

HISTORY VERSION

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: September 22, 2025 Revised Date: September 2025

Date Reviewed: September 2025

Source: Reimbursement Policy

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

NY

Applicable Claim Type

Applicable Claim Type UB ⊠ 1500 ⊠

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan.

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	92355	93740	***98006	99078	*99483	J1642	Q4016	Q4033	Q4050
20936	92358	93770	***98007	99080	A4220	Q3031	Q4017	Q4034	Q4051
22841	92371	94005	***98008	99090	A4262	Q4001	Q4018	Q4035	R0076
34839	92531	94150	***98009	99100	A4263	Q4002	Q4019	Q4036	S0395

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

36000	92532	94760	***98010	99116	A4270	Q4003	Q4020	Q4037	S3600
36416	92533	94761	***98011	99135	A4300	Q4004	Q4021	Q4038	S3601
38204	92534	96902	***98012	99140	A4550	Q4005	Q4022	Q4039	S8450
69209	92605	97010	***98013	99172	A4556	Q4006	Q4023	Q4040	S8451
69210	92606	97602	***98014	99173	A4557	Q4007	Q4024	Q4041	S8452
76140	92618	***98000	***98015	99366	A4558	Q4008	Q4025	Q4042	S9110
90885	92921	***98001	**99000	99367	A4565	Q4009	Q4026	Q4043	S9430
*90887	92925	***98002	**99001	99368	A4570	Q4010	Q4027	Q4044	S9981
90889	92929	***98003	99002	*99374	A4580	Q4011	Q4028	Q4045	S9982
92260	92934	***98004	*99024	*99377	A4590	Q4012	Q4029	Q4046	
92352	92938	***98005	99070	*99378	E0445	Q4013	Q4030	Q4047	

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

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

Facility (UB) claims

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

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

Facility (UB) claims

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

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

^{***}Note: Codes 98000-98015 are separately reimbursed in New York only.

9 / 2019	Added codes S9430								
4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added note								
4 / 2020	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 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								
1 / 2025	Added code 96041 and 98000-98016								
3 / 2025	Removed code 98016								
5 / 2025	Removed code 96041								
9 / 2025	Removed policy application to New York for codes 98000-98015								



HISTORY VERSION

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: May 19, 2025 Revised Date: May 2025

Date Reviewed: April 2025

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

PA WV DE NY DE N

Applicable Claim Type

1500

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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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22841	92371	94005	98008	99090	A4262	Q4001	Q4018	Q4035	R0076

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

92531	94150	98009	99100	A4263	Q4002	Q4019	Q4036	S0395
92532	94760	98010	99116	A4270	Q4003	Q4020	Q4037	S3600
92533	94761	98011	99135	A4300	Q4004	Q4021	Q4038	S3601
92534	96902	98012	99140	A4550	Q4005	Q4022	Q4039	S8450
92605	97010	98013	99172	A4556	Q4006	Q4023	Q4040	S8451
92606	97602	98014	99173	A4557	Q4007	Q4024	Q4041	S8452
92618	98000	98015	99366	A4558	Q4008	Q4025	Q4042	S9110
92921	98001	**99000	99367	A4565	Q4009	Q4026	Q4043	S9430
92925	98002	**99001	99368	A4570	Q4010	Q4027	Q4044	S9981
92929	98003	99002	*99374	A4580	Q4011	Q4028	Q4045	S9982
92934	98004	*99024	*99377	A4590	Q4012	Q4029	Q4046	
92938	98005	99070	*99378	E0445	Q4013	Q4030	Q4047	
	92532 92533 92534 92605 92606 92618 92921 92925 92929 92934	9253294760925339476192534969029260597010926069760292618980009292198001929259800292929980039293498004	92532 94760 98010 92533 94761 98011 92534 96902 98012 92605 97010 98013 92606 97602 98014 92618 98000 98015 92921 98001 **99000 92925 98002 **99001 92929 98003 99002 92934 98004 *99024	92532 94760 98010 99116 92533 94761 98011 99135 92534 96902 98012 99140 92605 97010 98013 99172 92606 97602 98014 99173 92618 98000 98015 99366 92921 98001 **99000 99367 92925 98002 **99001 99368 92929 98003 99002 *99374 92934 98004 *99024 *99377	92532 94760 98010 99116 A4270 92533 94761 98011 99135 A4300 92534 96902 98012 99140 A4550 92605 97010 98013 99172 A4556 92606 97602 98014 99173 A4557 92618 98000 98015 99366 A4558 92921 98001 **99000 99367 A4565 92925 98002 **99001 99368 A4570 92929 98003 99002 *99374 A4580 92934 98004 *99024 *99377 A4590	92532 94760 98010 99116 A4270 Q4003 92533 94761 98011 99135 A4300 Q4004 92534 96902 98012 99140 A4550 Q4005 92605 97010 98013 99172 A4556 Q4006 92606 97602 98014 99173 A4557 Q4007 92618 98000 98015 99366 A4558 Q4008 92921 98001 **99000 99367 A4565 Q4009 92925 98002 **99001 99368 A4570 Q4010 92929 98003 99002 *99374 A4580 Q4011 92934 98004 *99024 *99377 A4590 Q4012	92532 94760 98010 99116 A4270 Q4003 Q4020 92533 94761 98011 99135 A4300 Q4004 Q4021 92534 96902 98012 99140 A4550 Q4005 Q4022 92605 97010 98013 99172 A4556 Q4006 Q4023 92606 97602 98014 99173 A4557 Q4007 Q4024 92618 98000 98015 99366 A4558 Q4008 Q4025 92921 98001 **99000 99367 A4565 Q4009 Q4026 92925 98002 **99001 99368 A4570 Q4010 Q4027 92929 98003 99002 *99374 A4580 Q4011 Q4028 92934 98004 *99024 *99377 A4590 Q4012 Q4029	92532 94760 98010 99116 A4270 Q4003 Q4020 Q4037 92533 94761 98011 99135 A4300 Q4004 Q4021 Q4038 92534 96902 98012 99140 A4550 Q4005 Q4022 Q4039 92605 97010 98013 99172 A4556 Q4006 Q4023 Q4040 92606 97602 98014 99173 A4557 Q4007 Q4024 Q4041 92618 98000 98015 99366 A4558 Q4008 Q4025 Q4042 92921 98001 **99000 99367 A4565 Q4009 Q4026 Q4043 92925 98002 **99001 99368 A4570 Q4010 Q4027 Q4044 92929 98003 99002 *99374 A4580 Q4011 Q4028 Q4045 92934 98004 *99024 *99377 A4590 Q4012 Q4029 Q4046

