




Medical Assistance BULLETIN

ISSUE DATE September 16, 2024	EFFECTIVE DATE September 15, 2024	NUMBER 99-24-06
SUBJECT MA Program Fee Schedule Updates for Certain Ophthalmology Procedure Codes		BY  Sally Kozak Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html>.

PURPOSE:

The purpose of this bulletin is to advise providers that the Department of Human Services (Department) will increase fees for certain ophthalmology services on the Medical Assistance (MA) Program Fee Schedule, effective for dates of services on and after September 15, 2024.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program who render services to MA beneficiaries in the Fee-for-Service delivery system. Providers rendering services to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization with any coding or billing questions.

BACKGROUND/DISCUSSION:

The Department is adjusting rates on the MA Program Fee Schedule as follows to ensure continued access to these services:

Procedure Code	National Code Description	Modifier	Current MA Fee	New MA Fee
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles		\$483.50	\$631.24
67316	Strabismus surgery, recession or resection procedure; 2 or more		\$483.50	\$677.02

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html>

	vertical muscles (excluding superior oblique)			
67318	Strabismus surgery, any procedure, superior oblique muscle		\$483.50	\$654.49
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)		\$122.87	\$177.55
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)		\$118.50	\$638.92
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent		\$158.50	\$210.82
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient		\$28.34	\$43.49
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete		\$39.50	\$132.89
92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited		\$20.50	\$69.52
92020	Gonioscopy (separate procedure)		\$16.00	\$19.41
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report		\$21.94	\$34.48
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	TC	\$9.01	\$16.04
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	26	\$12.93	\$18.44
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with		\$33.74	\$60.61

	interpretation and report (separate procedure)			
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	TC	\$11.59	\$25.30
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	26	\$22.15	\$35.31
92065	Orthoptic training; performed by a physician or other qualified health care professional		\$24.06	\$32.27
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)		\$28.00	\$31.59
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	TC	\$14.15	\$16.35
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	26	\$13.85	\$15.24
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold		\$35.00	\$44.48

	automatic diagnostic test, Octopus program 33)			
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	TC	\$18.69	\$24.69
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	26	\$16.31	\$19.79
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral		\$28.42	\$29.73
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	TC	\$11.76	\$14.19
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	26	\$16.66	\$15.54
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina		\$34.84	\$38.43
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	TC	\$11.76	\$14.81
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	26	\$23.08	\$23.62

92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation		\$36.39	\$44.82
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	TC	\$12.90	\$16.05
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	26	\$23.49	\$28.77
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral		\$18.33	\$21.65
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral		\$11.84	\$13.90
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral		\$8.90	\$16.35
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral		\$23.33	\$28.24
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	TC	\$9.67	\$12.34
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	26	\$13.66	\$15.90
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral		\$35.34	\$37.95
92230	Fluorescein angiography with interpretation and report		\$10.00	\$32.93

92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral		\$173.34	\$262.43
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	TC	\$129.41	\$211.06
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	26	\$43.93	\$51.37
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report		\$48.00	\$82.51
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	TC	\$28.80	\$39.19
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report	26	\$19.20	\$43.32
92270	Electro-oculography with interpretation and report		\$77.87	\$110.58
92270	Electro-oculography with interpretation and report	TC	\$38.48	\$70.35
92270	Electro-oculography with interpretation and report	26	\$39.39	\$40.23
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)		\$103.34	\$118.32
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	TC	\$73.43	\$83.94
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	26	\$29.91	\$34.38
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)		\$70.26	\$84.18

92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	TC	\$43.74	\$52.77
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	26	\$26.52	\$31.41
92283	Color vision examination, extended, eg, anomaloscope or equivalent		\$11.70	\$50.71
92283	Color vision examination, extended, eg, anomaloscope or equivalent	TC	\$3.54	\$42.58
92283	Color vision examination, extended, eg, anomaloscope or equivalent	26	\$8.16	\$8.13
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)		\$13.25	\$21.72
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)	TC	\$9.22	\$18.82
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)	26	\$4.03	\$2.90
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis		\$33.00	\$37.07
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	TC	\$19.80	\$16.66
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	26	\$13.20	\$20.41

The Department is end-dating the TC and 26 modifiers from the following procedure code as a result of clinical review. There is only one fee for this procedure code, so the pricing modifiers are no longer necessary.

Procedure Code	National Code Description
92284	Diagnostic dark adaptation examination with interpretation and report

PROCEDURE:

The Department updated the MA Program Fee Schedule to reflect these changes. Providers may access the online version of the fee schedule located on the Department's website at: <https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html>.