

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018 **End Date:**  
**Issue Date:** January 1, 2024 **Revised Date:** January 2024  
**Date Reviewed:** December 2023  
**Source:** Reimbursement Policy

|   |    |                                     |      |                                     |    |                                     |    |                                     |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| <b>Applicable Commercial Market</b>         | PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| <b>Applicable Medicare Advantage Market</b> | PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| <b>Applicable Claim Type</b>                | UB | <input checked="" type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> |    |                                     |    |                                     |

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

### Professional (1500) claims

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

Applicable Codes:

|        |       |         |        |        |       |       |       |       |       |
|--------|-------|---------|--------|--------|-------|-------|-------|-------|-------|
| 20930  | 92354 | 92938   | *99024 | 99368  | A4558 | Q4006 | Q4021 | Q4036 | Q4051 |
| 20936  | 92355 | 92944   | 99070  | *99374 | A4565 | Q4007 | Q4022 | Q4037 | R0076 |
| 22841  | 92358 | 92971   | 99071  | *99377 | A4570 | Q4008 | Q4023 | Q4038 | S0395 |
| 34839  | 92371 | 93740   | 99072  | *99378 | A4580 | Q4009 | Q4024 | Q4039 | S3600 |
| 36000  | 92531 | 93770   | 99078  | *99379 | A4590 | Q4010 | Q4025 | Q4040 | S3601 |
| 36416  | 92532 | 94005   | 99080  | *99380 | E0445 | Q4011 | Q4026 | Q4041 | S8450 |
| 38204  | 92533 | 94150   | 99090  | *99483 | G0501 | Q4012 | Q4027 | Q4042 | S8451 |
| 69209  | 92534 | 94760   | 99100  | A4220  | G0269 | Q4013 | Q4028 | Q4043 | S8452 |
| 69210  | 92605 | 94761   | 99116  | A4262  | J1642 | Q4014 | Q4029 | Q4044 | S9110 |
| 90885  | 92606 | 96902   | 99135  | A4263  | Q3031 | Q4015 | Q4030 | Q4045 | S9430 |
| *90887 | 92618 | 97010   | 99140  | A4270  | Q4001 | Q4016 | Q4031 | Q4046 | S9981 |
| 90889  | 92921 | 97602   | 99172  | A4300  | Q4002 | Q4017 | Q4032 | Q4047 | S9982 |
| 92260  | 92925 | **99000 | 99173  | A4550  | Q4003 | Q4018 | Q4033 | Q4048 |       |
| 92352  | 92929 | **99001 | 99366  | A4556  | Q4004 | Q4019 | Q4034 | Q4049 |       |
| 92353  | 92934 | 99002   | 99367  | A4557  | Q4005 | Q4020 | Q4035 | Q4050 |       |

**\*Note:** Codes 90887, 99024, 99374, 99377, 99378, 99379, 99380 and 99483 are not separately reimbursed after July 6, 2023. For New York, codes 90887, 99024, 99377, 99378, 99379, and 99380, were always not separately reimbursed.

**\*\*Note:** In all regions, codes 99000 and 99001 will no longer be separately reimbursed after July 6, 2023.

#### Facility (UB) claims

Depending on the provider's contracted methodology, the policy may be applied post-pay for hot and cold packs (code 97010).

### **MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:**

#### Professional (1500) claims

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

#### Facility (UB) claims

Depending on the provider's contracted methodology, the policy may be applied post-pay for hot and cold packs (code 97010).

### **ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:**

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

**POLICY UPDATE HISTORY INFORMATION:**

|           |  |
|-----------|--|
| 12 / 2018 | Implementation   |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491   |
| 9 / 2019  | Added codes S9430  |
| 4 / 2020  | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added note regarding COVID-19 temporary policy waiver for codes indicated                            |
| 6 / 2020  | Temporary policy waiver extended to September 30, 2020   |
| 7 / 2020  | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982  |
| 9 / 2020  | Temporary policy waiver extended to December 31, 2020  |
| 10 / 2020 | Added notification exception for codes 99000 and 99001 regarding PHE   |
| 12 / 2020 | Added code 99072   |
| 1 / 2021  | Temporary policy waiver extended until the PHE expires   |
| 2 / 2021  | Added code U0005. Added E/M direction when billed with G2023 and G2024   |
| 4 / 2021  | Added code G2211   |
| 11 / 2021 | Added NY region applicable to the policy for Commercial. Removed code 90863. Noted NY variation for codes 90887, 99024, 99340, 99377, 99378, 99379, 99380, 99702 and U0005 |
| 1 / 2022  | Added DE Medicare Advantage applicable to the policy and added code 90885  |
| 3 / 2022  | Added codes 99100, 99116, 99135 and 99140  |
| 4 / 2022  | Added codes 34839, 92352, 92353, 92354, 92355, 92358, 92371, 92534, G0501, Q3031, E0445  |
| 1 / 2023  | Removed codes 15850 and 99340  |
| 5 / 2023  | Added codes 38204, 90889, 92605, 92606, 92618, 93740 and R0076   |
| 7 / 2023  | Removed PHE exception notes and codes U0005, G2023, G2024 and changed direction for codes 99000, 99001, 90887, 99024, 99374, 99377, 99378, 99379, 99380, 99483             |
| 8 / 2023  | Applied policy applicable to UB and direction specific to UB   |
| 1 / 2024  | Removed code G2211   |

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041

**Subject:** Services Not Separately Reimbursed

**Effective Date:** December 17, 2018

**End Date:**

**Issue Date:** August 7, 2023

**Revised Date:** August 2023

**Date Reviewed:** July 2023

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Claim Type**

UB ☒ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The purpose of this policy is to provide direction on procedure codes. The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

### Professional (1500) claims

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

20930 92354 92938 \*99024 99368 A4558 Q4005 Q4020 Q4035 Q4050

|        |       |         |       |        |       |       |       |       |       |
|--------|-------|---------|-------|--------|-------|-------|-------|-------|-------|
| 20936  | 92355 | 92944   | 99070 | *99374 | A4565 | Q4006 | Q4021 | Q4036 | Q4051 |
| 22841  | 92358 | 92971   | 99071 | *99377 | A4570 | Q4007 | Q4022 | Q4037 | R0076 |
| 34839  | 92371 | 93740   | 99072 | *99378 | A4580 | Q4008 | Q4023 | Q4038 | S0395 |
| 36000  | 92531 | 93770   | 99078 | *99379 | A4590 | Q4009 | Q4024 | Q4039 | S3600 |
| 36416  | 92532 | 94005   | 99080 | *99380 | E0445 | Q4010 | Q4025 | Q4040 | S3601 |
| 38204  | 92533 | 94150   | 99090 | *99483 | G0501 | Q4011 | Q4026 | Q4041 | S8450 |
| 69209  | 92534 | 94760   | 99100 | A4220  | G0269 | Q4012 | Q4027 | Q4042 | S8451 |
| 69210  | 92605 | 94761   | 99116 | A4262  | G2211 | Q4013 | Q4028 | Q4043 | S8452 |
| 90885  | 92606 | 96902   | 99135 | A4263  | J1642 | Q4014 | Q4029 | Q4044 | S9110 |
| *90887 | 92618 | 97010   | 99140 | A4270  | Q3031 | Q4015 | Q4030 | Q4045 | S9430 |
| 90889  | 92921 | 97602   | 99172 | A4300  | Q4001 | Q4016 | Q4031 | Q4046 | S9981 |
| 92260  | 92925 | **99000 | 99173 | A4550  | Q4002 | Q4017 | Q4032 | Q4047 | S9982 |
| 92352  | 92929 | **99001 | 99366 | A4556  | Q4003 | Q4018 | Q4033 | Q4048 |       |
| 92353  | 92934 | 99002   | 99367 | A4557  | Q4004 | Q4019 | Q4034 | Q4049 |       |

**\*Note:** Codes 90887, 99024, 99374, 99377, 99378, 99379, 99380 and 99483 are not separately reimbursed after July 6, 2023. For New York, codes 90887, 99024, 99377, 99378, 99379, and 99380, were always not separately reimbursed.

**\*\*Note:** In all regions, codes 99000 and 99001 will no longer be separately reimbursed after July 6, 2023.

#### Facility (UB) claims

Depending on the provider's contracted methodology, the policy may be applied post-pay for hot and cold packs (code 97010).