*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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12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
9 / 2019	Added codes S9430

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

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4 / 2024 Added code 76140 1 / 2025 Added code 96041 and 98000-98016 3 / 2025 Removed code 98016	8 / 2023	Applied policy applicable to UB and direction specific to UB							
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3 / 2025 Removed code 98016	4 / 2024	Added code 76140							
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5 / 2025 Removed code 96041	3 / 2025	Removed code 98016							
	5 / 2025	Removed code 96041							



HISTORY VERSION

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: March 10, 2025 Revised Date: March 2025

Date Reviewed: March 2025

Source: Reimbursement Policy

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:

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.

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

Applicable Codes:

20930	92355	93740	98007	99078	*99483	J1642	Q4016	Q4033	Q4050
20936	92358	93770	98008	99080	A4220	Q3031	Q4017	Q4034	Q4051
22841	92371	94005	98009	99090	A4262	Q4001	Q4018	Q4035	R0076
34839	92531	94150	98010	99100	A4263	Q4002	Q4019	Q4036	S0395
36000	92532	94760	98011	99116	A4270	Q4003	Q4020	Q4037	S3600
36416	92533	94761	98012	99135	A4300	Q4004	Q4021	Q4038	S3601
38204	92534	96041	98013	99140	A4550	Q4005	Q4022	Q4039	S8450
69209	92605	96902	98014	99172	A4556	Q4006	Q4023	Q4040	S8451
69210	92606	97010	98015	99173	A4557	Q4007	Q4024	Q4041	S8452
76140	92618	97602		99366	A4558	Q4008	Q40 2 5	Q4042	S9110
90885	92921	98000	**99000	99367	A4565	Q4009	Q402 <mark>6</mark>	Q4043	S9430
*90887	92925	98001	**99001	99368	A4570	Q4010 <	Q4027	Q4044	S9981
90889	92929	98002	99002	*99374	A4580	Q4011	Q4028	Q4045	S9982
92260	92934	98003	*99024	*99377	A4590	Q4012	Q4029	Q4046	
92352	92938	98004	99070	*99378	E0445	Q4013	Q4030	Q4047	
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*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.

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

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

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
9 / 2019	Added codes S9430
4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added note regarding COVID-19 temporary policy waiver for codes indicated
6 / 2020	Temporary policy waiver extended to September 30, 2020
7 / 2020	Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982
9 / 2020	Temporary policy waiver extended to December 31, 2020
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
12 / 2020	Added code 99072
1 / 2021	Temporary policy 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 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
1 / 2025	Added code 96041 and 98000-98016
3 / 2025	Removed code 98016
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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, 2025 Revised Date: January 2025

Date Reviewed: December 2024

Source: Reimbursement Policy

Applicable Commercial Market PA WV DE NY EARPHICABLE Medicare Advantage Market PA WV DE NY EARPHICABLE NY EARPH

Applicable Claim Type

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:

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.

