

	<b>MEDICAL ASSISTANCE BULLETIN</b> <b>COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE</b>	
	<b>SUBJECT</b>  Changes to the Medical Assistance Program 1997 HCPCS Updates	<b>BY</b>    <b>Robert S. Zimmerman, Jr., M.P.H.</b> Deputy Secretary for Medical Assistance Programs
<b>NUMBER:</b>	01-97-11, 03-97-04, 04-97-04, 10-97-04, 11-97-07, 12-97-05, 15-97-02, 16-97-02, 17-97-05, 20-97-02, 30-97-03, 43-97-02, 49-97-04, 50-97-04	
<b>ISSUE DATE:</b>	June 30, 1997	
<b>EFFECTIVE DATE:</b>	June 30, 1997	

**PURPOSE:**

The purpose of this bulletin is to issue changes to the Medical Assistance Program Fee Schedule Revision 1997 HCPCS Updates Bulletin, issued on April 10, 1997.

**SCOPE:**

This bulletin applies to all physicians, dentists, podiatrists, independent medical clinics, outpatient hospital and rehabilitation clinics, optometrists, independent laboratories, portable x-ray clinics, physical therapists, certified registered nurse practitioners, and EPSDT service providers.

**BACKGROUND:**

On April 10, 1997, the Department issued changes to the Medical Assistance Program Fee Schedule as a result of implementing the 1997 updates to the Health Care Financing Administration Common Procedure Coding System (HCPCS). Procedure code **68825**, "Probing of Nasolacrimal Duct, With or Without Irrigation, Unilateral or Bilateral; Requiring General Anesthesia," and procedure code **68830**, "Probing of Nasolacrimal Duct, With or Without Irrigation, Unilateral or Bilateral; With Insertion of Tube or Stent," were end dated, effective March 31, 1997, as a result of the 1997 HCPCS updates. No crosswalk was provided by the Department for these two procedure codes.

**PROCEDURE:**

Effective March 31, 1997, procedure codes **68825** and **68830** were end dated on the Medical Assistance Program Fee Schedule and should be crosswalked to the following procedure codes, effective April 1, 1997.

END DATE			USE		
MARCH 31, 1997			APRIL 1, 1997		
TYPE OF SERVICE	PROCEDURE CODE	FEE	TYPE OF SERVICE	PROCEDURE CODE	FEE
20	68825	\$143.50	20	68811	\$143.50
40	68825	\$111.50	40	68811	\$111.50
20	68830	\$158.50	20	68815	\$158.50
40	68830	\$43.50	40	68815	\$43.50

**NEW HCPCS CODES EFFECTIVE 04/01/97**

**Procedure Code**

**Terminology**

68811

Probing of Nasolacrimal Duct, With or Without Irrigation; Requiring General

Anesthesia

68815

Probing of Nasolacrimal Duct, With or Without Irrigation; With Insertion of Tube  
or Stent

***Please keep this Medical Assistance Bulletin with your Medical Assistance Program Fee Schedule.***

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Bureau of Consumer and Provider Services  
P.O. Box 8047  
Harrisburg, PA 17105

or

Call the appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).