

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-029
Subject: Surgical Techniques, Procedures and Related Services
Effective Date: March 12, 2018 **End Date:**
Issue Date: December 1, 2025 **Revised Date:** December 2025
Date Reviewed: August 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.

COMMERCIAL REIMBURSEMENT GUIDELINES:

Endoscopic Procedures and Related Services

A diagnostic endoscopy is always included as part of a surgical endoscopic procedure and should not be separately reported (e.g., code 43200 is included as part of codes 43197, 43198 and 43201 - 43232).

In addition, an endoscopy with excision or removal of cyst, tumor, mass, lesion, or polyp includes the biopsy performed at the same surgical site. The endoscopic biopsy should not be separately reported (e.g., code 43202 is included as part of code 43216). Therefore, if the biopsy is reported on the same day as the endoscopic procedure with excision or removal of cyst, tumor, mass, lesion or polyp, the Plan will combine the service lines and process under the appropriate procedure code for the endoscopic study with excision or removal of cyst, tumor, mass, lesion, or polyp.

When an endoscopic biopsy (e.g., code 43202) is performed on a separate surgical site, unrelated to the endoscopic excision or removal of cyst, tumor, mass, lesion, or polyp (e.g., 43216), the endoscopic biopsy may be considered for separate reimbursement. In these cases, modifier-59 should be reported with the biopsy (e.g., 43202). The patient's medical record must include documentation identifying the different surgical sites to which these services were provided.

When a **single** endoscopic technique is performed on separate surgical sites, the code should only be reported once (e.g., if multiple esophageal polyps are removed by snare technique, code 43217 should only be reported once). If **different** endoscopic techniques are performed on separate sites, then multiple endoscopy codes can be reported (e.g., codes 43216 and 43217 can both be reported when polyps are removed from different sites via the different techniques represented by these codes).

Laparoscopic Surgery

Laparoscopic surgeries (e.g., laparoscopic appendectomy, splenectomy, intestinal resection, etc.) are eligible for reimbursement. The Plan will provide an equivalent reimbursement level for laparoscopic procedures and corresponding open procedures, subject to the terms of this Reimbursement Policy.

Laparoscopic procedures that do not have a specific procedure code and are not addressed on a medical policy bulletin will be given individual consideration. In addition, when an open procedure is performed after the initiation of a laparoscopic procedure, reimbursement is made for the open procedure only.

Keyhole vesicourethropexy is eligible for reimbursement under procedure codes 51990 and 51992.

Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure

Charges for computer-assisted guidance used for orthopedic procedures of the appendicular skeleton, pelvic girdle, pectoral girdle and bones of the upper and lower limbs (codes 20985, 0054T, and 0055T), are not eligible for reimbursement. Surgical procedures performed with the aid of computer-assisted musculoskeletal surgical navigational orthopedic guidance should be reported under the existing code for the actual procedure performed. No additional allowance is provided for the computer-assisted technique. When procedure code 20985, 0054T, or 0055T is reported, it will be denied since the code is not representative of the actual surgical procedure being performed. Computer-assisted musculoskeletal surgical navigational orthopedic techniques are not eligible for separate reimbursement. A participating or network provider cannot bill the member for these denied charges.

Surgical Techniques

Laser Surgery

A laser may be used to perform a number of surgical procedures including excision, coagulation of bleeding vessels, cautery, and other forms of treatment. Unless a code is available specific to the procedure reported, a surgical procedure accomplished by laser should be reported under the existing code for the type surgery performed, e.g., excision, coagulation, etc. No additional allowance is made because a laser was utilized. Some examples of the types of surgery that may be reported and the appropriate codes are:

- Excision of vocal cord tumor (31540)
- Control of GI tract bleeding (43255)
- Colonoscopy with polypectomy (45385)

When the laser surgery has a specific procedure code assigned to it, the appropriate code should be reported. An example of this kind of surgery is:

- Panretinal photocoagulation, laser (67228)

Microsurgery and Robotic Surgery

No additional reimbursement is made for robotic or microsurgical techniques. When a doctor reports code S2900 or 69990, it will be denied since these codes are not representative of the surgical procedure being performed. A participating or network provider cannot bill the member for the denied charges.