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

Applicable Codes:

20930	92355	93740	98007	99078	*99483	J1642	Q4016	Q4033	Q4050
20936	92358	93770	98008	99080	A4220	Q3031	Q4017	Q4034	Q4051
22841	92371	94005	98009	99090	A4262	Q4001	Q4018	Q4035	R0076
34839	92531	94150	98010	99100	A4263	Q4002	Q4019	Q4036	S0395
36000	92532	94760	98011	99116	A4270	Q4003	Q4020	Q4037	S3600
36416	92533	94761	98012	99135	A4300	Q4004	Q4021	Q4038	S3601
38204	92534	96041	98013	99140	A4550	Q4005	Q4022	Q4039	S8450
69209	92605	96902	98014	99172	A4556	Q4006	Q4023	Q4040	S8451
69210	92606	97010	98015	99173	A4557	Q4007	Q4024	Q4041	S8452
76140	92618	97602	98016	99366	A4558	Q4008	Q40 2 5	Q4042	S9110
90885	92921	98000	**99000	99367	A4565	Q4009	Q402 <mark>6</mark>	Q4043	S9430
*90887	92925	98001	**99001	99368	A4570	Q4010 <	Q4027	Q4044	S9981
90889	92929	98002	99002	*99374	A4580	Q4011	Q4028	Q4045	S9982
92260	92934	98003	*99024	*99377	A4590	Q4012	Q4029	Q4046	
92352	92938	98004	99070	*99378	E0445	Q4013	Q4030	Q4047	
92353	92944	98005	99071	*99379	G0501	Q4014	Q4031	Q4048	
92354	92971	98006	99072	*99380	G0269	Q4015	Q4032	Q4049	

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

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

Facility (UB) claims

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

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

Facility (UB) claims

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

40 / 2040	lenders and affice
12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
9 / 2019	Added codes S9430
4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added note
	regarding COVID-19 temporary policy waiver for codes indicated
6 / 2020	Temporary policy waiver extended to September 30, 2020
7 / 2020	Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982
9 / 2020	Temporary policy waiver extended to December 31, 2020
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
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4 / 2021	Added code G2211
11 / 2021	Added NY region applicable to the policy for Commercial. Removed code 90863. Noted NY variation for codes 90887, 99024, 99340, 99377, 99378, 99379, 99380, 99702 and U0005
1 / 2022	Added DE Medicare Advantage applicable to the policy 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
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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
1 / 2025	Added code 96041



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

Applicable Commercial Market

PA WV DE NY Applicable Medicare Advantage Market

PA WV DE NY E

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:

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.

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

Applicable Codes:

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

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

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

Facility (UB) claims

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

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

Facility (UB) claims

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
9 / 2019	Added codes S9430
4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added note
	regarding COVID-19 temporary policy waiver for codes indicated
6 / 2020	Temporary policy waiver extended to September 30, 2020
7 / 2020	Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982
9 / 2020	Temporary policy waiver extended to December 31, 2020
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
12 / 2020	Added code 99072
1 / 2021	Temporary policy 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 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



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 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:

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:

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

20930	92354	92938	*99024	99368	A4558	Q4006	Q4021	Q4036	Q4051
20936	92355	92944	99070	*99374	A4565	Q4007	Q4022	Q4037	R0076
22841	92358	92971	99071	*99377	A4570	Q4008	Q4023	Q4038	S0395
34839	92371	93740	99072	*99378	A4580	Q4009	Q4024	Q4039	S3600
36000	92531	93770	99078	*99379	A4590	Q4010	Q4025	Q4040	S3601
36416	92532	94005	99080	*99380	E0445	Q4011	Q4026	Q4041	S8450
38204	92533	94150	99090	*99483	G0501	Q4012	Q4027	Q4042	S8451
69209	92534	94760	99100	A4220	G0269	Q4013	Q4028	Q4043	S8452
69210	92605	94761	99116	A4262	J1642	Q4014	Q4029	Q4044	S9110
90885	92606	96902	99135	A4263	Q3031	Q4015	Q4030	Q4045	S9430
*90887	92618	97010	99140	A4270	Q4001	Q4016	Q4031	Q4046	S9981
90889	92921	97602	99172	A4300	Q4002	Q4017	Q4032	Q4047	S9982
92260	92925	**99000	99173	A4550	Q4003	Q4018	Q403 <mark>3</mark>	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.

