HIGHMARK.

Reimbursement Policy

Title: Procedure Codes Not Applicable to Commercial Products

Policy Number: RP-011

Version Number: 2026.07.27

Medicare Advantage:	Not applicable	Version Effective:	July 27, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	April 24, 2017
Claim Type:	CMS 1500 and UB04	History Versions:	Click Here → History

Disclosure: *The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.*

Description:

There are several procedure codes that by their terminology and intent do not apply to commercial products. These codes are typically, but not always, developed by the Centers for Medicare & Medicaid Services (CMS) specifically for the Medicare Program. This policy directs the Plan's reimbursement for these services.

Reimbursement Guidelines:

Unless otherwise specified, the codes listed below are not covered by the Plan under Commercial products and if reported it will be denied as non-billable to the member. These codes should be reported for Medicare Advantage business, as appropriate, to collect data on patient function and/or severity, participation in sponsored trials etc. Commercial facility claims using the OPPS methodology may use certain G codes in processing.

Procedure Codes Not Applicable to Commercial Products:

G0076	G0300	G0526	G1004	G2013	G2215	G9061	G9078	G9096	G9112	G9135	G9476	G9681	G9882
G0077	G0323	G0527	G1007	G2014	G2216	G9062	G9079	G9097	G9113	G9136	G9477	G9682	G9883
G0078	G0402	G0528	G1008	G2015	G9013	G9063	G9080	G9098	G9114	G9137	G9478	G9683	G9884
G0079	G0471	G0529	G1010	G2020	G9014	G9064	G9083	G9099	G9115	G9138	G9479	G9684	G9885
G0080	G0490	G0530	G1011	G2067	G9016	G9065	G9084	G9100	G9116	G9139	G9480	G9685	G9890
G0081	G0498	G0531	G1028	G2068	G9050	G9066	G9085	G9101	G9117	G9140	G9481	G9868	G9978
G0082	G0506	G0532	G2000	G2069	G9051	G9067	G9086	G9102	G9123	G9148	G9482	G9869	G9979
G0083	G0513	G0533	G2001	G2073	G9052	G9068	G9087	G9103	G9124	G9149	G9483	G9870	G9980
G0084	G0514	G0534	G2002	G2074	G9053	G9069	G9088	G9104	G9125	G9150	G9484	G9873	G9981
G0085	G0519	G0535	G2003	G2075	G9054	G9070	G9089	G9105	G9126	G9151	G9485	G9874	G9982
G0086	G0520	G0536	G2004	G2076	G9055	G9071	G9090	G9106	G9128	G9152	G9486	G9875	G9983
G0087	G0521	G0574	G2005	G2077	G9056	G9072	G9091	G9107	G9129	G9153	G9487	G9876	G9984
G0137	G0522	G0575	G2006	G2078	G9057	G9073	G9092	G9108	G9130	G9156	G9488	G9877	G9985
G0293	G0523	G1001	G2007	G2079	G9058	G9074	G9093	G9109	G9131	G9187	G9489	G9878	G9986
G0294	G0524	G1002	G2008	G2080	G9059	G9075	G9094	G9110	G9132	G9473	G9490	G9879	G9987
G0299	G0525	G1003	G2009	G2172	G9060	G9077	G9095	G9111	G9133	G9474	G9679	G9880	Q2052
									G9134	G9475	G9680	G9881	Q4082

Codes G9886, G9887, G9888 are applicable to this policy to support the processing of Medicare Diabetes Prevention Program (MDPP), which is only for Medicare Advantage members.

Medicaid Specific Procedure Codes Not Applicable to Commercial Products:

A0021	G0310	G0311	G0312	G0313	G0314	G0315	T1040	T1041

Coding:

N/A

Definitions: N/A

References: N/A

Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

Policy Update History:

1 / 2024	Added G0137
7 / 2024	Added G0519, G0520, G0521, G0522, G0523, G0524, G0525, G0526, G0527, G0528, G0529, G0530, G0531
1 / 2025	Added G0532-G0536. Removed G1012-G1024, G2070-G2072
2 / 2026	Removed G0071
5 / 2026	Added codes G9886, G9887, G9888
6 / 2026	Added policy applicable to facility UB04
7 / 2026	Added codes G0574, G0575