### **MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:**

#### Professional (1500) claims

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

#### Facility (UB) claims

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### **ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:**

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

**POLICY UPDATE HISTORY INFORMATION:**

|           |  |
|-----------|--|
| 12 / 2018 | Implementation   |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491   |
| 9 / 2019  | Added codes S9430  |
| 4 / 2020  | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added note regarding COVID-19 temporary policy waiver for codes indicated                            |
| 6 / 2020  | Temporary policy waiver extended to September 30, 2020   |
| 7 / 2020  | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982  |
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| 1 / 2022  | Added DE Medicare Advantage applicable to the policy and added code 90885  |
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| 1 / 2023  | Removed codes 15850 and 99340  |
| 5 / 2023  | Added codes 38204, 90889, 92605, 92606, 92618, 93740 and R0076   |
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| 8 / 2023  | Applied policy applicable to UB and direction specific to UB   |

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041

**Subject:** Services Not Separately Reimbursed

**Effective Date:** December 17, 2018

**End Date:**

**Issue Date:** July 10, 2023

**Revised Date:** July 2023

**Date Reviewed:** May 2023

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Claim Type**

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

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Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

|        |       |         |        |        |       |       |       |       |       |
|--------|-------|---------|--------|--------|-------|-------|-------|-------|-------|
| 20930  | 92354 | 92938   | *99024 | 99368  | A4558 | Q4005 | Q4020 | Q4035 | Q4050 |
| 20936  | 92355 | 92944   | 99070  | *99374 | A4565 | Q4006 | Q4021 | Q4036 | Q4051 |
| 22841  | 92358 | 92971   | 99071  | *99377 | A4570 | Q4007 | Q4022 | Q4037 | R0076 |
| 34839  | 92371 | 93740   | 99072  | *99378 | A4580 | Q4008 | Q4023 | Q4038 | S0395 |
| 36000  | 92531 | 93770   | 99078  | *99379 | A4590 | Q4009 | Q4024 | Q4039 | S3600 |
| 36416  | 92532 | 94005   | 99080  | *99380 | E0445 | Q4010 | Q4025 | Q4040 | S3601 |
| 38204  | 92533 | 94150   | 99090  | *99483 | G0501 | Q4011 | Q4026 | Q4041 | S8450 |
| 69209  | 92534 | 94760   | 99100  | A4220  | G0269 | Q4012 | Q4027 | Q4042 | S8451 |
| 69210  | 92605 | 94761   | 99116  | A4262  | G2211 | Q4013 | Q4028 | Q4043 | S8452 |
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| *90887 | 92618 | 97010   | 99140  | A4270  | Q3031 | Q4015 | Q4030 | Q4045 | S9430 |
| 90889  | 92921 | 97602   | 99172  | A4300  | Q4001 | Q4016 | Q4031 | Q4046 | S9981 |
| 92260  | 92925 | **99000 | 99173  | A4550  | Q4002 | Q4017 | Q4032 | Q4047 | S9982 |
| 92352  | 92929 | **99001 | 99366  | A4556  | Q4003 | Q4018 | Q4033 | Q4048 |       |
| 92353  | 92934 | 99002   | 99367  | A4557  | Q4004 | Q4019 | Q4034 | Q4049 |       |

**\*Note:** Codes 90887, 99024, 99374, 99377, 99378, 99379, 99380 and 99483 are not separately reimbursed after July 6, 2023. For New York, codes 90887, 99024, 99377, 99378, 99379, and 99380, were always not separately reimbursed.

**\*\*Note:** In all regions, codes 99000 and 99001 will no longer be separately reimbursed after July 6, 2023.

### MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

### ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

### POLICY UPDATE HISTORY INFORMATION:

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|           |  |
|-----------|--|
| 9 / 2020  | Temporary policy waiver extended to December 31, 2020  |
| 10 / 2020 | Added notification exception for codes 99000 and 99001 regarding PHE   |
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| 1 / 2022  | Added DE Medicare Advantage applicable to the policy and added code 90885  |
| 3 / 2022  | Added codes 99100, 99116, 99135 and 99140  |
| 4 / 2022  | Added codes 34839, 92352, 92353, 92354, 92355, 92358, 92371, 92534, G0501, Q3031, E0445  |
| 1 / 2023  | Removed codes 15850 and 99340  |
| 5 / 2023  | Added codes 38204, 90889, 92605, 92606, 92618, 93740 and R0076   |
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# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018 **End Date:**  
**Issue Date:** May 29, 2023 **Revised Date:** May 2023  
**Date Reviewed:** February 2023  
**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Claim Type**

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

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Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

> **New York** does not separately reimburse for 90887, 99024, 99377, 99378, 99379, and 99380, either during or after the PHE.

**\*\*Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

|        |       |         |        |        |       |       |       |       |       |
|--------|-------|---------|--------|--------|-------|-------|-------|-------|-------|
| 20930  | 92354 | 92938   | *99024 | 99368  | A4558 | Q4005 | Q4020 | Q4035 | Q4050 |
| 20936  | 92355 | 92944   | 99070  | *99374 | A4565 | Q4006 | Q4021 | Q4036 | Q4051 |
| 22841  | 92358 | 92971   | 99071  | *99377 | A4570 | Q4007 | Q4022 | Q4037 | R0076 |
| 34839  | 92371 | 93740   | 99072  | *99378 | A4580 | Q4008 | Q4023 | Q4038 | S0395 |
| 36000  | 92531 | 93770   | 99078  | *99379 | A4590 | Q4009 | Q4024 | Q4039 | S3600 |
| 36416  | 92532 | 94005   | 99080  | *99380 | E0445 | Q4010 | Q4025 | Q4040 | S3601 |
| 38204  | 92533 | 94150   | 99090  | *99483 | G0501 | Q4011 | Q4026 | Q4041 | S8450 |
| 69209  | 92534 | 94760   | 99100  | A4220  | G0269 | Q4012 | Q4027 | Q4042 | S8451 |
| 69210  | 92605 | 94761   | 99116  | A4262  | G2211 | Q4013 | Q4028 | Q4043 | S8452 |
| 90885  | 92606 | 96902   | 99135  | A4263  | J1642 | Q4014 | Q4029 | Q4044 | S9110 |
| *90887 | 92618 | 97010   | 99140  | A4270  | Q3031 | Q4015 | Q4030 | Q4045 | S9430 |
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| 92260  | 92925 | **99000 | 99173  | A4550  | Q4002 | Q4017 | Q4032 | Q4047 | S9982 |
| 92352  | 92929 | **99001 | 99366  | A4556  | Q4003 | Q4018 | Q4033 | Q4048 | U0005 |
| 92353  | 92934 | 99002   | 99367  | A4557  | Q4004 | Q4019 | Q4034 | Q4049 |       |

**Note:** For Network providers, New York separately reimbursed for 99072 until December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

## MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

**ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:**

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aaofp.org/news/health-of-the-public/20170109cerumengdln.html>

**POLICY UPDATE HISTORY INFORMATION:**

|           |   |
|-----------|---|
| 12 / 2018 | Implementation  |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491  |
| 9 / 2019  | Added codes S9430   |
| 4 / 2020  | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.                    |
| 6 / 2020  | Temporary policy waiver extended to September 30, 2020.   |
| 7 / 2020  | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982   |
| 9 / 2020  | Temporary policy waiver extended to December 31, 2020.  |
| 10 / 2020 | Added notification exception for codes 99000 and 99001 regarding PHE  |
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| 2 / 2021  | Added code U0005. Added E/M direction when billed with G2023 and G2024.   |
| 4 / 2021  | Added code G2211  |
| 11 / 2021 | Added NY region applicable to the policy for Commercial. Removed code 90863. Noted NY variation for codes 90887, 99024, 99340, 99377, 99378, 99379, 99380, 99702 and U0005. |
| 1 / 2022  | Added DE Medicare Advantage applicable to the policy. Added code 90885.   |
| 3 / 2022  | Added codes 99100, 99116, 99135 and 99140.  |
| 4 / 2022  | Added codes 34839, 92352, 92353, 92354, 92355, 92358, 92371, 92534, G0501, Q3031, E0445.  |
| 1 / 2023  | Removed codes 15850 and 99340   |
| 5 / 2023  | Added codes 38204, 90889, 92605, 92606, 92618, 93740 and R0076  |

