HIGHMARK.

Reimbursement Policy

Title: Services Not Separately Reimbursed

Policy Number: RP-041

Version Number: 2026.09.28

Medicare Advantage:	PA, WV, DE, NY	Version Effective:	September 28, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	December 17, 2018
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:

This policy provides direction for services considered not separately reimbursed by the Plan. Reimbursement for these services is inherently included in the allowance for other services not specified.

Reimbursement Guidelines:

Procedure codes outlined in this policy will be rejected and non-billable to the member unless specified elsewhere such as member benefits.

Commercial Professional (1500)

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.

The procedure codes listed below are considered not separately reimbursed by the Plan and non-billable to the member.

Applicable codes:

A4220	A4570	Q4004	Q4016	Q4026	Q4038	Q4050	S9430	69209	90889	92605	96902	99060	99173
A4262	A4580	Q4005	Q4017	Q4027	Q4039	Q4051	S9981	69210	92260	92606	97010	99070	99288
A4263	A4590	Q4006	Q4018	Q4028	Q4040	R0076	S9982	77387	92352	92618	97602	99078	99366
A4270	E0445	Q4007	Q4019	Q4029	Q4041	S0395	20930	77417	92355	93740	99002	99080	99367
A4300	G2211	Q4008	Q4020	Q4030	Q4042	S3600	20936	77439	92358	93770	99024	99090	99368
A4550	J1642	Q4009	Q4021	Q4033	Q4043	S3601	22841	76140	92371	94005	99050	99100	99374
A4556	Q3031	Q4010	Q4022	Q4034	Q4044	S8450	34839	76376	92531	94150	99051	99116	99377
A4557	Q4001	Q4011	Q4023	Q4035	Q4045	S8451	36000	76377	92352	94760	99053	99135	99378
A4558	Q4002	Q4012	Q4024	Q4036	Q4046	S8452	36416	90885	92353	94761	99056	99140	99483
A4565	Q4003	Q4013	Q4025	Q4037	Q4047	S9110	38204	90887	92534	96041	99058	99172	99485
													99486

***Note**: Exceptions *may* apply for code 99051 in New York only.

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.

Commercial Facility (UB)

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

Medicare Advantage Professional (1500)

The Plan does not allow separate reimbursement for codes identified by Centers for Medicare and Medicaid Services (CMS) on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled, integral, or inherently included with other services and will not be separately reimbursed. Additional codes may also be treated similarly as those deemed Status B and are listed below.

The procedure codes listed below are not Status B but are not separately reimbursed by the Plan.

76376 76377 G2211

The procedure codes listed below are Status B and not separately reimbursed by the Plan.

R0076	A4270	99379	99288	99078	99056	99001	97010	93740	92532	92353	77417	36416
Q3031	A4263	99377	99140	99072	99053	99000	96902	92618	92531	92352	77387	36000
G0501	A4262	99374	99135	99071	99051	98962	96041	92606	92371	90889	38227	34839
G0269	99486	99368	99116	99070	99050	98961	94150	92605	92358	90887	38226	22841
A4550	99485	99367	99100	99060	99024	98960	94005	92534	92355	90885	38225	20936
A4300	99380	99366	99080	99058	99002	97602	93770	92533	92354	77439	38204	20930

Medicare Advantage Facility (UB)

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

Coding:

N/A

Definitions:

N/A

References:

- 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

Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

Policy Update History:

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
2 / 2026	Added codes 76376 and 76377
4 / 2026	Added codes 99050, 99051, 99053, 99056, 99058, 99060, 99288, 96041, 99485, 99486 and G2211. Removed codes 92921, 92925, 92929, 92934, 92938.
9 / 2026	Removed codes 98000-98015 from Commercial, added codes 77387, 77417, 77439 for Commercial and Med Advantage, and added the status B codes listing that has already been applicable for Medicare Advantage for clarity

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Reimbursement Policy

Title: Services Not Separately Reimbursed

Policy Number: RP-041

Version Number: 2026.09.01

Medicare Advantage:	PA, WV, DE, NY	Version Effective:	September 01, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	December 17, 2018
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:

This policy provides direction for services considered not separately reimbursed by the Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified.

Reimbursement Guidelines:

Procedure codes outlined in this policy will be rejected and non-billable to the member unless specified elsewhere such as member benefits.