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Reimbursement Policy

Title: Procedure Codes Not Applicable to Commercial Products

Policy Number: RP-011

Version Number: 2026.06.29

Medicare Advantage:	Not applicable	Version Effective:	June 29, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	April 24, 2017
Claim Type:	CMS 1500 and UB04	History Versions:	Click Here → History

Disclosure: *The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.*

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Procedure Codes Not Applicable to Commercial Products:

G0076	G0490	G0534	G2008	G9013	G9067	G9090	G9110	G9136	G9480	G9870	G9983
G0077	G0498	G0535	G2009	G9014	G9068	G9091	G9111	G9137	G9481	G9873	G9984
G0078	G0506	G0536	G2013	G9016	G9069	G9092	G9112	G9138	G9482	G9874	G9985
G0079	G0513	G1001	G2014	G9050	G9070	G9093	G9113	G9139	G9483	G9875	G9986
G0080	G0514	G1002	G2015	G9051	G9071	G9094	G9114	G9140	G9484	G9876	G9987
G0081	G0519	G1003	G2020	G9052	G9072	G9095	G9115	G9148	G9485	G9877	Q2052
G0082	G0520	G1004	G2067	G9053	G9073	G9096	G9116	G9149	G9486	G9878	Q4082
G0083	G0521	G1007	G2068	G9054	G9074	G9097	G9117	G9150	G9487	G9879	
G0084	G0522	G1008	G2069	G9055	G9075	G9098	G9123	G9151	G9488	G9880	
G0085	G0523	G1010	G2073	G9056	G9077	G9099	G9124	G9152	G9489	G9881	
G0086	G0524	G1011	G2074	G9057	G9078	G9100	G9125	G9153	G9490	G9882	
G0087	G0525	G1028	G2075	G9058	G9079	G9101	G9126	G9156	G9679	G9883	
G0137	G0526	G2000	G2076	G9059	G9080	G9102	G9128	G9187	G9680	G9884	
G0293	G0527	G2001	G2077	G9060	G9083	G9103	G9129	G9473	G9681	G9885	
G0294	G0528	G2002	G2078	G9061	G9084	G9104	G9130	G9474	G9682	G9890	
G0299	G0529	G2003	G2079	G9062	G9085	G9105	G9131	G9475	G9683	G9978	
G0300	G0530	G2004	G2080	G9063	G9086	G9106	G9132	G9476	G9684	G9979	
G0323	G0531	G2005	G2172	G9064	G9087	G9107	G9133	G9477	G9685	G9980	
G0402	G0532	G2006	G2215	G9065	G9088	G9108	G9134	G9478	G9868	G9981	
G0471	G0533	G2007	G2216	G9066	G9089	G9109	G9135	G9479	G9869	G9982	

Codes G9886, G9887, G9888 are applicable to this policy to support the processing of Medicare Diabetes Prevention Program (MDPP), which is only for Medicare Advantage members.

TORY

Medicaid Specific Procedure Codes Not Applicable to Commercial Products:

A0021 G0310 G0311 G0312 G0313 G0314 G0315 T1040 T1041

Coding: N/A

Definitions: N/A

References: N/A

Related Plan Policies:

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Policy Update History:

1 / 2024	Added G0137
7 / 2024	Added G0519, G0520, G0521, G0522, G0523, G0524, G0525, G0526, G0527, G0528, G0529, G0530, G0531
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2 / 2026	Removed G0071
5 / 2026	Added codes G9886, G9887, G9888
6 / 2026	Added policy applicable to facility UB04

HISTORY

Reimbursement Policy

Title: Procedure Codes Not Applicable to Commercial Products

Policy Number: RP-011

Version Number: 2026.05.04

Medicare Advantage:	Not applicable	Version Effective:	May 4, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	April 24, 2017
Claim Type:	CMS 1500	History Versions:	Click Here → History