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041

**Subject:** Services Not Separately Reimbursed

**Effective Date:** December 17, 2018

**End Date:**

**Issue Date:** January 1, 2023

**Revised Date:** January 2023

**Date Reviewed:** December 2022

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Claim Type**

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

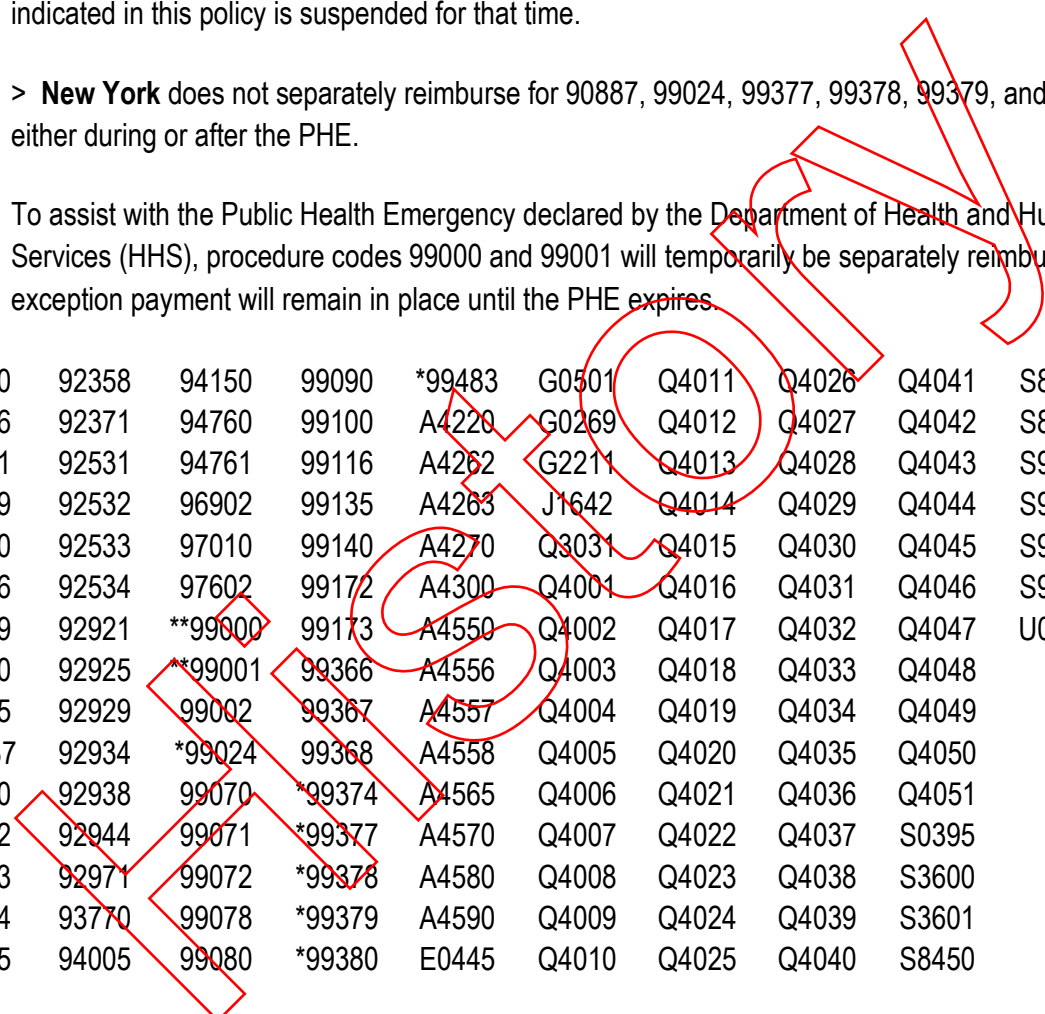
Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

> **New York** does not separately reimburse for 90887, 99024, 99377, 99378, 99379, and 99380, either during or after the PHE.

**\*\*Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.



|        |       |                    |        |        |       |       |       |       |       |
|--------|-------|--------------------|--------|--------|-------|-------|-------|-------|-------|
| 20930  | 92358 | 94150              | 99090  | *99483 | G0501 | Q4011 | Q4026 | Q4041 | S8451 |
| 20936  | 92371 | 94760              | 99100  | A4220  | G0269 | Q4012 | Q4027 | Q4042 | S8452 |
| 22841  | 92531 | 94761              | 99116  | A4262  | G2211 | Q4013 | Q4028 | Q4043 | S9110 |
| 34839  | 92532 | 96902              | 99135  | A4263  | J1642 | Q4014 | Q4029 | Q4044 | S9430 |
| 36000  | 92533 | 97010              | 99140  | A4270  | Q3031 | Q4015 | Q4030 | Q4045 | S9981 |
| 36416  | 92534 | 97602              | 99172  | A4300  | Q4001 | Q4016 | Q4031 | Q4046 | S9982 |
| 69209  | 92921 | <del>**99000</del> | 99173  | A4550  | Q4002 | Q4017 | Q4032 | Q4047 | U0005 |
| 69210  | 92925 | <del>**99001</del> | 99366  | A4556  | Q4003 | Q4018 | Q4033 | Q4048 |       |
| 90885  | 92929 | 99002              | 99367  | A4557  | Q4004 | Q4019 | Q4034 | Q4049 |       |
| *90887 | 92934 | *99024             | 99368  | A4558  | Q4005 | Q4020 | Q4035 | Q4050 |       |
| 92260  | 92938 | 99070              | *99374 | A4565  | Q4006 | Q4021 | Q4036 | Q4051 |       |
| 92352  | 92944 | 99071              | *99377 | A4570  | Q4007 | Q4022 | Q4037 | S0395 |       |
| 92353  | 92971 | 99072              | *99378 | A4580  | Q4008 | Q4023 | Q4038 | S3600 |       |
| 92354  | 93770 | 99078              | *99379 | A4590  | Q4009 | Q4024 | Q4039 | S3601 |       |
| 92355  | 94005 | 99080              | *99380 | E0445  | Q4010 | Q4025 | Q4040 | S8450 |       |

**Note:** For Network providers, New York separately reimbursed for 99072 until December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

## MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

**ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:**

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aaof.org/news/health-of-the-public/20170109cerumengdln.html>

**POLICY UPDATE HISTORY INFORMATION:**

|           |   |
|-----------|---|
| 12 / 2018 | Implementation  |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491  |
| 9 / 2019  | Added codes S9430   |
| 4 / 2020  | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.                    |
| 6 / 2020  | Temporary policy waiver extended to September 30, 2020.   |
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| 4 / 2021  | Added code G2211  |
| 11 / 2021 | Added NY region applicable to the policy for Commercial. Removed code 90863. Noted NY variation for codes 90887, 99024, 99340, 99377, 99378, 99379, 99380, 99702 and U0005. |
| 1 / 2022  | Added DE Medicare Advantage applicable to the policy. Added code 90885.   |
| 3 / 2022  | Added codes 99100, 99116, 99135 and 99140.  |
| 4 / 2022  | Added codes 34839, 92352, 92353, 92354, 92355, 92358, 92371, 92534, G0501, Q3031, E0445.  |
| 1 / 2023  | Removed codes 15850 and 99340   |

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041

**Subject:** Services Not Separately Reimbursed

**Effective Date:** December 17, 2018

**End Date:**

**Issue Date:** April 4, 2022

**Revised Date:** April 2022

**Date Reviewed:** February 2022

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Claim Type**

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The purpose of this policy is to provide direction on procedure codes. The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.



Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

**> New York does not separately reimburse for 90887, 99024, 99340, 99377, 99378, 99379, and 99380, either during or after the PHE.**

**\*\*Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

|        |       |         |        |        |       |       |       |       |       |
|--------|-------|---------|--------|--------|-------|-------|-------|-------|-------|
| 15850  | 92355 | 94005   | 99080  | *99379 | A4590 | Q4009 | Q4024 | Q4039 | S3601 |
| 20930  | 92358 | 94150   | 99090  | *99380 | E0445 | Q4010 | Q4025 | Q4040 | S8450 |
| 20936  | 92371 | 94760   | 99100  | *99483 | G0501 | Q4011 | Q4026 | Q4041 | S8451 |
| 22841  | 92531 | 94761   | 99116  | A4220  | G0269 | Q4012 | Q4027 | Q4042 | S8452 |
| 34839  | 92532 | 96902   | 99135  | A4262  | G2211 | Q4013 | Q4028 | Q4043 | S9110 |
| 36000  | 92533 | 97010   | 99140  | A4263  | J1642 | Q4014 | Q4029 | Q4044 | S9430 |
| 36416  | 92534 | 97602   | 99172  | A4270  | Q3031 | Q4015 | Q4030 | Q4045 | S9981 |
| 69209  | 92921 | **99000 | 99173  | A4300  | Q4001 | Q4016 | Q4031 | Q4046 | S9982 |
| 69210  | 92925 | **99001 | *99340 | A4550  | Q4002 | Q4017 | Q4032 | Q4047 | U0005 |
| 90885  | 92929 | 99002   | 99366  | A4556  | Q4003 | Q4018 | Q4033 | Q4048 |       |
| *90887 | 92934 | *99024  | 99367  | A4557  | Q4004 | Q4019 | Q4034 | Q4049 |       |
| 92260  | 92938 | 99070   | 99368  | A4558  | Q4005 | Q4020 | Q4035 | Q4050 |       |
| 92352  | 92944 | 99071   | *99374 | A4565  | Q4006 | Q4021 | Q4036 | Q4051 |       |
| 92353  | 92971 | 99072   | *99377 | A4570  | Q4007 | Q4022 | Q4037 | S0395 |       |
| 92354  | 93770 | 99078   | *99378 | A4580  | Q4008 | Q4023 | Q4038 | S3600 |       |

