

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-028
Subject: Insertion and Removal of Tympanic Ventilation Tubes
Effective Date: March 5, 2018 **End Date:**
Issue Date: May 15, 2023 **Revised Date:** May 2023
Date Reviewed: April 2023
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 type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input 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:

A myringotomy (tympanostomy) is a small incision made in the eardrum for the purpose of relieving the build-up of fluid and pressure in the middle ear that causes recurrent ear infections. A myringotomy may be performed with, or without, the insertion of tympanostomy tubes. Insertion of tubes should be reported under code 69433 or 69436, as appropriate.

Removal of ventilation, myringotomy, or tympanostomy tubes (e.g., Shea or Collar button) may be reimbursed when performed under general anesthesia. However, the removal of such tubes is considered part of a doctor's medical care when not performed under general anesthesia, and therefore, is not eligible as a distinct and separate service.

If the removal of ventilation, myringotomy, or tympanostomy tubes is reported on the same day as medical care, and the charges are itemized, reimbursement will only be made for the medical care. Reimbursement for the medical care performed on the same date of service includes the allowance for the tube removal. A participating or network provider cannot bill the member separately for the tube removal in this case.

Applicable codes:

69420 69421 69424 69433 69436 69799 S2225

Note: Modifier 25 may be reported with medical care to identify it as a significant and separately identifiable service. Modifier FT may be reported to identify an unrelated evaluation and management (e/m) visit during a postoperative period, or on the same day as a procedure or another e/m visit.

When modifier 25 or FT are reported on the claim, the patient's records must clearly document that a separately identifiable service has been rendered.

DEFINITIONS:

Modifier	Definition
25	Significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day.
FT	Unrelated evaluation and management (E&M) visit during a postoperative period, or on the same day as a procedure or another E&M visit. Report when an E&M visit is furnished within the global period but is unrelated, or when one or more additional E&M visits furnished on the same day are unrelated.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, FT

POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT
5 / 2023	Administrative policy review with no changes in policy direction made

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-028
Subject: Insertion and Removal of Tympanic Ventilation Tubes
Effective Date: March 5, 2018 **End Date:**
Issue Date: January 10, 2022 **Revised Date:** January 2022
Date Reviewed: December 2021
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 type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added modifier FT

Highmark

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-028
Subject: Insertion and Removal of Tympanic Ventilation Tubes
Effective Date: March 5, 2018
Issue Date: November 1, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

End Date:
Revised Date: July 2021

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.

REIMBURSEMENT GUIDELINES:

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RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS and XU

POLICY UPDATE HISTORY INFORMATION:

3 / 2018	Implementation
11 / 2021	Added NY region applicable to the policy

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Applicable Medicare Advantage Market	PA <input type="checkbox"/>	WV <input 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.

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Applicable codes: 69420 69421 69424 69433 69436 69799 S2225

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.

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RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

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HISTORY