



**September 4, 2024**

**Nevada Medicaid Web Announcement 3431**

**Attention Provider Types 20 (Physician, M.D., Osteopath, D.O.), 25 (Optometrist) and 41 (Optician, Optical Business):**

### **Prior Authorization No Longer Required for Procedure Code V2784**

During the 82nd Nevada Legislative Session (2023), Senate Bill (SB) 385 was passed requiring Nevada Medicaid to provide coverage for polycarbonate corrective lenses. Effective January 1, 2024, initial prior authorization (PA) is no longer required for procedure code V2784 (Lens, polycarbonate or equal, any index, per lens) for provider types 20 (Physician, M.D., Osteopath, D.O.), 25 (Optometrist) and 41 (Optician, Optical Business). Medicaid Services Manual (MSM) Chapter 1100 will be updated to reflect this change.

Please note that PA is still required when the service limit for V2784 is exceeded for recipients age 21 and older.

Claims submitted for procedure code V2784 with dates of service from January 1, 2024, through September 2, 2024, that did not have a PA and denied with error code 3001 (Prior authorization not found) may be automatically reprocessed. A future remittance advice will report the result of any reprocessed claims.

If 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