**Note:** For Network providers, New York separately reimbursed for 99072 until December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

## MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

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- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

**POLICY UPDATE HISTORY INFORMATION:**

|           |   |
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| 1 / 2022  | Added DE Medicare Advantage applicable to the policy. Added code 90885.   |
| 3 / 2022  | Added codes 99100, 99116, 99135 and 99140.  |
| 4 / 2022  | Added codes 34839, 92352, 92353, 92354, 92355, 92358, 92371, 92534, G0501, Q3031, E0445.  |

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041

**Subject:** Services Not Separately Reimbursed

**Effective Date:** December 17, 2018

**End Date:**

**Issue Date:** March 7, 2022

**Revised Date:** March 2022

**Date Reviewed:** February 2022

**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Claim Type**

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The purpose of this policy is to provide direction on procedure codes. The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

**> New York does not separately reimburse for 90887, 99024, 99340, 99377, 99378, 99379, and 99380, either during or after the PHE.**

**\*\*Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

|        |       |         |        |       |       |       |       |       |       |
|--------|-------|---------|--------|-------|-------|-------|-------|-------|-------|
| 15850  | 92921 | 97602   | 99140  | A4262 | G2211 | Q4013 | Q4027 | Q4041 | S8450 |
| 20930  | 92925 | **99000 | 99172  | A4263 | J1642 | Q4014 | Q4028 | Q4042 | S8451 |
| 20936  | 92929 | **99001 | 99173  | A4270 | Q4001 | Q4015 | Q4029 | Q4043 | S8452 |
| 22841  | 92934 | 99002   | *99340 | A4300 | Q4002 | Q4016 | Q4030 | Q4044 | S9110 |
| 36000  | 92938 | *99024  | 99366  | A4550 | Q4003 | Q4017 | Q4031 | Q4045 | S9430 |
| 36416  | 92944 | 99070   | 99367  | A4556 | Q4004 | Q4018 | Q4032 | Q4046 | S9981 |
| 69209  | 92971 | 99071   | 99368  | A4557 | Q4005 | Q4019 | Q4033 | Q4047 | S9982 |
| 69210  | 93770 | 99072   | *99374 | A4558 | Q4006 | Q4020 | Q4034 | Q4048 | U0005 |
| 90885  | 94005 | 99078   | *99377 | A4565 | Q4007 | Q4021 | Q4035 | Q4049 |       |
| *90887 | 94150 | 99080   | *99378 | A4570 | Q4008 | Q4022 | Q4036 | Q4050 |       |
| 92260  | 94760 | 99090   | *99379 | A4580 | Q4009 | Q4023 | Q4037 | Q4051 |       |
| 92531  | 94761 | 99100   | *99380 | A4590 | Q4010 | Q4024 | Q4038 | S0395 |       |
| 92532  | 96902 | 99116   | *99483 |       | Q4011 | Q4025 | Q4039 | S3600 |       |
| 92533  | 97010 | 99135   | A4220  | G0269 | Q4012 | Q4026 | Q4040 | S3601 |       |

**Note:** For Network providers, New York separately reimbursed for 99072 until December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

## MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

**ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:**

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**POLICY UPDATE HISTORY INFORMATION:**

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| 12 / 2018 | Added codes 99487, 99489, 99490, 99491  |
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| 1 / 2022  | Added DE Medicare Advantage applicable to the policy. Added code 90885.   |
| 3 / 2022  | Added codes 99100, 99116, 99135 and 99140.  |

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018 **End Date:**  
**Issue Date:** January 3, 2022 **Revised Date:** January 2022  
**Date Reviewed:** November 2021  
**Source:** Reimbursement Policy

**Applicable Commercial Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Medicare Advantage Market**

PA ☒ WV ☒ DE ☒ NY ☒

**Applicable Claim Type**

UB ☐ 1500 ☒

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

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Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

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**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

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**\*\*Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

|        |       |         |        |       |       |       |       |       |       |
|--------|-------|---------|--------|-------|-------|-------|-------|-------|-------|
| 15850  | 92921 | 97602   | 99366  | A4550 | Q4004 | Q4018 | Q4032 | Q4046 | S9981 |
| 20930  | 92925 | **99000 | 99367  | A4556 | Q4005 | Q4019 | Q4033 | Q4047 | S9982 |
| 20936  | 92929 | **99001 | 99368  | A4557 | Q4006 | Q4020 | Q4034 | Q4048 | U0005 |
| 22841  | 92934 | 99002   | *99374 | A4558 | Q4007 | Q4021 | Q4035 | Q4049 |       |
| 36000  | 92938 | *99024  | *99377 | A4565 | Q4008 | Q4022 | Q4036 | Q4050 |       |
| 36416  | 92944 | 99070   | *99378 | A4570 | Q4009 | Q4023 | Q4037 | Q4051 |       |
| 69209  | 92971 | 99071   | *99379 | A4580 | Q4010 | Q4024 | Q4038 | S0395 |       |
| 69210  | 93770 | 99072   | *99380 | A4590 | Q4011 | Q4025 | Q4039 | S3600 |       |
| 90885  | 94005 | 99078   | *99483 | G0269 | Q4012 | Q4026 | Q4040 | S3601 |       |
| *90887 | 94150 | 99080   | A4220  | G2211 | Q4013 | Q4027 | Q4041 | S8450 |       |
| 92260  | 94760 | 99090   | A4262  | J1642 | Q4014 | Q4028 | Q4042 | S8451 |       |
| 92531  | 94761 | 99172   | A4263  | Q4001 | Q4015 | Q4029 | Q4043 | S8452 |       |
| 92532  | 96902 | 99173   | A4270  | Q4002 | Q4016 | Q4030 | Q4044 | S9110 |       |
| 92533  | 97010 | *99340  | A4300  | Q4003 | Q4017 | Q4031 | Q4045 | S9430 |       |

**Note:** For Network providers, New York will separately reimburse for 99072 through December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

#### MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

#### ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

#### POLICY UPDATE HISTORY INFORMATION:

|           |   |
|-----------|---|
| 12 / 2018 | Implementation  |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491  |
| 9 / 2019  | Added codes S9430   |
| 4 / 2020  | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.                    |
| 6 / 2020  | Temporary policy waiver extended to September 30, 2020.   |
| 7 / 2020  | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982   |
| 9 / 2020  | Temporary policy waiver extended to December 31, 2020.  |
| 10 / 2020 | Added notification exception for codes 99000 and 99001 regarding PHE  |
| 12 / 2020 | Added code 99072  |
| 1 / 2021  | Temporary policy wavier extended until the PHE expires.   |
| 2 / 2021  | Added code U0005. Added E/M direction when billed with G2023 and G2024.   |
| 4 / 2021  | Added code G2211  |
| 11 / 2021 | Added NY region applicable to the policy for Commercial. Removed code 90863. Noted NY variation for codes 90887, 99024, 99340, 99377, 99378, 99379, 99380, 99702 and U0005. |
| 1 / 2022  | Added DE Medicare Advantage applicable to the policy. Added code 90885.   |



# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018  
**Issue Date:** November 1, 2021  
**Date Reviewed:** August 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** August 2021

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

|    |                                     |      |                                     |    |                                     |    |                                     |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input type="checkbox"/>            | NY | <input type="checkbox"/>            |
| UB | <input type="checkbox"/>            | 1500 | <input checked="" type="checkbox"/> |    |                                     |    |                                     |

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

**> New York does not separately reimburse for 90887, 99024, 99340, 99377, 99378, 99379, and 99380, either during or after the PHE.**

