Highmark Reimbursement Policy Bulletin

Bulletin Number: RP-024  
Subject: Eye Procedures Done in Stages or Sessions  
Effective Date: January 29, 2018  
End Date:  
Issue Date: January 29, 2018  
Source: Reimbursement Policy  

Applicable Commercial Market: PA • WV • DE •  
Applicable Medicare Advantage Market: PA • WV •  
Applicable Claim Type: UB • 1500 •

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

REIMBURSEMENT GUIDELINES:

The procedures listed below are used to treat conditions involving the eye by various means (i.e. diathermy, cryotherapy, laser, etc.), whether performed in one or more stages or sessions. The code appropriate to the method of treatment should be reported and reimbursed only once, regardless of the number of sessions required to successfully complete the procedure.

65855  66762  66821  66840  67101  67105  67141  67145  
67208  67210  67218  67220  67227  67228  67229

The procedure codes listed above are all considered staged procedures if the same exact code is reported by the same provider within the established postoperative period. In this instance, no additional payment will be made beyond that already allowed for the initial procedure. Services performed on the other eye are not considered part of the original surgery and are eligible for payment when separately documented in the medical record.

Note: Separate reimbursement can be made for the treatment of new retinal conditions in a different segment of the same eye. Different segments can be determined by quadrants (i.e., upper outer, upper inner, lower outer, and lower inner). It is necessary for the provider to submit medical records and/or additional documentation to determine coverage in this situation.

This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.