Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-022		
Subject:	Repeat Surgical Procedures		
Effective Date:	January 29, 2018	**End Date:**	
Issue Date:	December 2, 2024	**Revised Date:**	November 2024
Date Reviewed:	November 2024		
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 the Plan's direction on surgical procedures that need repeated. Repeat surgeries are surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation/surgery(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

Note: The sole fact that a procedure needs to be repeated after the original surgery does not warrant additional reimbursement above the allowance for the current surgical procedure being reported.

COMMERCIAL REIMBURSEMENT GUIDELINES:

If a code that represents a reoperation (i.e., 33530, 35390, or 35700) is reported in addition to the surgical procedure, the Plan will combine the reoperation service charges under the appropriate surgical code(s). Codes 33530, 35390, or 35700 will be denied if reported independently. These codes are "add-on" codes, and the primary surgical procedure must be reported for the "add-on code" to be reimbursed. A participating or network provider cannot bill the member for the denied service.

Applicable primary codes:

33390	33411	33417	33426	33464	33476	33512	33519	33535	35571
33391	33412	33418	33427	33465	33477	33513	33521	33536	35583

33404	33413	33419	33430	33468	33478	33514	33522	33863	35585
33405	33414	33420	33440	33471	33496	33516	33523	35301	35587
33406	33415	33422	33460	33474	33510	33517	33533	35556	35656
33410	33416	33425	33463	33475	33511	33518	33534	35566	35666
									35671

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Codes 33530, 35390, and 35700 are considered repeat add-on codes and can be separately reimbursed when reported in addition to their respective primary codes listed below.

33390	33411	33417	33426	33464	33476	33512	33519	33535	35571
33391	33412	33418	33427	33465	33477	33513	33521	33536	35583
33404	33413	33419	33430	33468	33478	33514	33522	33863	35585
33405	33414	33420	33440	33471	33496	33516	33523	35301	35587
33406	33415	33422	33460	33474	33510	33517	33533	35556	35656
33410	33416	33425	33463	33475	33511	33518	33534	35566	35666
									35671

When codes 33530, 35390, and 35700 are reported with procedure codes other than those listed above, or they are reported independently, they are not separately reimbursed.

Reimbursement can be made for repeat surgery during the postoperative period if a return trip to the operating room is documented in the medical record. In this instance, modifiers 58 or 79 should accompany the reported procedure.

Applicable codes: 33530 35390 35700

DEFINITIONS:

Modifier	Definition
58	Staged or related procedure / service, same physician, or other qualified health care professional during the postop period.
79	Unrelated procedure / service, same physician, or other qualified health care professional during the postoperative period.

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current version of AMA CPT Manual. *Current Procedure Terminology Manual* (CPT®) is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy and removed code 33470
4 / 2023	Definitions section added
12 / 2024	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-022		
Subject:	Repeat Surgical Procedures		
Effective Date:	January 29, 2018	**End Date:**	
Issue Date:	April 24, 2023	**Revised Date:**	April 2023
Date Reviewed:	April 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.

COMMERCIAL REIMBURSEMENT GUIDELINES:

Repeat surgeries are those surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

The sole fact that a procedure needs repeated sometime after the original surgery does not warrant additional payment above the allowance for the current surgical procedure being reported.

If a code that represents a reoperation (i.e., 33530, 35390, or 35700) is reported in addition to the surgical procedure, the charges shall be combined under the appropriate surgical code(s).

If codes 33530, 35390, or 35700 are independently reported, they are non-covered. A participating or network provider cannot bill the member for the non-covered service. These codes do not represent the actual surgical procedure. The specific code for the surgical procedure must be reported in order for payment to be made.