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

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

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
9 / 2019	Added codes S9430
4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added note
4 / 2020	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
11/2021	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
1 / 2023	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



HISTORY VERSION

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: August 7, 2023 Revised Date: August 2023

Date Reviewed: July 2023

Source: Reimbursement Policy

Applicable Commercial Market PA WV DE NY DE NY Applicable Medicare Advantage Market PA WV DE NY DE NY

Applicable Claim Type

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:

Professional (1500) claims

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

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

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

20930 92354 92938 *99024 99368 A4558 Q4005 Q4020 Q4035 Q4050

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

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	Q403 <mark>3</mark>	Q4048	
92353	92934	99002	99367	A4557	Q4004	Q4019<	Q4034	Q4049	

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

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

Facility (UB) claims

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

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

Facility (UB) claims

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

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



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 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.

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

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	Q403 <mark>2</mark>	Q4047	S9982
92352	92929	**99001	99366	A4556	Q4003	Q4018	Q4033	Q4048	
92353	92934	99002	99367	A4557	Q4004	Q4019	Q4034	Q4049	

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

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

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
9 / 2019	Added codes S9430
4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added note
4 / 2020	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,
1 / 2020	99080, 99366, 99367, 99368, J1642, S9981, S9982

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

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
11/2021	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,
4 / 2022	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
1 / 2023	for codes 99000, 99001, 90887, 99024, 99374, 99377, 99378, 99379, 99380, 99483



HISTORY VERSION

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: May 29, 2023 Revised Date: May 2023

Date Reviewed: February 2023

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV DE NY DE NY

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.

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

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

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



HISTORY VERSION

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: January 1, 2023 Revised Date: January 2023

Date Reviewed: December 2022

Source: Reimbursement Policy

Applicable Commercial Market

PA WY DE NY

Applicable Market PA NY

App

Applicable Medicare Advantage Market

PA WW 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 pror 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 GOIDELINES:

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.

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

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	04026	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	9917/2 /	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.aafp.org/news/health-of-the-public/20170109cerumengdln.html

12 / 2018 Added codes 99487, 99489, 99490, 99491 9 / 2019 Added codes S9430 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.	r	
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.	12 / 2018	Implementation
Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated. Temporary policy waiver extended to September 30, 2020. Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982 Temporary policy waiver extended to December 31, 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.	12 / 2018	Added codes 99487, 99489, 99490, 99491
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.	9 / 2019	Added codes S9430
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.	4 / 2020	
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.	6 / 2020	Temporary policy waiver extended to September 30, 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.	7 / 2020	
12 / 2020 Added code 99072 1 / 2021 Temporary policy wavier extended until the PHE expires.	9 / 2020	Temporary policy waiver extended to December 31, 2020.
1 / 2021 Temporary policy wavier extended until the PHE expires.	10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
	12 / 2020	Added code 99072
2 / 2021 Added code LI0005 Added E/M direction when hilled with C2022 and C2024	1 / 2021	Temporary policy wavier extended until the PHE expires.
2/2021 Added code 00005. Added E/MAGIIECTION WITH DILIED WITH GE025 and G2024.	2 / 2021	Added code U0005. Added E/M direction when billed with G2023 and G2024.
4 / 2021 Added code G2211	4 / 2021	Added code G2211
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.	11 / 2021	
1 / 2022 Added DE Medicare Advantage applicable to the policy. Added code 90885.	1 / 2022	Added DE Medicare Advantage applicable to the policy. Added code 90885.
3 / 2022 Added codes 99100, 991/16, 99135 and 99140.	3 / 2022	Added codes 99100, 99116, 99135 and 99140.
4 / 2022 Added codes 34839, 92352, 92353, 92354, 92355, 92358, 92371, 92534, G0501, Q3031, E0445.	4 / 2022	
1 / 2023 Removed codes 15850 and 99340	1 / 2023	Removed codes 15850 and 99340



HISTORY VERSION

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: April 4, 2022 Revised Date: April 2022

Date Reviewed: February 2022

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV DE NY DE NY

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.

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

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

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,						
4 / 2022	ÉQ445.						



HISTORY VERSION

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: March 7, 2022 Revised Date: March 2022

Date Reviewed: February 2022

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV DE NY DE NY

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.

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

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	J1 <mark>642</mark>	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.aafp.org/news/health-of-the-public/20170109cerumengdln.html

12 / 2018	Implementation						
12 / 2018	Added codes 99487, 99489, 99490, 99491						
9 / 2019	Added codes S9430						
4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added						
	notification regarding COVID-19 temporary policy waiver for codes indicated.						
6 / 2020	Temporary policy waiver extended to September 30, 2020.						
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	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.						



