

# 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 29, 2024      **Revised Date:** April 2024  
**Date Reviewed:** January 2024  
**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	92353	92934	99002	99367	A4557	Q4005	Q4020	Q4035	Q4050
20936	92354	92938	*99024	99368	A4558	Q4006	Q4021	Q4036	Q4051
22841	92355	92944	99070	*99374	A4565	Q4007	Q4022	Q4037	R0076
34839	92358	92971	99071	*99377	A4570	Q4008	Q4023	Q4038	S0395
36000	92371	93740	99072	*99378	A4580	Q4009	Q4024	Q4039	S3600
36416	92531	93770	99078	*99379	A4590	Q4010	Q4025	Q4040	S3601
38204	92532	94005	99080	*99380	E0445	Q4011	Q4026	Q4041	S8450
69209	92533	94150	99090	*99483	G0501	Q4012	Q4027	Q4042	S8451
69210	92534	94760	99100	A4220	G0269	Q4013	Q4028	Q4043	S8452
76140	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	

**\*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.

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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.aaafp.org/news/health-of-the-public/20170109cerumengdln.html>

**POLICY UPDATE HISTORY INFORMATION:**

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
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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
4 / 2024	Added code 76140

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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

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

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## 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.

Applicable Codes:

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38204	92533	94150	99090	*99483	G0501	Q4012	Q4027	Q4042	S8451
69209	92534	94760	99100	A4220	G0269	Q4013	Q4028	Q4043	S8452
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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.

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#### 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
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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

<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"/>				

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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
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69210	92605	94761	99116	A4262	G2211	Q4013	Q4028	Q4043	S8452
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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.

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

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**POLICY UPDATE HISTORY INFORMATION:**

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4 / 2021	Added code G2211
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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
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5 / 2023	Added codes 38204, 90889, <del>92605, 92606, 92618,</del> 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:** 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

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**Issue Date:** May 29, 2023      **Revised Date:** May 2023  
**Date Reviewed:** February 2023  
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<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 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:

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	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	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
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.
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

<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 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:

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	**99000	99173	A4550	Q4002	Q4017	Q4032	Q4047	U0005
69210	92925	**99001	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.
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.
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

<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 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:

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.

**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
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. 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

<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 type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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## 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	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:**

- 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
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12 / 2020	Added code 99072
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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

<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 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 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	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 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. Added code 90885.

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-041  
**Subject:** Services Not Separately Reimbursed  
**Effective Date:** December 17, 2018      **End Date:**  
**Issue Date:** November 1, 2021      **Revised Date:** August 2021  
**Date Reviewed:** August 2021  
**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 type="checkbox"/>	NY	<input type="checkbox"/>
<b>Applicable Claim Type</b>	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 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.

HISTORICAL

# 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**

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.

## 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
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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**

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 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.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

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**

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 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      **End Date:**  
**Issue Date:** June 8, 2020      **Revised Date:** June 2020  
**Date Reviewed:** June 2020  
**Source:** Reimbursement Policy

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

HIGHMARK  
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  
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

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