



MONTEFIORE CARE MANAGEMENT

IPA Board of Directors Approves Modification of Ophthalmology Fees - Effective November 1, 2009

Over the past three years costs associated with IPA participating Ophthalmology providers have increased over 50%. In an effort to better manage these costs the following changes were approved by the IPA Board:

Comprehensive Eye Exam The IPA fee schedule will be modified to accommodate reimbursement for Comprehensive Eye Exam services. **Reimbursement for a comprehensive eye exam will be a maximum of up to \$200.00 depending on the services billed during that date of service.**

A Comprehensive Eye Exam will include the following individually billed services:

Procedure Code	Description
92002-92004	Initial Eye Exam
92012- 92020	Subsequent, including Refraction, 92015, and exam under anesthesia
92081-92083	Visual Field Tests
92120-92130	Tonography
92225-92226	Ophthalmoscopy
99201-99205	Initial E&M (Evaluation and Management)
99211-99215	Established E&M
99241-99245	Office/ Outpatient Consults

Modified Diagnostic Testing

Diagnostic testing associated with Ophthalmologic services will be payable at 80% of the prevailing Bronx based Medicare fee schedule. Services included in this modified reimbursement include:

Procedure Code	Description
76510 – 76519	Ophthalmic ultrasound
92025	Computerized corneal topography, uni- or bilateral
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment
92133	Scanning computerized ophthalmic diagnostic imaging , posterior segment; optic nerve
92134	Scanning computerized ophthalmic diagnostic imaging, retina
92136	Ophthalmic biometry, partial coherence interferometry with IOL power calculation
92140	Provocative tests for glaucoma (not typically performed today)
92227	Remote imaging for detection of retinal disease (i.e. diabetic retinopathy), unilateral or bilateral – Medicare Non- Covered procedure denial.
92228	Remote imaging for monitoring and management of active retinal disease, unilateral or bilateral
92235	Fluorescein angiography
92240	Indocyanine-green angiography
92250	Fundus photography
92265	Needle oculoelectromyography
92270	Electro-oculography
92275	Electroretinography
92283	Color vision Exam, extended
92284	Dark adaptation examination
92285	External Ocular photography
92286	Special anterior segment photography
92287	Special anterior segment photography with fluoroscein angiography

Changes in blue effective as of August 15, 2011

If you have questions regarding these changes please contact CMO Provider Relations at 914-377-4477.