

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-024
Subject: Eye Procedures Done in Stages or Sessions
Effective Date: January 29, 2018 **End Date:**
Issue Date: June 2, 2025 **Revised Date:** June 2025
Date Reviewed: May 2025
Source: Reimbursement Policy

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

REIMBURSEMENT GUIDELINES:

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

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

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

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

POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
5 / 2022	Added Delaware Medicare Advantage applicable to the policy
5 / 2023	Policy reviewed no changes made
6 / 2025	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-024
Subject: Eye Procedures Done in Stages or Sessions
Effective Date: January 29, 2018 **End Date:**
Issue Date: May 8, 2023 **Revised Date:** May 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 ☒

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POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
5 / 2022	Added Delaware Medicare Advantage applicable to the policy
5 / 2023	Policy reviewed no changes made

HISTORY

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-024

Subject: Eye Procedures Done in Stages or Sessions

Effective Date: January 29, 2018

End Date:

Issue Date: May 16, 2022

Revised Date: May 2022

Date Reviewed: April 2022

Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Medicare Advantage Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Claim Type

UB ☐ 1500 ☒

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POLICY UPDATE HISTORY INFORMATION:

1 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
5 / 2022	Added Delaware Medicare Advantage applicable to the policy

History

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-024
Subject: Eye Procedures Done in Stages or Sessions
Effective Date: January 29, 2018
Issue Date: November 1, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

End Date:
Revised Date: July 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 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.

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

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Applicable Medicare Advantage Market	PA <input checked="" type="checkbox"/>	WV <input checked="" type="checkbox"/>	
Applicable Claim Type	UB <input type="checkbox"/>	1500 <input checked="" type="checkbox"/>	

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:

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