

## Healthfirst Standard Ophthalmology Rate Increase

Effective September 1, 2021, Healthfirst will increase the reimbursement rates for a subset of ophthalmology services under the Healthfirst Standard Fee Schedules applicable to benefit plans offered through Healthfirst Prepaid Health Services Plan (PHSP) and Healthfirst Health Plan (HFHP), respectively.

These changes have been made to recognize the complexity of select retinal and cataract surgical procedures. Updated office/facility reimbursement rates for PHSP and HFHP benefit plans are listed in the table below and are applicable to all benefit plans offered under those respective entities.

CPT	CPT Description	PHSP Standard		HFHP Standard	
		Office	Facility	Office	Facility
65426	Excision or Transposition of Pterygium; with Graft	646.38	460.62	727.18	727.18
65820	Goniotomy	757.11	757.11	851.75	851.75
65855	Trabeculoplasty by Laser Surgery	238.32	199.06	268.11	268.11
66170	Fistulization of Sclera for Glaucoma; Trabeculectomy in Absence of Previous Surgery	1,117.80	1,117.80	1,117.80	1,117.80
66172	Fistulization of Sclera for Glaucoma; Trabeculectomy with Scarring from previous Ocular Procedure	859.85	859.85	1,218.12	1,218.12
66174	Transluminal Dilation of Aqueous Outflow Canal; Without Retention of Device or Stent	908.44	908.44	1,022.00	1,022.00
66180	Aqueous Shunt to Extraocular Equatorial Plate Reservoir, External Approach; with Graft	1,026.76	1,026.76	1,232.11	1,232.11
66761	Iridotomy/Iridectomy by Laser Surgery (e.g., for Glaucoma) (one or more sessions)	290.90	227.46	327.26	327.26
66821	Discission of Secondary Membranous Cataract (Opacified Posterior Lens Capsule and/or Anterior Hyaloid)	321.78	301.10	362.00	362.00

# Provider Alert

66982	Extracapsular Cataract Removal with Insertion of Intraocular Lens Prosthesis (1 stage procedure) Manual	674.37	674.37	809.24	809.24
66984	Extracapsular Cataract Removal with Insertion of Intraocular Lens Prosthesis (1 stage procedure), Mechanical Technique	523.98	523.98	589.48	589.48
67028	Intravitreal Injection of a Pharmacologic Agent (Separate Procedure)	103.09	100.48	115.22	115.22
67210	Destruction of Localized Lesion of Retina (e.g., Macular Edema, Tumors one or more Sessions; Photocoagulation	499.06	480.47	561.44	561.44
67220	Destruction of Localized Lesion of Choroid (e.g., Choroidal Neovascularization); Photocoagulation	514.47	480.47	546.63	546.63
67228	Treatment of Extensive or Progressive Retinopathy (e.g., Diabetic Retinopathy), Photocoagulation	328.58	292.47	369.65	369.65

If you have any questions, please call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, “Healthfirst”).