Commercial Professional (1500)

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.

The procedure codes listed below are considered not separately reimbursed.

Applicable codes:

A4220	A4570	Q4004	Q4016	Q4026	Q4038	Q4050	S9430	69209	92355	93740	99002	99080	99367
A4262	A4580	Q4005	Q4017	Q4027	Q4039	Q4051	S9981	69210	92358	93770	99024	99090	99368
A4263	A4590	Q4006	Q4018	Q4028	Q4040	R0076	S9982	76140	92371	94005	99050	99100	99374
A4270	E0445	Q4007	Q4019	Q4029	Q4041	S0395	20930	76376	92531	94150	99051	99116	99377
A4300	G2211	Q4008	Q4020	Q4030	Q4042	S3600	20936	76377	92352	94760	99053	99135	99378
A4550	J1642	Q4009	Q4021	Q4033	Q4043	S3601	22841	90885	92353	94761	99056	99140	99483
A4556	Q3031	Q4010	Q4022	Q4034	Q4044	S8450	34839	90887	92534	96041	99058	99172	99485
A4557	Q4001	Q4011	Q4023	Q4035	Q4045	S8451	36000	90889	92605	96902	99060	99173	99486
A4558	Q4002	Q4012	Q4024	Q4036	Q4046	S8452	36416	92260	92606	97010	99070	99288	
A4565	Q4003	Q4013	Q4025	Q4037	Q4047	S9110	38204	92352	92618	97602	99078	99366	

***Note**: Exceptions may apply for code 99051 in New York only.

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.

Commercial Facility (UB)

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

Medicare Advantage Professional (1500)

The Plan does not allow separate reimbursement for codes identified by Centers for Medicare and Medicaid Services (CMS) on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled, integral, or inherently included with other services

HISTORY

and will not be separately reimbursed.

The procedure codes listed below are also considered not separately reimbursed by the Plan.

Applicable Codes: 76376 76377 G2211

Medicare Advantage Facility (UB)

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

Coding: N/A

Definitions: N/A

References:

- 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

Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

Policy Update History:

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
2 / 2026	Added codes 76376 and 76377
4 / 2026	Added codes 99050, 99051, 99053, 99056, 99058, 99060, 99288, 96041, 99485, 99486 and G2211. Removed codes 92921, 92925, 92929, 92934, 92938.
9 / 2026	Removed codes 98000-98015

HISTORY

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Reimbursement Policy

Title: Services Not Separately Reimbursed

Policy Number: RP-041

Version Number: 2026.04.27

Medicare Advantage:	PA, WV, DE, NY	Version Effective:	April 27, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	December 17, 2018
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:

This policy provides direction for services considered not separately reimbursed by the Plan. Reimbursement for these services is inherently included in the global allowance for other services not specified.

Reimbursement Guidelines:

Procedure codes outlined in this policy will be rejected and non-billable to the member unless specified elsewhere such as member benefits.

Commercial Professional (1500)

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.

The procedure codes listed below are considered not separately reimbursed.

Applicable codes:

A4220	A4580	Q4006	Q4019	Q4030	Q4043	S8450	36000	92260	92618	98000	98011	99058	99173
A4262	A4590	Q4007	Q4020	Q4033	Q4044	S8451	36416	92352	93740	98001	98012	99060	99288
A4263	E0445	Q4008	Q4021	Q4034	Q4045	S8452	38204	92355	93770	98002	98013	99070	99366
A4270	G2211	Q4009	Q4022	Q4035	Q4046	S9110	69209	92358	94005	98003	98014	99078	99367
A4300	J1642	Q4010	Q4023	Q4036	Q4047	S9430	69210	92371	94150	98004	98015	99080	99368
A4550	Q3031	Q4011	Q4024	Q4037	Q4050	S9981	76140	92531	94760	98005	99002	99090	99374
A4556	Q4001	Q4012	Q4025	Q4038	Q4051	S9982	76376	92352	94761	98006	99024	99100	99377
A4557	Q4002	Q4013	Q4026	Q4039	R0076	20930	76377	92353	96041	98007	99050	99116	99378
A4558	Q4003	Q4016	Q4027	Q4040	S0395	20936	90885	92534	96902	98008	99051	99135	99483
A4565	Q4004	Q4017	Q4028	Q4041	S3600	22841	90887	92605	97010	98009	99053	99140	99485
A4570	Q4005	Q4018	Q4029	Q4042	S3601	34839	90889	92606	97602	98010	99056	99172	99486

Note: Codes 98000-98015 are separately reimbursed in New York only.