**\*\*Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

|        |       |         |        |       |       |       |       |       |       |
|--------|-------|---------|--------|-------|-------|-------|-------|-------|-------|
| 15850  | 92925 | **99000 | 99367  | A4556 | Q4005 | Q4019 | Q4033 | Q4047 | S9982 |
| 20930  | 92929 | **99001 | 99368  | A4557 | Q4006 | Q4020 | Q4034 | Q4048 | U0005 |
| 20936  | 92934 | 99002   | *99374 | A4558 | Q4007 | Q4021 | Q4035 | Q4049 |       |
| 22841  | 92938 | *99024  | *99377 | A4565 | Q4008 | Q4022 | Q4036 | Q4050 |       |
| 36000  | 92944 | 99070   | *99378 | A4570 | Q4009 | Q4023 | Q4037 | Q4051 |       |
| 36416  | 92971 | 99071   | *99379 | A4580 | Q4010 | Q4024 | Q4038 | S0395 |       |
| 69209  | 93770 | 99072   | *99380 | A4590 | Q4011 | Q4025 | Q4039 | S3600 |       |
| 69210  | 94005 | 99078   | *99483 | G0269 | Q4012 | Q4026 | Q4040 | S3601 |       |
| *90887 | 94150 | 99080   | A4220  | G2211 | Q4013 | Q4027 | Q4041 | S8450 |       |
| 92260  | 94760 | 99090   | A4262  | J1642 | Q4014 | Q4028 | Q4042 | S8451 |       |
| 92531  | 94761 | 99172   | A4263  | Q4001 | Q4015 | Q4029 | Q4043 | S8452 |       |
| 92532  | 96902 | 99173   | A4270  | Q4002 | Q4016 | Q4030 | Q4044 | S9110 |       |
| 92533  | 97010 | *99340  | A4300  | Q4003 | Q4017 | Q4031 | Q4045 | S9430 |       |
| 92921  | 97602 | 99366   | A4550  | Q4004 | Q4018 | Q4032 | Q4046 | S9981 |       |

**Note:** For Network providers, New York will separately reimburse for 99072 through December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

## MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

## ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

**POLICY UPDATE HISTORY INFORMATION:**

|           |   |
|-----------|---|
| 12 / 2018 | Implementation  |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491  |
| 9 / 2019  | Added codes S9430   |
| 4 / 2020  | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.                    |
| 6 / 2020  | Temporary policy waiver extended to September 30, 2020.   |
| 7 / 2020  | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982   |
| 9 / 2020  | Temporary policy waiver extended to December 31, 2020.  |
| 10 / 2020 | Added notification exception for codes 99000 and 99001 regarding PHE  |
| 12 / 2020 | Added code 99072  |
| 1 / 2021  | Temporary policy waiver extended until the PHE expires.   |
| 2 / 2021  | Added code U0005. Added E/M direction when billed with G2023 and G2024.   |
| 4 / 2021  | Added code G2211  |
| 11 / 2021 | Added NY region applicable to the policy for Commercial. Removed code 90863. Noted NY variation for codes 90887, 99024, 99340, 99377, 99378, 99379, 99380, 99702 and U0005. |

# Highmark Reimbursement Policy Bulletin



HISTORY VERSIONS

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018  
**Issue Date:** April 5, 2021  
**Date Reviewed:** March 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** April 2021

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

|    |                                     |      |                                     |    |                                     |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> |    |                                     |
| UB | <input type="checkbox"/>            | 1500 | <input checked="" type="checkbox"/> |    |                                     |

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy is to provide direction on procedure codes. The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

**\*\*Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

|        |       |         |        |       |       |       |       |       |       |
|--------|-------|---------|--------|-------|-------|-------|-------|-------|-------|
| 15850  | 92921 | 97602   | 99366  | A4550 | Q4005 | Q4019 | Q4033 | Q4047 | S9982 |
| 20930  | 92925 | **99000 | 99367  | A4556 | Q4006 | Q4020 | Q4034 | Q4048 | U0005 |
| 20936  | 92929 | **99001 | 99368  | A4557 | Q4007 | Q4021 | Q4035 | Q4049 | G2211 |
| 22841  | 92934 | 99002   | *99374 | A4558 | Q4008 | Q4022 | Q4036 | Q4050 |       |
| 36000  | 92938 | *99024  | *99377 | A4565 | Q4009 | Q4023 | Q4037 | Q4051 |       |
| 36416  | 92944 | 99070   | *99378 | A4570 | Q4010 | Q4024 | Q4038 | S0395 |       |
| 69209  | 92971 | 99071   | *99379 | A4580 | Q4011 | Q4025 | Q4039 | S3600 |       |
| 69210  | 93770 | 99072   | *99380 | A4590 | Q4012 | Q4026 | Q4040 | S3601 |       |
| *90863 | 94005 | 99078   | *99483 | G0269 | Q4013 | Q4027 | Q4041 | S8450 |       |
| *90887 | 94150 | 99080   | A4220  | J1642 | Q4014 | Q4028 | Q4042 | S8451 |       |
| 92260  | 94760 | 99090   | A4262  | Q4001 | Q4015 | Q4029 | Q4043 | S8452 |       |
| 92531  | 94761 | 99172   | A4263  | Q4002 | Q4016 | Q4030 | Q4044 | S9110 |       |
| 92532  | 96902 | 99173   | A4270  | Q4003 | Q4017 | Q4031 | Q4045 | S9430 |       |
| 92533  | 97010 | *99340  | A4300  | Q4004 | Q4018 | Q4032 | Q4046 | S9981 |       |

## MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

## ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

## POLICY UPDATE HISTORY INFORMATION:

|           |  |
|-----------|--|
| 12 / 2018 | Implementation   |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491   |
| 09 / 2019 | Added codes S9430  |
| 04 / 2020 | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated. |
| 06 / 2020 | Temporary policy waiver extended to September 30, 2020.  |
| 07 / 2020 | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982                          |
| 09 / 2020 | Temporary policy waiver extended to December 31, 2020.   |
| 10 / 2020 | Added notification exception for codes 99000 and 99001 regarding PHE   |
| 12 / 2020 | Added code 99072   |
| 1 / 2021  | Temporary policy waiver extended until the PHE expires.  |
| 2 / 2021  | Added code U0005. Added E/M direction when billed with G2023 and G2024.  |
| 4 / 2021  | Added code G2211   |

HISTORY

# Highmark Reimbursement Policy Bulletin



## HISTORY VERSIONS

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018  
**Issue Date:** February 8, 2021  
**Date Reviewed:** January 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** February 2021

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

|    |                                     |      |                                     |    |                                     |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> |    |                                     |
| UB | <input type="checkbox"/>            | 1500 | <input checked="" type="checkbox"/> |    |                                     |

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy is to provide direction on procedure codes. The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

**\*\*Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

|        |       |         |        |       |       |       |       |       |       |
|--------|-------|---------|--------|-------|-------|-------|-------|-------|-------|
| 15850  | 92921 | 97602   | 99366  | A4550 | Q4005 | Q4019 | Q4033 | Q4047 | S9982 |
| 20930  | 92925 | **99000 | 99367  | A4556 | Q4006 | Q4020 | Q4034 | Q4048 | U0005 |
| 20936  | 92929 | **99001 | 99368  | A4557 | Q4007 | Q4021 | Q4035 | Q4049 |       |
| 22841  | 92934 | 99002   | *99374 | A4558 | Q4008 | Q4022 | Q4036 | Q4050 |       |
| 36000  | 92938 | *99024  | *99377 | A4565 | Q4009 | Q4023 | Q4037 | Q4051 |       |
| 36416  | 92944 | 99070   | *99378 | A4570 | Q4010 | Q4024 | Q4038 | S0395 |       |
| 69209  | 92971 | 99071   | *99379 | A4580 | Q4011 | Q4025 | Q4039 | S3600 |       |
| 69210  | 93770 | 99072   | *99380 | A4590 | Q4012 | Q4026 | Q4040 | S3601 |       |
| *90863 | 94005 | 99078   | *99483 | G0269 | Q4013 | Q4027 | Q4041 | S8450 |       |
| *90887 | 94150 | 99080   | A4220  | J1642 | Q4014 | Q4028 | Q4042 | S8451 |       |
| 92260  | 94760 | 99090   | A4262  | Q4001 | Q4015 | Q4029 | Q4043 | S8452 |       |
| 92531  | 94761 | 99172   | A4263  | Q4002 | Q4016 | Q4030 | Q4044 | S9110 |       |
| 92532  | 96902 | 99173   | A4270  | Q4003 | Q4017 | Q4031 | Q4045 | S9430 |       |
| 92533  | 97010 | *99340  | A4300  | Q4004 | Q4018 | Q4032 | Q4046 | S9981 |       |

### MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

### ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

### POLICY UPDATE HISTORY INFORMATION:



|           |  |
|-----------|--|
| 12 / 2018 | Implementation   |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491   |
| 09 / 2019 | Added codes S9430  |
| 04 / 2020 | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated. |
| 06 / 2020 | Temporary policy waiver extended to September 30, 2020.  |
| 07 / 2020 | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982                          |
| 09 / 2020 | Temporary policy waiver extended to December 31, 2020.   |
| 10 / 2020 | Added notification exception for codes 99000 and 99001 regarding PHE   |
| 12 / 2020 | Added code 99072   |
| 1 / 2021  | Temporary policy wavier extended until the PHE expires.  |
| 2 / 2021  | Added code U0005. Added E/M direction when billed with G2023 and G2024.  |

HISTORY

# Highmark Reimbursement Policy Bulletin



## HISTORY VERSIONS

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018  
**Issue Date:** January 18, 2021  
**Date Reviewed:** January 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** January 2021

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

|    |                                     |      |                                     |    |                                     |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> |    |                                     |
| UB | <input type="checkbox"/>            | 1500 | <input checked="" type="checkbox"/> |    |                                     |

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy is to provide direction on procedure codes. The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

**Note:** Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

**\*\*Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

|        |       |         |        |       |       |       |       |       |       |
|--------|-------|---------|--------|-------|-------|-------|-------|-------|-------|
| 15850  | 92921 | 97602   | 99366  | A4550 | Q4005 | Q4019 | Q4033 | Q4047 | S9982 |
| 20930  | 92925 | **99000 | 99367  | A4556 | Q4006 | Q4020 | Q4034 | Q4048 |       |
| 20936  | 92929 | **99001 | 99368  | A4557 | Q4007 | Q4021 | Q4035 | Q4049 |       |
| 22841  | 92934 | 99002   | *99374 | A4558 | Q4008 | Q4022 | Q4036 | Q4050 |       |
| 36000  | 92938 | *99024  | *99377 | A4565 | Q4009 | Q4023 | Q4037 | Q4051 |       |
| 36416  | 92944 | 99070   | *99378 | A4570 | Q4010 | Q4024 | Q4038 | S0395 |       |
| 69209  | 92971 | 99071   | *99379 | A4580 | Q4011 | Q4025 | Q4039 | S3600 |       |
| *69210 | 93770 | 99072   | *99380 | A4590 | Q4012 | Q4026 | Q4040 | S3601 |       |
| *90863 | 94005 | 99078   | *99483 | G0269 | Q4013 | Q4027 | Q4041 | S8450 |       |
| *90887 | 94150 | 99080   | A4220  | J1642 | Q4014 | Q4028 | Q4042 | S8451 |       |
| 92260  | 94760 | 99090   | A4262  | Q4001 | Q4015 | Q4029 | Q4043 | S8452 |       |
| 92531  | 94761 | 99172   | A4263  | Q4002 | Q4016 | Q4030 | Q4044 | S9110 |       |
| 92532  | 96902 | 99173   | A4270  | Q4003 | Q4017 | Q4031 | Q4045 | S9430 |       |
| 92533  | 97010 | *99340  | A4300  | Q4004 | Q4018 | Q4032 | Q4046 | S9981 |       |

#### MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

#### ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

#### POLICY UPDATE HISTORY INFORMATION:

|           |  |
|-----------|--|
| 12 / 2018 | Implementation   |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491   |
| 09 / 2019 | Added codes S9430  |
| 04 / 2020 | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated. |

|           |   |
|-----------|---|
| 06 / 2020 | Temporary policy waiver extended to September 30, 2020.   |
| 07 / 2020 | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982 |
| 09 / 2020 | Temporary policy waiver extended to December 31, 2020.  |
| 10 / 2020 | Added notification exception for codes 99000 and 99001 regarding PHE  |
| 12 / 2020 | Added code 99072  |
| 1 / 2021  | Temporary policy wavier extended until the PHE expires.   |

HISTORY

# Highmark Reimbursement Policy Bulletin



## HISTORY VERSIONS

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018  
**Issue Date:** December 7, 2020  
**Date Reviewed:** November 2020  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** November 2020

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

|    |                                     |      |                                     |    |                                     |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> |    |                                     |
| UB | <input type="checkbox"/>            | 1500 | <input checked="" type="checkbox"/> |    |                                     |

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

**Note:** Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

**Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency, the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020 through December 31, 2020, therefore, the direction for those codes indicated in this policy is suspended for that time.

|        |       |        |        |       |       |       |       |       |       |
|--------|-------|--------|--------|-------|-------|-------|-------|-------|-------|
| 15850  | 92921 | 97602  | 99366  | A4550 | Q4005 | Q4019 | Q4033 | Q4047 | S9982 |
| 20930  | 92925 | 99000  | 99367  | A4556 | Q4006 | Q4020 | Q4034 | Q4048 |       |
| 20936  | 92929 | 99001  | 99368  | A4557 | Q4007 | Q4021 | Q4035 | Q4049 |       |
| 22841  | 92934 | 99002  | *99374 | A4558 | Q4008 | Q4022 | Q4036 | Q4050 |       |
| 36000  | 92938 | *99024 | *99377 | A4565 | Q4009 | Q4023 | Q4037 | Q4051 |       |
| 36416  | 92944 | 99070  | *99378 | A4570 | Q4010 | Q4024 | Q4038 | S0395 |       |
| 69209  | 92971 | 99071  | *99379 | A4580 | Q4011 | Q4025 | Q4039 | S3600 |       |
| *69210 | 93770 | 99072  | *99380 | A4590 | Q4012 | Q4026 | Q4040 | S3601 |       |
| *90863 | 94005 | 99078  | *99483 | G0269 | Q4013 | Q4027 | Q4041 | S8450 |       |
| *90887 | 94150 | 99080  | A4220  | J1642 | Q4014 | Q4028 | Q4042 | S8451 |       |
| 92260  | 94760 | 99090  | A4262  | Q4001 | Q4015 | Q4029 | Q4043 | S8452 |       |
| 92531  | 94761 | 99172  | A4263  | Q4002 | Q4016 | Q4030 | Q4044 | S9110 |       |
| 92532  | 96902 | 99173  | A4270  | Q4003 | Q4017 | Q4031 | Q4045 | S9430 |       |
| 92533  | 97010 | *99340 | A4300  | Q4004 | Q4018 | Q4032 | Q4046 | S9981 |       |

## MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

**Note:** Procedure code 99072 is not separately reimbursed for Medicare Advantage.

## ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aaofp.org/news/health-of-the-public/20170109cerumengdln.html>

## POLICY UPDATE HISTORY INFORMATION:

|           |  |
|-----------|--|
| 12 / 2018 | Implementation                         |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491 |

|           |  |
|-----------|--|
| 09 / 2019 | Added codes S9430  |
| 04 / 2020 | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated. |
| 06 / 2020 | Temporary policy waiver extended to September 30, 2020.  |
| 07 / 2020 | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982                          |
| 09 / 2020 | Temporary policy waiver extended to December 31, 2020.   |
| 10 / 2020 | Added notification exception for codes 99000 and 99001 regarding PHE   |
| 12 / 2020 | Added code 99072   |

HISTORY

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018  
**Issue Date:** October 26, 2020  
**Date Reviewed:** October 2020  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** October 2020

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

|    |                                     |      |                                     |    |                                     |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> |    |                                     |
| UB | <input type="checkbox"/>            | 1500 | <input checked="" type="checkbox"/> |    |                                     |

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

**Note:** Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.



**Note:** To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency, the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020 through December 31, 2020, therefore, the direction for those codes indicated in this policy is suspended for that time.

|        |       |        |        |       |       |       |       |       |       |
|--------|-------|--------|--------|-------|-------|-------|-------|-------|-------|
| 15850  | 92533 | 96902  | 99173  | A4263 | Q4001 | Q4014 | Q4027 | Q4040 | S3600 |
| 20930  | 92921 | 97010  | *99340 | A4270 | Q4002 | Q4015 | Q4028 | Q4041 | S3601 |
| 20936  | 92925 | 97602  | 99366  | A4300 | Q4003 | Q4016 | Q4029 | Q4042 | S8450 |
| 22841  | 92929 | *99000 | 99367  | A4550 | Q4004 | Q4017 | Q4030 | Q4043 | S8451 |
| 36000  | 92934 | *99001 | 99368  | A4556 | Q4005 | Q4018 | Q4031 | Q4044 | S8452 |
| 36416  | 92938 | 99002  | *99374 | A4557 | Q4006 | Q4019 | Q4032 | Q4045 | S9110 |
| 69209  | 92944 | *99024 | *99377 | A4558 | Q4007 | Q4020 | Q4033 | Q4046 | S9430 |
| *69210 | 92971 | 99070  | *99378 | A4565 | Q4008 | Q4021 | Q4034 | Q4047 | S9981 |
| *90863 | 93770 | 99071  | *99379 | A4570 | Q4009 | Q4022 | Q4035 | Q4048 | S9982 |
| *90887 | 94005 | 99078  | *99380 | A4580 | Q4010 | Q4023 | Q4036 | Q4049 |       |
| 92260  | 94150 | 99080  | *99483 | A4590 | Q4011 | Q4024 | Q4037 | Q4050 |       |
| 92531  | 94760 | 99090  | A4220  | G0269 | Q4012 | Q4025 | Q4038 | Q4051 |       |
| 92532  | 94761 | 99172  | A4262  | J1642 | Q4013 | Q4026 | Q4039 | S0395 |       |

### MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

### ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

### POLICY UPDATE HISTORY INFORMATION:

|           |  |
|-----------|--|
| 12 / 2018 | Implementation   |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491   |
| 09 / 2019 | Added codes S9430  |
| 04 / 2020 | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated. |
| 06 / 2020 | Temporary policy waiver extended to September 30, 2020.  |

|           |   |
|-----------|---|
| 07 / 2020 | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982 |
| 09 / 2020 | Temporary policy waiver extended to December 31, 2020.  |
| 10 / 2020 | Added notification exception for codes 99000 and 99001 regarding PHE  |

HISTORY

# Highmark Reimbursement Policy Bulletin



HISTORY VERSIONS

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018  
**Issue Date:** June 8, 2020  
**Date Reviewed:** June 2020  
**Source:** Reimbursement Policy

**End Date:**

**Revised Date:** June 2020

**Applicable Commercial Market**

**Applicable Medicare Advantage Market**

**Applicable Claim Type**

|    |                                     |      |                                     |    |                                     |
|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> |
| PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> |    |                                     |
| UB | <input type="checkbox"/>            | 1500 | <input checked="" type="checkbox"/> |    |                                     |

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy is to provide direction on procedure codes. The Plan will not separately reimburse.

## COMMERCIAL REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

Items considered part of a provider's overhead expense should not be billed separately from professional services. The cost of supplies (e.g., suture removal kits, surgical trays, electrodes) used in providing a covered professional service is included in the allowance for that professional service and should not be billed separately. Separate payment will not be made for any overhead expense.

**Note:** Effective July 6, 2020, reimbursement for code 69210 may not be retained if the service was only conducted to gain better visualization of the ear canal. The cerumen must be impacted and causing symptoms. Removal of the impacted cerumen must involve instrumentation (e.g. forceps, suction, curettes) and be performed, as well as documented by, the physician and not another office staff.

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency, the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020 through September 30, 2020, therefore, the direction for those codes indicated in this policy is suspended for that time.

|        |       |        |        |       |       |       |       |       |       |
|--------|-------|--------|--------|-------|-------|-------|-------|-------|-------|
| 15850  | 92533 | 96902  | 99173  | A4263 | Q4001 | Q4014 | Q4027 | Q4040 | S3600 |
| 20930  | 92921 | 97010  | *99340 | A4270 | Q4002 | Q4015 | Q4028 | Q4041 | S3601 |
| 20936  | 92925 | 97602  | 99366  | A4300 | Q4003 | Q4016 | Q4029 | Q4042 | S8450 |
| 22841  | 92929 | 99000  | 99367  | A4550 | Q4004 | Q4017 | Q4030 | Q4043 | S8451 |
| 36000  | 92934 | 99001  | 99368  | A4556 | Q4005 | Q4018 | Q4031 | Q4044 | S8452 |
| 36416  | 92938 | 99002  | *99374 | A4557 | Q4006 | Q4019 | Q4032 | Q4045 | S9110 |
| 69209  | 92944 | *99024 | *99377 | A4558 | Q4007 | Q4020 | Q4033 | Q4046 | S9430 |
| *69210 | 92971 | 99070  | *99378 | A4565 | Q4008 | Q4021 | Q4034 | Q4047 | S9981 |
| *90863 | 93770 | 99071  | *99379 | A4570 | Q4009 | Q4022 | Q4035 | Q4048 | S9982 |
| *90887 | 94005 | 99078  | *99380 | A4580 | Q4010 | Q4023 | Q4036 | Q4049 |       |
| 92260  | 94150 | 99080  | *99483 | A4590 | Q4011 | Q4024 | Q4037 | Q4050 |       |
| 92531  | 94760 | 99090  | A4220  | G0269 | Q4012 | Q4025 | Q4038 | Q4051 |       |
| 92532  | 94761 | 99172  | A4262  | J1642 | Q4013 | Q4026 | Q4039 | S0395 |       |

#### MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

#### ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

#### POLICY UPDATE HISTORY INFORMATION:

|           |  |
|-----------|--|
| 12 / 2018 | Implementation   |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491   |
| 09 / 2019 | Added codes S9430  |
| 04 / 2020 | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated. |
| 06 / 2020 | Temporary policy waiver extended to September 30, 2020.  |
| 07 / 2020 | Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982                          |

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018 **End Date:**  
**Issue Date:** April 13, 2020 **Revised Date:** April 2020  
**Date Reviewed:** March 2020  
**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 based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy is to provide direction on procedure codes. The Plan will not separately reimburse.

## REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

**\*Note:** In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency, the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13 through June 13, 2020, therefore, the direction for those codes indicated in this policy is suspended for that time.

|       |       |       |        |       |       |       |       |       |       |
|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|
| 15850 | 92921 | 96902 | *99340 | A4550 | Q4004 | Q4016 | Q4028 | Q4040 | S0395 |
| 20936 | 92925 | 97010 | *99374 | A4556 | Q4005 | Q4017 | Q4029 | Q4041 | S3600 |
| 22841 | 92929 | 97602 | *99377 | A4557 | Q4006 | Q4018 | Q4030 | Q4042 | S3601 |
| 36000 | 92934 | 99000 | *99378 | A4558 | Q4007 | Q4019 | Q4031 | Q4043 | S8450 |
| 36416 | 92938 | 99001 | *99379 | A4565 | Q4008 | Q4020 | Q4032 | Q4044 | S8451 |

|        |       |        |        |       |       |       |       |       |       |
|--------|-------|--------|--------|-------|-------|-------|-------|-------|-------|
| 69210  | 92944 | 99002  | *99380 | A4570 | Q4009 | Q4021 | Q4033 | Q4045 | S8452 |
| *90863 | 92971 | *99024 | *99483 | A4580 | Q4010 | Q4022 | Q4034 | Q4046 | S9110 |
| *90887 | 93770 | 99070  | A4220  | A4590 | Q4011 | Q4023 | Q4035 | Q4047 | S9430 |
| 92260  | 94005 | 99078  | A4262  | G0269 | Q4012 | Q4024 | Q4036 | Q4048 |       |
| 92531  | 94150 | 99090  | A4263  | Q4001 | Q4013 | Q4025 | Q4037 | Q4049 |       |
| 92532  | 94760 | 99172  | A4270  | Q4002 | Q4014 | Q4026 | Q4038 | Q4050 |       |
| 92533  | 94761 | 99173  | A4300  | Q4003 | Q4015 | Q4027 | Q4039 | Q4051 |       |

#### ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery <https://www.aafp.org/news/health-of-the-public/20170109cerumengdln.html>

#### POLICY UPDATE HISTORY INFORMATION:

|           |  |
|-----------|--|
| 12 / 2018 | Implementation   |
| 12 / 2018 | Added codes 99487, 99489, 99490, 99491   |
| 09 / 2019 | Added codes S9430  |
| 04 / 2020 | Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated. |

# Highmark Reimbursement Policy Bulletin



[CLICK HERE FOR HISTORY VERSIONS](#)

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018 **End Date:**  
**Issue Date:** September 2, 2019 **Revised Date:** September 2019  
**Date Reviewed:** May 2019  
**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 based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy is to provide direction on procedure codes. The Plan will not separately reimburse.

## REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

|       |       |       |       |        |        |        |        |       |       |
|-------|-------|-------|-------|--------|--------|--------|--------|-------|-------|
| 15850 | 20936 | 22841 | 36000 | 36416  | 69210  | 90863  | 90887  | 92260 | 92531 |
| 92532 | 92533 | 92921 | 92925 | 92929  | 92934  | 92938  | 92944  | 92971 | 93770 |
| 94005 | 94150 | 94760 | 94761 | 96902  | 97010  | 97602  | 99000  | 99001 | 99002 |
| 99024 | 99070 | 99078 | 99090 | 99172  | 99173  | 99340  | 99374  | 99377 | 99378 |
| 99379 | 99380 | 99483 | 99484 | *99487 | *99489 | *99490 | *99491 | 99492 | 99493 |
| 99494 | A4220 | A4262 | A4263 | A4270  | A4300  | A4550  | A4556  | A4557 | A4558 |
| A4565 | A4570 | A4580 | A4590 | G0269  | Q4001  | Q4002  | Q4003  | Q4004 | Q4005 |
| Q4006 | Q4007 | Q4008 | Q4009 | Q4010  | Q4011  | Q4012  | Q4013  | Q4014 | Q4015 |
| Q4016 | Q4017 | Q4018 | Q4019 | Q4020  | Q4021  | Q4022  | Q4023  | Q4024 | Q4025 |
| Q4026 | Q4027 | Q4028 | Q4029 | Q4030  | Q4031  | Q4032  | Q4033  | Q4034 | Q4035 |
| Q4036 | Q4037 | Q4038 | Q4039 | Q4040  | Q4041  | Q4042  | Q4043  | Q4044 | Q4045 |

|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Q4046 | Q4047 | Q4048 | Q4049 | Q4050 | Q4051 | S0395 | S3600 | S3601 | S8450 |
| S8451 | S8452 | S9110 | S9430 |       |       |       |       |       |       |

**\*Note:** Effective January 1, 2019, subject to the specific terms of member's benefit plan codes 99487, 99489, 99490 and 99491 are eligible for separate reimbursement in Delaware *only*. See Reimbursement Policy RP-043 Care Management for more information.

#### RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy: RP-043 Care Management

#### POLICY UPDATE HISTORY INFORMATION:

|           |  |
|-----------|--|
| 12 / 2018 | Implementation   |
| 12 / 2018 | Policy Version Change - Add 99487, 99489, 99490, 99491 |
| 09 / 2019 | Policy Version Change - Add S9430                      |



# Highmark Reimbursement Policy Bulletin



[HISTORY VERSIONS CLICK HERE](#)

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018 **End Date:**  
**Issue Date:** December 31, 2018 **Revised Date:** December 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 agreement terms in direct conflict with this Reimbursement Policy may supersede this Policy's direction and regional applicability.

## PURPOSE:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

## REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

|       |       |       |       |        |        |        |        |       |       |
|-------|-------|-------|-------|--------|--------|--------|--------|-------|-------|
| 15850 | 20936 | 22841 | 36000 | 36416  | 69210  | 90863  | 90887  | 92260 | 92531 |
| 92532 | 92533 | 92921 | 92925 | 92929  | 92934  | 92938  | 92944  | 92971 | 93770 |
| 94005 | 94150 | 94760 | 94761 | 96902  | 97010  | 97602  | 99000  | 99001 | 99002 |
| 99024 | 99070 | 99078 | 99090 | 99172  | 99173  | 99340  | 99374  | 99377 | 99378 |
| 99379 | 99380 | 99483 | 99484 | *99487 | *99489 | *99490 | *99491 | 99492 | 99493 |
| 99494 | A4220 | A4262 | A4263 | A4270  | A4300  | A4550  | A4556  | A4557 | A4558 |
| A4565 | A4570 | A4580 | A4590 | G0269  | Q4001  | Q4002  | Q4003  | Q4004 | Q4005 |
| Q4006 | Q4007 | Q4008 | Q4009 | Q4010  | Q4011  | Q4012  | Q4013  | Q4014 | Q4015 |
| Q4016 | Q4017 | Q4018 | Q4019 | Q4020  | Q4021  | Q4022  | Q4023  | Q4024 | Q4025 |
| Q4026 | Q4027 | Q4028 | Q4029 | Q4030  | Q4031  | Q4032  | Q4033  | Q4034 | Q4035 |
| Q4036 | Q4037 | Q4038 | Q4039 | Q4040  | Q4041  | Q4042  | Q4043  | Q4044 | Q4045 |
| Q4046 | Q4047 | Q4048 | Q4049 | Q4050  | Q4051  | S0395  | S3600  | S3601 | S8450 |

S8451    S8452    S9110

**\*Note:** Effective January 1, 2019, subject to the specific terms of member's benefit plan codes 99487, 99489, 99490 and 99491 are eligible for separate reimbursement in Delaware *only*. See Reimbursement Policy RP-043 Care Management for more information.

**RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy: RP-043 Care Management

HISTORICAL

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018 **End Date:**  
**Issue Date:** December 17, 2018 **Revised Date:** December 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 agreement terms in direct conflict with this Reimbursement Policy may supersede this Policy's direction and regional applicability.

## PURPOSE:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

## REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 15850 |       | 20936 | 22841 | 36000 | 36416 | 69210 | 90863 | 90887 | 92260 |
| 92531 | 92532 | 92533 | 92921 | 92925 | 92929 | 92934 | 92938 | 92944 | 92971 |
|       | 93770 | 94005 | 94150 | 94760 | 94761 | 96902 | 97010 | 97602 | 99000 |
| 99001 | 99002 | 99024 | 99070 | 99078 | 99090 | 99172 | 99173 |       | 99340 |
| 99374 | 99377 | 99378 | 99379 | 99380 | 99483 | 99484 |       |       |       |
|       |       |       | 99492 | 99493 | 99494 |       |       |       |       |
| A4220 | A4262 | A4263 | A4270 | A4300 | A4550 | A4556 | A4557 | A4558 | A4565 |
| A4570 | A4580 | A4590 | G0269 | Q4001 | Q4002 | Q4003 | Q4004 | Q4005 | Q4006 |
| Q4007 | Q4008 | Q4009 | Q4010 | Q4011 | Q4012 | Q4013 | Q4014 | Q4015 | Q4016 |
| Q4017 | Q4018 | Q4019 | Q4020 | Q4021 | Q4022 | Q4023 | Q4024 | Q4025 | Q4026 |
| Q4027 | Q4028 | Q4029 | Q4030 | Q4031 | Q4032 | Q4033 | Q4034 | Q4035 | Q4036 |
| Q4037 | Q4038 | Q4039 | Q4040 | Q4041 | Q4042 | Q4043 | Q4044 | Q4045 | Q4046 |

Q4047    Q4048    Q4049    Q4050    Q4051    S0395    S8450    S8451    S8452    S9110

HISTORICAL

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018 **End Date:**  
**Issue Date:** December 17, 2018 **Revised Date:** December 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 agreement terms in direct conflict with this Reimbursement Policy may supersede this Policy's direction and regional applicability.

## PURPOSE:

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## REIMBURSEMENT GUIDELINES:

The procedure codes listed below are considered not separately reimbursed by The Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified. If submitted, these services will be rejected and non-billable to the Member.

|       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 15850 |       | 20936 | 22841 | 36000 | 36416 | 69210 | 90863 | 90887 | 92260 |
| 92531 | 92532 | 92533 | 92921 | 92925 | 92929 | 92934 | 92938 | 92944 | 92971 |
|       | 93770 | 94005 | 94150 | 94760 | 94761 | 96902 | 97010 | 97602 | 99000 |
| 99001 | 99002 | 99024 | 99070 | 99078 | 99090 | 99172 | 99173 |       | 99340 |
| 99374 | 99377 | 99378 | 99379 | 99380 | 99483 | 99484 |       |       |       |
|       |       |       | 99492 | 99493 | 99494 |       |       |       |       |
| A4220 | A4262 | A4263 | A4270 | A4300 | A4550 | A4556 | A4557 | A4558 | A4565 |
| A4570 | A4580 | A4590 | G0269 | Q4001 | Q4002 | Q4003 | Q4004 | Q4005 | Q4006 |
| Q4007 | Q4008 | Q4009 | Q4010 | Q4011 | Q4012 | Q4013 | Q4014 | Q4015 | Q4016 |
| Q4017 | Q4018 | Q4019 | Q4020 | Q4021 | Q4022 | Q4023 | Q4024 | Q4025 | Q4026 |
| Q4027 | Q4028 | Q4029 | Q4030 | Q4031 | Q4032 | Q4033 | Q4034 | Q4035 | Q4036 |
| Q4037 | Q4038 | Q4039 | Q4040 | Q4041 | Q4042 | Q4043 | Q4044 | Q4045 | Q4046 |

Q4047    Q4048    Q4049    Q4050    Q4051    S0395    S8450    S8451    S8452    S9110

HISTORICAL