

MEDICAL ASSISTANCE BULLETIN

 ISSUE DATE
 EFFECTIVE DATE
 NUMBER

 July 8, 2024
 August 1, 2024
 99-24-05

SUBJECT

Ophthalmology Fee Updates

BY

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Office of Medical Assistance Programs

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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/promise-provider-enrollment.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 August 1, 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.

BACKGROUN/DISCUSSION:

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

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/resources/for-providers/ma-for-providers/contact-information-for-ma-providers.html

Procedure Code	National Code Description	Modifier	Current MA Fee	New MA Fee
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits		\$58.77	\$89.90
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient		\$29.41	\$47.90
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits		\$45.28	\$72.26
92015	Determination of refractive state		\$4.50	\$17.60
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral		\$45.50	\$152.10
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	TC	\$27.30	\$112.01
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral	26	\$18.20	\$40.09

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:

 $\underline{https://www.dhs.pa.gov/providers/Providers/Pages/Health\%20Care\%20for\%20Providers/MA-Fee-Schedule.aspx}.$