Applicable primary codes:

33390	33411	33417	33426	33464	33476	33512	33519	33535	35571
33391	33412	33418	33427	33465	33477	33513	33521	33536	35583
33404	33413	33419	33430	33468	33478	33514	33522	33863	35585

33405	33414	33420	33440	33471	33496	33516	33523	35301	35587
33406	33415	33422	33460	33474	33510	33517	33533	35556	35656
33410	33416	33425	33463	33475	33511	33518	33534	35566	35666
									35671

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Repeat surgeries are those surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

Codes 33530, 35390, and 35700 are considered repeat add-on codes and can be separately reimbursed when reported in addition to their respective primary codes listed below:

33390	33411	33417	33426	33464	33476	33512	33519	33535	35571
33391	33412	33418	33427	33465	33477	33513	33521	33536	35583
33404	33413	33419	33430	33468	33478	33514	33522	33863	35585
33405	33414	33420	33440	33471	33496	33516	33523	35301	35587
33406	33415	33422	33460	33474	33510	33517	33533	35556	35656
33410	33416	33425	33463	33475	33511	33518	33534	35566	35666
									35671

When codes 33530, 35390, and 35700 are reported with procedure codes other than those listed above, or they are reported independently, they are not separately reimbursed.

Reimbursement can be made for repeat surgery during the postoperative period if a return trip to the operating room is documented in the medical record. In this instance, modifiers 58 or 79 should accompany the reported procedure.

Applicable codes: 33530 35390 35700

DEFINITIONS:

Modifier	Definition
58	Staged or related procedure / service, same physician, or other qualified health care professional during the postop period.
79	Unrelated procedure / service, same physician, or other qualified health care professional during the postoperative period.

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- Current version of AMA CPT Manual. *Current Procedure Terminology Manual* (CPT®) is copyright American Medical Association. All rights Reserved. The AMA assumes no liability for the data contained in this policy.

POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy. Removed code 33470.
4 / 2023	Definitions section added

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-022		
Subject:	Repeat Surgical Procedures		
Effective Date:	January 29, 2018	**End Date:**	
Issue Date:	January 3, 2022	**Revised Date:**	January 2022
Date Reviewed:	October 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.

COMMERCIAL REIMBURSEMENT GUIDELINES:

Repeat surgeries are those surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

The sole fact that a procedure has to be repeated sometime after the original surgery does not warrant additional payment above the allowance for the current surgical procedure being reported.

If a code that represents a reoperation (i.e., 33530, 35390, or 35700) is reported in addition to the surgical procedure, the charges shall be combined under the appropriate surgical code(s).

If codes 33530, 35390, or 35700 are independently reported, they are non-covered. A participating or network provider cannot bill the member for the non-covered service. These codes do not represent the actual surgical procedure. The specific code for the surgical procedure must be reported in order for payment to be made.

Applicable primary codes:

33390	33411	33417	33426	33464	33476	33512	33519	33535	35571
33391	33412	33418	33427	33465	33477	33513	33521	33536	35583
33404	33413	33419	33430	33468	33478	33514	33522	33863	35585

33405	33414	33420	33440	33471	33496	33516	33523	35301	35587
33406	33415	33422	33460	33474	33510	33517	33533	35556	35656
33410	33416	33425	33463	33475	33511	33518	33534	35566	35666
									35671

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Repeat surgeries are those surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

Codes 33530, 35390, and 35700 are considered repeat add-on codes and can be separately reimbursed when reported in addition to their respective primary codes listed below.

33390	33411	33417	33426	33464	33476	33512	33519	33535	35571
33391	33412	33418	33427	33465	33477	33513	33521	33536	35583
33404	33413	33419	33430	33468	33478	33514	33522	33863	35585
33405	33414	33420	33440	33471	33496	33516	33523	35301	35587
33406	33415	33422	33460	33474	33510	33517	33533	35556	35656
33410	33416	33425	33463	33475	33511	33518	33534	35566	35666
									35671

When codes 33530, 35390, and 35700 are reported with procedure codes other than those listed above, or they are reported independently, they are not separately reimbursed.