***Note**: Exceptions may apply for code 99051 in New York only.

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.

Commercial Facility (UB)

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

HISTORY

Medicare Advantage Professional (1500)

The Plan does not allow separate reimbursement for codes identified by Centers for Medicare and Medicaid Services (CMS) on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled, integral, or inherently included with other services and will not be separately reimbursed.

The procedure codes listed below are also considered not separately reimbursed by the Plan.

Applicable Codes: 76376 76377 G2211

Medicare Advantage Facility (UB)

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

Coding: N/A

Definitions: N/A

References:

- 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

Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines

Policy Update History:

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
2 / 2026	Added codes 76376 and 76377
4 / 2026	Added codes 99050, 99051, 99053, 99056, 99058, 99060, 99288, 96041, 99485, 99486 and G2211. Removed codes 92921, 92925, 92929, 92934, 92938.

HISTORY

Highmark Reimbursement Policy Bulletin

HISTORY VERSIONS

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	April 27, 2026	**Revised Date:**	April 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

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:

A4220	Q4001	Q4019	Q4037	S3601	69210	92605	98003	99051	99366
A4262	Q4002	Q4020	Q4038	S8450	76140	92606	98004	99053	99367
A4263	Q4003	Q4021	Q4039	S8451	76376	92618	98005	99056	99368
A4270	Q4004	Q4022	Q4040	S8452	76377	93740	98006	99058	99374
A4300	Q4005	Q4023	Q4041	S9110	90885	93770	98007	99060	99377

A4550	Q4006	Q4024	Q4042	S9430	90887	94005	98008	99070	99378
A4556	Q4007	Q4025	Q4043	S9981	90889	94150	98009	99078	99483
A4557	Q4008	Q4026	Q4044	S9982	92260	94760	98010	99080	99485
A4558	Q4009	Q4027	Q4045	20930	92352	94761	98011	99090	99486
A4565	Q4010	Q4028	Q4046	20936	92355	96041	98012	99100	G2211
A4570	Q4011	Q4029	Q4047	22841	92358	96902	98013	99116	
A4580	Q4012	Q4030	Q4050	34839	92371	97010	98014	99135	
A4590	Q4013	Q4033	Q4051	36000	92531	97602	98015	99140	
E0445	Q4016	Q4034	R0076	36416	92352	98000	99002	99172	
J1642	Q4017	Q4035	S0395	38204	92353	98001	99024	99173	
Q3031	Q4018	Q4036	S3600	69209	92534	98002	99050	99288	

Note: Codes 98000-98015 are separately reimbursed in New York only.

***Note**: Exceptions may apply for code 99051 in New York only.

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 procedure codes listed below are considered not separately reimbursed by The Plan. If submitted, these services will be rejected and non-billable to the Member.

Applicable Codes: 76376 76377 G2211

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

HISTORY

POLICY UPDATE HISTORY INFORMATION:

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
2 / 2026	Added codes 76376 and 76377
4 / 2026	Added codes 99050, 99051, 99053, 99056, 99058, 99060, 99288, 96041, 99485, 99486 and G2211. Removed codes 92921, 92925, 92929, 92934, 92938.

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 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.

Highmark Reimbursement Policy Bulletin

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HISTORY VERSIONS

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	February 23, 2026	**Revised Date:**	November 2025
Date Reviewed:	November 2025		
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

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:

A4220	Q3031	Q4017	Q4034	Q4051	34839	92358	93770	98007	99100
A4262	Q4001	Q4018	Q4035	R0076	36000	92371	94005	98008	99116
A4263	Q4002	Q4019	Q4036	S0395	36416	92531	94150	98009	99135
A4270	Q4003	Q4020	Q4037	S3600	38204	92352	94760	98010	99140

