Benefit Changes for Vision Services
Non-Surgical Procedure Code 92242
Effective January 1, 2020

Information posted December 20, 2019

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client’s specific MCO for details.

Effective for dates of service on or after January 1, 2020, benefits for vision services non-surgical procedure code 92242 will change for Texas Medicaid.

The professional and technical components will be payable for procedure code 92242 and will not require modifier LT or RT on the claim to identify the eye on which the service was performed.

The medical component for procedure code 92242 will no longer need to be billed with modifier LT or RT on the claim to identify the eye on which the service was performed.

The medical, professional, and technical components for procedure code 92242 will be limited to one per day, and two services per calendar year, any provider.

For more information, call the TMHP Contact Center at 800-925-9126.