended examination) billed on the same day or within a 12-month period for the same recipient are also denying in error with edit code 0912.

The Division of Health Care Financing and Policy (DHCFP) is working to resolve the issues as quickly as possible. The claims that denied in error will be automatically reprocessed and will be appropriately adjudicated. Providers do not need to resubmit or appeal the denied claims. Future web announcements will provide updated information regarding the resolution of these issues and when any impacted claims will be automatically reprocessed.