A4300	Q4004	Q4021	Q4038	S3601	69209	92353	94761	98011	99172
A4550	Q4005	Q4022	Q4039	S8450	69210	92534	96902	98012	99173
A4556	Q4006	Q4023	Q4040	S8451	76140	92605	97010	98013	99366
A4557	Q4007	Q4024	Q4041	S8452	76376	92606	97602	98014	99367
A4558	Q4008	Q4025	Q4042	S9110	76377	92618	98000	98015	99368
A4565	Q4009	Q4026	Q4043	S9430	90885	92921	98001	99002	99374
A4570	Q4010	Q4027	Q4044	S9981	90887	92925	98002	99024	99377
A4580	Q4011	Q4028	Q4045	S9982	90889	92929	98003	99070	99378
A4590	Q4012	Q4029	Q4046	20930	92260	92934	98004	99078	99483
E0445	Q4013	Q4030	Q4047	20936	92352	92938	98005	99080	
J1642	Q4016	Q4033	Q4050	22841	92355	93740	98006	99090	

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: Codes 98000-98015 are separately reimbursed in New York only.

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 procedure codes listed below are considered not separately reimbursed by The Plan. If submitted, these services will be rejected and non-billable to the Member.

Applicable Codes: 76376 76377

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

HISTORY

POLICY UPDATE HISTORY INFORMATION:

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
2 / 2026	Added codes 76376 and 76377

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 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.

Highmark Reimbursement Policy Bulletin

HIGHMARK.

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**	☒
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

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

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.

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

Facility (UB) claims

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

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

Facility (UB) claims

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

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

HISTORY

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
5 / 2025	Removed code 96041
9 / 2025	Removed policy application to New York for codes 98000-98015

HISTORY

Highmark Reimbursement Policy Bulletin

HIGHMARK.

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	**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

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
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

POLICY UPDATE HISTORY INFORMATION:

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

HISTORY

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
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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
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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 and 98000-98016
3 / 2025	Removed code 98016
5 / 2025	Removed code 96041

HISTORY

Highmark Reimbursement Policy Bulletin

HIGHMARK.

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 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:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

COMMERCIAL REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

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

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

Applicable Codes:

20930	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	Q4025	Q4042	S9110
90885	92921	98000	**99000	99367	A4565	Q4009	Q4026	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	

***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).

HISTORY

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

Facility (UB) claims

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

12 / 2018	Implementation
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8 / 2023	Applied policy applicable to UB and direction specific to UB
1 / 2024	Removed code G2211
4 / 2024	Added code 76140
1 / 2025	Added code 96041 and 98000-98016
3 / 2025	Removed code 98016

HISTORY

Highmark Reimbursement Policy Bulletin

HIGHMARK.

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**	☒
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:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

COMMERCIAL REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

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

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

Applicable Codes:

20930	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	Q4025	Q4042	S9110
90885	92921	98000	**99000	99367	A4565	Q4009	Q4026	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).

HISTORY

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

Facility (UB) claims

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

12 / 2018	Implementation
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

HISTORY

Highmark Reimbursement Policy Bulletin

HIGHMARK.

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** ☒
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:

The purpose of this policy to provide direction on procedure codes The Plan will not separately reimburse.

COMMERCIAL REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

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

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

Applicable Codes:

20930	92353	92934	99002	99367	A4557	Q4005	Q4020	Q4035	Q4050
20936	92354	92938	*99024	99368	A4558	Q4006	Q4021	Q4036	Q4051
22841	92355	92944	99070	*99374	A4565	Q4007	Q4022	Q4037	R0076
34839	92358	92971	99071	*99377	A4570	Q4008	Q4023	Q4038	S0395
36000	92371	93740	99072	*99378	A4580	Q4009	Q4024	Q4039	S3600
36416	92531	93770	99078	*99379	A4590	Q4010	Q4025	Q4040	S3601
38204	92532	94005	99080	*99380	E0445	Q4011	Q4026	Q4041	S8450
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69210	92534	94760	99100	A4220	G0269	Q4013	Q4028	Q4043	S8452
76140	92605	94761	99116	A4262	J1642	Q4014	Q4029	Q4044	S9110
90885	92606	96902	99135	A4263	Q3031	Q4015	Q4030	Q4045	S9430
*90887	92618	97010	99140	A4270	Q4001	Q4016	Q4031	Q4046	S9981
90889	92921	97602	99172	A4300	Q4002	Q4017	Q4032	Q4047	S9982
92260	92925	**99000	99173	A4550	Q4003	Q4018	Q4033	Q4048	
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HISTORY