Reimbursement can be made for repeat surgery during the postoperative period if a return trip to the operating room is documented in the medical record. In this instance, modifier 58 or 79 should accompany the reported procedure.

Applicable codes: 33530 35390 35700

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

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POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy. Removed code 33470.

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP- 022		
Subject:	Repeat Surgical Procedures		
Effective Date:	January 29, 2018	**End Date:**	
Issue Date:	November 1, 2021	**Revised Date:**	July 2021
Date Reviewed:	July 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY** ☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☐	**NY** ☒
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.

COMMERCIAL REIMBURSEMENT GUIDELINES:

Repeat surgeries are those surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

The sole fact that a procedure has to be repeated sometime after the original surgery does not warrant additional payment above the allowance for the current surgical procedure being reported.

If a code that represents a reoperation (i.e., 33530, 35390, or 35700) is reported in addition to the surgical procedure, the charges shall be combined under the appropriate surgical code(s).

If codes 33530, 35390, or 35700 are independently reported, they are non-covered. A participating or network provider cannot bill the member for the non-covered service. These codes do not represent the actual surgical procedure. The specific code for the surgical procedure must be reported in order for payment to be made.

Applicable primary codes:

33390	33391	33404	33405	33406	33410	33411	33412	33413
33414	33415	33416	33417	33418	33419	33420	33422	33425
33426	33427	33430	33440	33460	33463	33464	33465	33468

33470	33471	33474	33475	33476	33477	33478	33496	33510
33511	33512	33513	33514	33516	33517	33518	33519	33521
33522	33523	33533	33534	33535	33536	33863	35301	35556
35566	35571	35583	35585	35587	35656	35666	35671	

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Repeat surgeries are those surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

Codes 33530, 35390, and 35700 are considered repeat add-on codes and can be separately reimbursed when reported in addition to their respective primary codes listed below.

33390	33391	33404	33405	33406	33410	33411	33412	33413
33414	33415	33416	33417	33418	33419	33420	33422	33425
33426	33427	33430	33440	33460	33463	33464	33465	33468
33470	33471	33474	33475	33476	33477	33478	33496	33510
33511	33512	33513	33514	33516	33517	33518	33519	33521
33522	33523	33533	33534	33535	33536	33863	35301	35556
35566	35571	35583	35585	35587	35656	35666	35671	

When codes 33530, 35390, and 35700 are reported with procedure codes other than those listed above, or they are reported independently, they are not separately reimbursed.

Reimbursement can be made for repeat surgery during the postoperative period if a return trip to the operating room is documented in the medical record. In this instance, modifier 58 or 79 should accompany the reported procedure.

Applicable codes: 33530 35390 35700

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

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POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy

Highmark Reimbursement Policy Bulletin

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CLICK HERE FOR HISTORY VERSIONS

Bulletin Number:	RP-022		
Subject:	Repeat Surgical Procedures		
Effective Date:	January 29, 2018	**End Date:**	
Issue Date:	December 27, 2018	**Revised Date:**	December 14, 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.

REIMBURSEMENT GUIDELINES:

Commercial Provision

Repeat surgeries are those surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

The sole fact that a procedure has to be repeated sometime after the original surgery does not warrant additional payment above the allowance for the current surgical procedure being reported.

If a code that represents a reoperation (i.e., 33530, 35390, or 35700) is reported in addition to the surgical procedure, the charges shall be combined under the appropriate surgical code(s).

If codes 33530, 35390, or 35700 are independently reported, they are non-covered. A participating or network provider cannot bill the member for the non-covered service. These codes do not represent the actual surgical procedure. The specific code for the surgical procedure must be reported in order for payment to be made.