Disclosure: *The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.*

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G0079	G0513	G1001	G2014	G9050	G9070	G9093	G9113	G9139	G9483	G9875	G9986
G0080	G0514	G1002	G2015	G9051	G9071	G9094	G9114	G9140	G9484	G9876	G9987
G0081	G0519	G1003	G2020	G9052	G9072	G9095	G9115	G9148	G9485	G9877	Q2052
G0082	G0520	G1004	G2067	G9053	G9073	G9096	G9116	G9149	G9486	G9878	Q4082
G0083	G0521	G1007	G2068	G9054	G9074	G9097	G9117	G9150	G9487	G9879	
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G0137	G0526	G2000	G2076	G9059	G9080	G9102	G9128	G9187	G9680	G9884	
G0293	G0527	G2001	G2077	G9060	G9083	G9103	G9129	G9473	G9681	G9885	
G0294	G0528	G2002	G2078	G9061	G9084	G9104	G9130	G9474	G9682	G9890	
G0299	G0529	G2003	G2079	G9062	G9085	G9105	G9131	G9475	G9683	G9978	
G0300	G0530	G2004	G2080	G9063	G9086	G9106	G9132	G9476	G9684	G9979	
G0323	G0531	G2005	G2172	G9064	G9087	G9107	G9133	G9477	G9685	G9980	
G0402	G0532	G2006	G2215	G9065	G9088	G9108	G9134	G9478	G9868	G9981	
G0471	G0533	G2007	G2216	G9066	G9089	G9109	G9135	G9479	G9869	G9982	

Codes G9886, G9887, G9888 are applicable to this policy to support the processing of Medicare Diabetes Prevention Program (MDPP), which is only for Medicare Advantage members.

HISTORY

Medicaid Specific Procedure Codes Not Applicable to Commercial Products:

A0021 G0310 G0311 G0312 G0313 G0314 G0315 T1040 T1041

Coding: N/A

Definitions: N/A

References: N/A

Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

Policy Update History:

1 / 2024	Added G0137
7 / 2024	Added G0519, G0520, G0521, G0522, G0523, G0524, G0525, G0526, G0527, G0528, G0529, G0530, G0531
1 / 2025	Added G0532-G0536. Removed G1012-G1024, G2070-G2072
2 / 2026	Removed G0071
5 / 2026	Added codes G9886, G9887, G9888

HISTORY

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-011		
Subject:	Procedure Codes Not Applicable to Commercial Products		
Effective Date:	April 24, 2017	**End Date:**	
Issue Date:	February 2, 2026	**Revised Date:**	February 2026
Date Reviewed:	January 2026		
Source:	Reimbursement Policy		

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

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

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

HISTORY

PURPOSE:

There are a number of procedure codes that by their terminology and intent do not apply to commercial products. These codes are typically, but not always, developed by the Centers for Medicare & Medicaid Services (CMS) specifically for the Medicare Program.

REIMBURSEMENT GUIDELINES:

Unless otherwise specified, the codes listed in ***Appendix A***, are not covered by the Plan under Commercial products and if reported will be denied as non-billable to our members.

Note: These codes should be reported for Medicare Advantage business, as appropriate, to collect data on patient function/severity, participation in sponsored trials etc. Commercial facility claims using the OPPS methodology may use certain G codes in processing. The Informational codes may not be payable, but all code lines will be separately reviewed for coverage based on the member's benefits and policy application. Submission of these codes is optional and not required for claim payment under either Commercial or Medicare Advantage products.

Appendix A – Procedure Codes Not Applicable to Commercial Products

G0076	G0506	G1003	G2069	G9058	G9084	G9107	G9136	G9483	G9878
G0077	G0513	G1004	G2073	G9059	G9085	G9108	G9137	G9484	G9879
G0078	G0514	G1007	G2074	G9060	G9086	G9109	G9138	G9485	G9880
G0079	G0519	G1008	G2075	G9061	G9087	G9110	G9139	G9486	G9881