HISTORY VERSION

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: January 3, 2022 Revised Date: January 2022

Date Reviewed: November 2021

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV DE NY DE NY

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.

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

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
				A4330	[1,]	1 1	\Q 4 033	-, -	
20936	92929	**99001	99368	A4557	Q40 06	Q40 <mark>20</mark>	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 <u>will</u> 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

1	
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
4 / 2020	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,
1 / 2020	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
11/2021	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.





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

Applicable Commercial Market

PA WV DE NY E

Applicable Medicare Advantage Market

PA WV DE NY E

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 REMBURSEMENT 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.

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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 <u>will</u> 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

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,
1 / 2020	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
11/2021	NY variation for codes 90887, 99024, 99340, 99377, 99378, 99379, 99380, 99702 and U0005.





HISTORY VERSIONS

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: April 5, 2021 Revised Date: April 2021

Date Reviewed: March 2021

Source: Reimbursement Policy

Applicable Commercial Market
Applicable Medicare Advantage Market
Applicable Claim Type

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 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	Q4 <mark>009</mark>	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	
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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

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
04 / 2020	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,
07 / 2020	99366, 99367, 99368, J1642, S9981, S9982
09 / 2020	Temporary policy waiver extended to December 31, 2020.
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
12 / 2020	Added code 99072
1 / 2021	Temporary policy wavier extended until the PHE expires.
2 / 2021	Added code U0005. Added E/M direction when billed with G2023 and G2024.
4 / 2021	Added code G2211





HISTORY VERSIONS

DE

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Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: February 8, 2021 Revised Date: February 2021

Date Reviewed: January 2021

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV

WV

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.

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 S998	82
20930	92925	**99000	99367	A4556	Q4006	Q4020	Q4034	Q4048 U000	05
20936	92929	**99001	99368	A4557	Q4007	Q4021	Q4035	Q4049	
22841	92934	99002	*99374	A4558	Q4008	Q4022	Q4036	Q4050	
36000	92938	*99024	*99377	A4565	Q4 <mark>009</mark>	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	V1642	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	

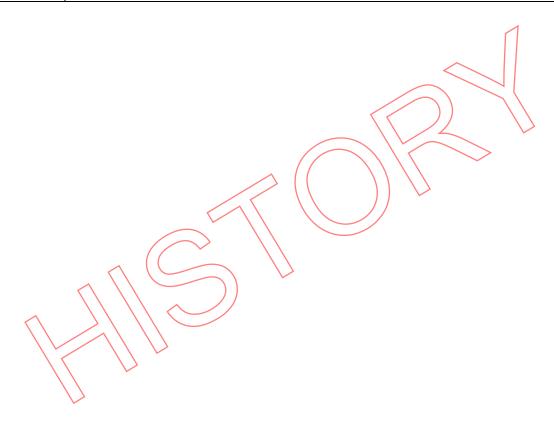
MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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

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						
04 / 2020	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,						
01 / 2020	99366, 99367, 99368, J1642, S9981, S9982						
09 / 2020	Temporary policy waiver extended to December 31, 2020.						
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE						
12 / 2020	Added code 99072						
1 / 2021	Temporary policy wavier extended until the PHE expires.						
2 / 2021	Added code U0005. Added E/M direction when billed with G2023 and G2024.						





HISTORY VERSIONS

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: January 18, 2021 Revised Date: January 2021

Date Reviewed: January 2021

Source: Reimbursement Policy

Applicable Commercial Market
Applicable Medicare Advantage Market
Applicable Claim Type

PA WV D PA WV D UB 1500

DE

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: 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	Q4 <mark>013</mark>	Q4027	Q4041	S8450	
*90887	94150	99080	A4220	J1642	Q4014	Q40 <mark>28</mark>	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

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 VERSIONS

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: December 7, 2020 Revised Date: November 2020

Date Reviewed: November 2020

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV DE MV

PA WV DE MV

PA WV DE MV

PA WV DE MV

Applicable Claim Type

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: 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	Q4 013	Q4027	Q4041	S8450	
*90887	94150	99080	A4220	J1642	Q4014	Q40 <mark>28</mark>	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

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 VERSION

Bulletin Number: RP-041

Subject: Services Not Separately Reimbursed

Effective Date: December 17, 2018 End Date:

Issue Date: October 26, 2020 Revised Date: October 2020

Date Reviewed: October 2020

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV D

PA WV D

UB 1500 D

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: 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	Q 4041	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

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 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

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV W

DE

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.

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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

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							
04 / 2020	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							