Applicable primary codes:

33390	33391	33404	33405	33406	33410	33411	33412	33413
33414	33415	33416	33417	33418	33419	33420	33422	33425
33426	33427	33430	33440	33460	33463	33464	33465	33468
33470	33471	33474	33475	33476	33477	33478	33496	33510
33511	33512	33513	33514	33516	33517	33518	33519	33521
33522	33523	33533	33534	33535	33536	33863	35301	35556
35566	35571	35583	35585	35587	35656	35666	35671	

Medicare Advantage Provision

Repeat surgeries are those surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

Codes 33530, 35390, and 35700 are considered repeat add-on codes and can be separately reimbursed when reported in addition to their respective primary codes listed below.

33390	33391	33404	33405	33406	33410	33411	33412	33413
33414	33415	33416	33417	33418	33419	33420	33422	33425
33426	33427	33430	33440	33460	33463	33464	33465	33468
33470	33471	33474	33475	33476	33477	33478	33496	33510
33511	33512	33513	33514	33516	33517	33518	33519	33521
33522	33523	33533	33534	33535	33536	33863	35301	35556
35566	35571	35583	35585	35587	35656	35666	35671	

When codes 33530, 35390, and 35700 are reported with procedure codes other than those listed above, or they are reported independently, they are not separately reimbursed.

Reimbursement can be made for repeat surgery during the postoperative period if a return trip to the operating room is documented in the medical record. In this instance, modifier 58 or 79 should accompany the reported procedure.

Applicable codes: 33530 35390 35700

REFERENCES, ADDITIONAL BILLING INFORMATION AND GUIDELINES:

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Highmark Reimbursement Policy Bulletin

Bulletin Number:	RP-022		
Subject:	Repeat Surgical Procedures		
Effective Date:	January 29, 2018	**End Date:**	
Issue Date:	January 29, 2018		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒		
Applicable Claim Type	**UB**	☐	**1500**	☒		

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

REIMBURSEMENT GUIDELINES:

Commercial Provision

Repeat surgeries are those surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

The sole fact that a procedure has to be repeated sometime after the original surgery does not warrant additional payment above the allowance for the current surgical procedure being reported.

If a code that represents a reoperation (i.e., 33530, 35390, or 35700) is reported in addition to the surgical procedure, the charges shall be combined under the appropriate surgical code(s) (i.e., 33400-33496, 33510-33536, 35301, 35556, 35571, 35583, 35585, 35587, 35656, 35666, 35671).

If codes 33530, 35390, or 35700 are independently reported, they are non-covered. A participating or network provider cannot bill the member for the non-covered service. These codes do not represent the actual surgical procedure. The specific code for the surgical procedure must be reported in order for payment to be made.

Applicable codes:

33390	33391	33404	33405	33406	33410	33411	33412	33413
33414	33415	33416	33417	33420	33422	33425	33426	33427
33430	33460	33463	33464	33465	33468	33470	33471	33474
33475	33476	33478	33496	33510	33511	33512	33513	33514
33516	33517	33518	33519	33521	33522	33523	33530	33533
33534	33535	33536	35301	35390	35556	35571	35583	35585
35587	35656	35666	35671	35700				

Medicare Advantage Provision

Repeat surgeries are those surgical procedures that need to be "repeated" or "redone" due to a reoccurrence of symptoms or further complications more than one month after the original operation(s). Repeat procedure(s) do not represent the actual surgical procedure and must be reported in addition to the primary procedure being "redone." These procedures are reported on the same day and by the same provider.

Codes 33530, 35390, and 35700 are considered repeat add-on codes and can be separately reimbursed when reported in addition to the following primary codes: 33400-33478, 33510-33536, 35301, 35556, 35566, 35571, 35583, 35585, 35587, 35656, 35666, and 35671.

When codes 33530, 35390, and 35700 are reported with procedure codes other than those listed above, or they are reported independently, they are not separately reimbursed.

Reimbursement can be made for repeat surgery during the postoperative period if a return trip to the operating room is documented in the medical record. In this instance, modifier 58 or 79 should accompany the reported procedure.

Applicable codes: 33530 35390 35700