G0080	G0520	G1010	G2076	G9062	G9088	G9111	G9140	G9487	G9882
G0081	G0521	G1011	G2077	G9063	G9089	G9112	G9148	G9488	G9883
G0082	G0522	G1028	G2078	G9064	G9090	G9113	G9149	G9489	G9884
G0083	G0523	G2000	G2079	G9065	G9091	G9114	G9150	G9490	G9885
G0084	G0524	G2001	G2080	G9066	G9092	G9115	G9151	G9679	G9890
G0085	G0525	G2002	G2172	G9067	G9093	G9116	G9152	G9680	G9978
G0086	G0526	G2003	G2215	G9068	G9094	G9117	G9153	G9681	G9979
G0087	G0527	G2004	G2216	G9069	G9095	G9123	G9156	G9682	G9980
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G0490	G0536	G2020	G9055	G9079	G9104	G9133	G9480	G9875	Q4082
G0498	G1001	G2067	G9056	G9080	G9105	G9134	G9481	G9876	
	G1002	G2068	G9057	G9083	G9106	G9135	G9482	G9877	

Appendix B – Medicaid Specific Procedure Codes Not Applicable to Commercial Products

A0021	G0310	G0311	G0312	G0313	G0314	G0315	T1040	T1041

POLICY UPDATE HISTORY INFORMATION:

1 / 2022	Added G0028, G0029, G0048, G0049, G0051-G0067, G1024-G1028, G4001-G4038, G9988-G9999, M1072-M1089, M1094-M1105. Added DE Medicare Advantage applicable
4 / 2022	Removed policy applicable to Med Advantage. Removed code M1145, G0501 and G1009
7 / 2022	Removed performance measurement codes now addressed on RP-073. Policy no longer applies to UB claims
10 / 2022	Added codes A0021, G0310, G0311, G0312, G0313, G0314, and G0315
1 / 2023	Added G0323
1 / 2024	Added G0137
7 / 2024	Added G0519, G0520, G0521, G0522, G0523, G0524, G0525, G0526, G0527, G0528, G0529, G0530, G0531
1 / 2025	Added G0532-G0536. Removed G1012-G1024, G2070-G2072
2 / 2026	Removed G0071

HISTORY

IMPORTANT INFORMATION

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the member's contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the

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HISTORY

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-011		
Subject:	Procedure Codes Not Applicable to Commercial Products		
Effective Date:	April 24, 2017	**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**	☒
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY**	☐
Applicable Claim Type	**UB**	☐	**1500**	☒				

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

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

HISTORY

PURPOSE:

There are a number of procedure codes that by their terminology and intent do not apply to commercial products. These codes are typically, but not always, developed by the Centers for Medicare & Medicaid Services (CMS) specifically for the Medicare Program.

REIMBURSEMENT GUIDELINES:

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G0083	G0524	G2001	G2080	G9066	G9092	G9115	G9151	G9679	G9890
G0084	G0525	G2002	G2172	G9067	G9093	G9116	G9152	G9680	G9978
G0085	G0526	G2003	G2215	G9068	G9094	G9117	G9153	G9681	G9979
G0086	G0527	G2004	G2216	G9069	G9095	G9123	G9156	G9682	G9980
G0087	G0528	G2005	G9013	G9070	G9096	G9124	G9187	G9683	G9981
G0137	G0529	G2006	G9014	G9071	G9097	G9125	G9473	G9684	G9982
G0293	G0530	G2007	G9016	G9072	G9098	G9126	G9474	G9685	G9983
G0294	G0531	G2008	G9050	G9073	G9099	G9128	G9475	G9868	G9984
G0299	G0532	G2009	G9051	G9074	G9100	G9129	G9476	G9869	G9985
G0300	G0533	G2013	G9052	G9075	G9101	G9130	G9477	G9870	G9986
G0323	G0534	G2014	G9053	G9077	G9102	G9131	G9478	G9873	G9987
G0402	G0535	G2015	G9054	G9078	G9103	G9132	G9479	G9874	Q2052
G0471	G0536	G2020	G9055	G9079	G9104	G9133	G9480	G9875	Q4082
G0490	G1001	G2067	G9056	G9080	G9105	G9134	G9481	G9876	
G0498	G1002	G2068	G9057	G9083	G9106	G9135	G9482	G9877	

Appendix B – Medicaid Specific Procedure Codes Not Applicable to Commercial Products

A0021	G0310	G0311	G0312	G0313	G0314	G0315	T1040	T1041

POLICY UPDATE HISTORY INFORMATION:

4 / 2017	Implementation
4 / 2018	Added G9873, G9874, G9875 – G9885, G8990, G9891
10 / 2018	Added G9978 – G9987
1 / 2019	Added G2000, G0071, G0076 – G0087, G2012, M1000 – M1071 Removed G9535, G9536, G9538, G5986
4 / 2019	Added G2001 – G2009 and G2013 – G2015 retro effective to 1/1/2019
5 / 2019	Removed G2012 retro effective to 1/1/2019
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4 / 2020	Added G1012, G1013, G1014, G1015, G1016, G1017, G1018, G1019
10 / 2020	Added G1020 – G1023 and Q9001 – Q9003
1 / 2021	Added G2215, G2216, M1106 – M1150
4 / 2021	Added G2020 and G2172
6 / 2021	Removed 212 codes with various end dates and no longer effective
10 / 2021	Added Q9004
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added G0028, G0029, G0048, G0049, G0051-G0067, G1024-G1028, G4001-G4038, G9988-G9999, M1072-M1089, M1094-M1105. Added DE Medicare Advantage applicable
4 / 2022	Removed policy applicable to Med Advantage. Removed code M1145, G0501 and G1009

7 / 2022	Removed performance measurement codes now addressed on RP-073. Policy no longer applies to UB claims
10 / 2022	Added codes A0021, G0310, G0311, G0312, G0313, G0314, and G0315
1 / 2023	Added G0323
1 / 2024	Added G0137
7 / 2024	Added G0519, G0520, G0521, G0522, G0523, G0524, G0525, G0526, G0527, G0528, G0529, G0530, G0531
1 / 2025	Added G0532-G0536. Deleted G1012-G1024, G2070-G2072

HISTORY

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-011		
Subject:	Procedure Codes Not Applicable to Commercial Products		
Effective Date:	April 24, 2017	**End Date:**	
Issue Date:	July 1, 2024	**Revised Date:**	July 2024
Date Reviewed:	June 2024		
Source:	Reimbursement Policy		

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

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

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

HISTORY

PURPOSE:

There are a number of procedure codes that by their terminology and intent do not apply to commercial products. These codes are typically, but not always, developed by the Centers for Medicare & Medicaid Services (CMS) specifically for the Medicare Program.

REIMBURSEMENT GUIDELINES:

Unless otherwise specified, the codes listed in ***Appendix A***, are not covered by the Plan under Commercial products and if reported will be denied as non-billable to our members.

Note: These codes should be reported for Medicare Advantage business, as appropriate, to collect data on patient function/severity, participation in sponsored trials etc. Commercial facility claims using the OPPS methodology may use certain G codes in processing. The Informational codes may not be payable, but all code lines will be separately reviewed for coverage based on the member's benefits and policy application. Submission of these codes is optional and not required for claim payment under either Commercial or Medicare Advantage products.

Appendix A – Procedure Codes Not Applicable to Commercial Products

G0071	G0514	G1015	G2067	G9055	G9083	G9108	G9139	G9488	G9885
G0076	G0519	G1016	G2068	G9056	G9084	G9109	G9140	G9489	G9890
G0077	G0520	G1017	G2069	G9057	G9085	G9110	G9148	G9490	G9978

