WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

VISION SERVICES

For Non-MCO enrolled Member benefit verIfication, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
92065	ORTHOPTIC TRAINING; PERFORMED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	VISION CARE	Required - Beyond Service Limits	Age <= 21 years old	PRICED	6 sessions per calendar year without PA	If improvement is noted after 4 sessions, the recipient must be referred to an appropriate professional eg, neurologist, or opthalmologist) for further evaluation. Other conditions eligible are sensory or motor strabismus and accommodative disorders, see manual for further detailed information
92326	REPLACEMENT OF CONTACT LENS	VISION CARE	REQUIRED	Age >= 21 years old	PRICED	<21 no PA requirement > or = 21 PA Required	Prescription, fitting, and/or medical supervision of ocular prosthetic adaptation by a physician, see Evaluation and Management services or General Ophthalmological service codes 92002-92014
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; OPTIC NERVE	VISION CARE	Required - Beyond Service Limits	No Restriction	PRICED	1 per calendar year without PA	**PA required for additional events based on medical necessity** Must be requested in the lab-imaging-radiology portal
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; RETINA	VISION CARE	Required - Beyond Service Limits	No Restriction	PRICED	4 per calendar year without PA	**PA required for additional events based on medical necessity** Must be requested in the lab-imaging-radiology portal
EPSDT	EPSDT SERVICE	VISION CARE	REQUIRED	Age <= 20 years old	NOT PRICED		**For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx**
OON Service	OUT-OF-NETWORK SERVICE	VISION CARE	REQUIRED	No Restriction	NOT PRICED		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.