G0078	G0521	G1018	G2070	G9058	G9086	G9111	G9149	G9679	G9979
G0079	G0522	G1019	G2071	G9059	G9087	G9112	G9150	G9680	G9980
G0080	G0523	G1020	G2072	G9060	G9088	G9113	G9151	G9681	G9981
G0081	G0524	G1021	G2073	G9061	G9089	G9114	G9152	G9682	G9982
G0082	G0525	G1022	G2074	G9062	G9090	G9115	G9153	G9683	G9983
G0083	G0526	G1023	G2075	G9063	G9091	G9116	G9156	G9684	G9984
G0084	G0527	G1024	G2076	G9064	G9092	G9117	G9187	G9685	G9985
G0085	G0528	G1028	G2077	G9065	G9093	G9123	G9473	G9868	G9986
G0086	G0529	G2000	G2078	G9066	G9094	G9124	G9474	G9869	G9987
G0087	G0530	G2001	G2079	G9067	G9095	G9125	G9475	G9870	Q2052
G0137	G0531	G2002	G2080	G9068	G9096	G9126	G9476	G9873	Q4082
G0293	G1001	G2003	G2172	G9069	G9097	G9128	G9477	G9874	
G0294	G1002	G2004	G2215	G9070	G9098	G9129	G9478	G9875	
G0299	G1003	G2005	G2216	G9071	G9099	G9130	G9479	G9876	
G0300	G1004	G2006	G9013	G9072	G9100	G9131	G9480	G9877	
G0323	G1007	G2007	G9014	G9073	G9101	G9132	G9481	G9878	
G0402	G1008	G2008	G9016	G9074	G9102	G9133	G9482	G9879	
G0471	G1010	G2009	G9050	G9075	G9103	G9134	G9483	G9880	
G0490	G1011	G2013	G9051	G9077	G9104	G9135	G9484	G9881	
G0498	G1012	G2014	G9052	G9078	G9105	G9136	G9485	G9882	
G0506	G1013	G2015	G9053	G9079	G9106	G9137	G9486	G9883	
G0513	G1014	G2020	G9054	G9080	G9107	G9138	G9487	G9884	

Appendix B – Medicaid Specific Procedure Codes Not Applicable to Commercial Products

A0021	G0310	G0311	G0312	G0313	G0314	G0315	T1040	T1041

POLICY UPDATE HISTORY INFORMATION:

4 / 2017	Implementation
4 / 2018	Added G9873, G9874, G9875 – G9885, G8990, G9891
10 / 2018	Added G9978 – G9987
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HISTORY

1 / 2022	Added G0028, G0029, G0048, G0049, G0051-G0067, G1024-G1028, G4001-G4038, G9988-G9999, M1072-M1089, M1094-M1105. Added DE Medicare Advantage applicable
4 / 2022	Removed policy applicable to Med Advantage. Removed code M1145, G0501 and G1009
7 / 2022	Removed performance measurement codes now addressed on RP-073. Policy no longer applies to UB claims
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1 / 2023	Added G0323
1 / 2024	Added G0137
7 / 2024	Added G0519, G0520, G0521, G0522, G0523, G0524, G0525, G0526, G0527, G0528, G0529, G0530, G0531

HISTORY

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-011		
Subject:	Procedure Codes Not Applicable to Commercial Products		
Effective Date:	April 24, 2017	**End Date:**	
Issue Date:	January 1, 2024	**Revised Date:**	January 2024
Date Reviewed:	December 2023		
Source:	Reimbursement Policy		

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

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HISTORY

PURPOSE:

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REIMBURSEMENT GUIDELINES:

Unless otherwise specified, the codes listed in ***Appendix A***, are not covered by the Plan under Commercial products and if reported will be denied as non-billable to our members.

Note: These codes should be reported for Medicare Advantage business, as appropriate, to collect data on patient function/severity, participation in sponsored trials etc. Commercial facility claims using the OPPS methodology may use certain G codes in processing. The Informational codes may not be payable, but all code lines will be separately reviewed for coverage based on the member's benefits and policy application. Submission of these codes is optional and not required for claim payment under either Commercial or Medicare Advantage products.

Appendix A – Procedure Codes Not Applicable to Commercial Products

G0071	G0506	G1024	G2074	G9060	G9086	G9109	G9138	G9485	G9880
G0076	G0513	G1028	G2075	G9061	G9087	G9110	G9139	G9486	G9881
G0077	G0514	G2000	G2076	G9062	G9088	G9111	G9140	G9487	G9882

G0078	G1001	G2001	G2077	G9063	G9089	G9112	G9148	G9488	G9883
G0079	G1002	G2002	G2078	G9064	G9090	G9113	G9149	G9489	G9884
G0080	G1003	G2003	G2079	G9065	G9091	G9114	G9150	G9490	G9885
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G0490	G1022	G2072	G9058	G9084	G9107	G9136	G9483	G9878	
G0498	G1023	G2073	G9059	G9085	G9108	G9137	G9484	G9879	

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HISTORY