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure

Charges for computer-assisted guidance used for orthopedic procedures of the appendicular skeleton, pelvic girdle, pectoral girdle and bones of the upper and lower limbs (codes 20985, 0054T, and 0055T), are not eligible for reimbursement. Surgical procedures performed with the aid of computer-assisted musculoskeletal surgical navigational orthopedic guidance should be reported under the existing code for the actual procedure performed. No additional allowance is provided for the computer-assisted technique. When procedure code 20985, 0054T, or 0055T is reported, it will be denied since the code is not representative of the actual surgical procedure being performed. Computer-assisted musculoskeletal surgical navigational orthopedic techniques are not eligible for separate reimbursement. A participating or network provider cannot bill the member for these denied charges.

Surgical Techniques

Microsurgery and Robotic Surgery

No additional reimbursement is made for robotic technique. When a doctor reports code S2900, it will be denied since these codes are not representative of the surgical procedure being performed. A participating or network provider cannot bill the member for the denied charges.

DEFINITIONS:

Modifier	Definition
59	Distinct procedural service.

RELATED POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-006: Multiple Endoscopy Procedures
- RP-009: Modifiers 25, 59, XE, XP, XS, XU and FT
- RP-035: Correct Coding Guidelines
- MRP-001: Microsurgery

REFERENCES:

- Validation and Usefulness of a Computer-Assisted Cup-Positioning System in Total Hip Arthroplasty, Journal of Bone and Joint Surgery, Vol. 89(3), 03/2007
- A Prospective, Randomized Study of Computer-Assisted and Conventional Total Knee Arthroplasty. Three Dimensional Evaluation of Implant Alignment and Rotation, Journal of Bone

and Joint Surgery, Vol. 89(2), 02/2007

- When Computer-Assisted Knee Replacement is the Best Alternative, Clinical Orthopedics and Related Research, Vol. 452, 11/2006
- Precision in Orthopaedic Computer Navigation, Orthopade, Vol. 35(10), 10/2006
- Computerized Navigation for the Internal Fixation of Femoral Neck Fractures, Journal of Bone and Joint Surgery, Vol. 88(8), 08/2006
- National Blue Cross Blue Shield Association Medical Policy 7.01.96, Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure, 04/2006
- Computer-Assisted Total Knee Arthroplasty: Comparative Results in a Preliminary Series of 72 Cases, Acta Oorthopaedica Belgica, Vol. 71(6), 12/2005
- Functional Impact of Navigation-Assisted Minimally Invasive Total Knee Arthroplasty, Orthopedics, Vol. 28, 10/2005
- Computer-Assisted Navigation in Total Knee Arthroplasty: Improved Coronal Alignment, Journal of Arthroplasty, Vol. 20, 10/2005
- Computer-Assisted Navigation in Total Knee Arthroplasty: Comparison with Conventional Methods, Journal of Arthroplasty, Vol. 20, 10/2005

POLICY UPDATE HISTORY INFORMATION:

10 / 2020	Implementation
6 / 2021	Added MRP-001 to Related Highmark Policies
11 / 2021	Added NY region applicable to the policy
5 / 2023	Administrative policy review with no changes in policy direction made
12 / 2025	Added policy applicable to Medicare Advantage with distinct MA reimbursement section

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP- 029

Subject: Surgical Techniques, Procedures and Related Services

Effective Date: March 12, 2018

End Date:

Issue Date: May 15, 2023

Revised Date: May 2023

Date Reviewed: April 2023

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.

REIMBURSEMENT GUIDELINES:

Endoscopic Procedures and Related Services

A diagnostic endoscopy is always included as part of a surgical endoscopic procedure and should not be separately reported (e.g., code 43200 is included as part of codes 43197, 43198 and 43201 - 43232).

In addition, an endoscopy with excision or removal of cyst, tumor, mass, lesion, or polyp includes the biopsy performed at the same surgical site. The endoscopic biopsy should not be separately reported (e.g., code 43202 is included as part of code 43216). Therefore, if the biopsy is reported on the same day as the endoscopic procedure with excision or removal of cyst, tumor, mass, lesion or polyp, the Plan will combine the service lines and process under the appropriate procedure code for the endoscopic study with excision or removal of cyst, tumor, mass, lesion, or polyp.

When an endoscopic biopsy (e.g., code 43202) is performed on a separate surgical site, unrelated to the endoscopic excision or removal of cyst, tumor, mass, lesion, or polyp (e.g., 43216), the endoscopic biopsy may be considered for separate reimbursement. In these cases, modifier-59 should be reported with the biopsy (e.g., 43202). The patient's medical record must include documentation identifying the different surgical sites to which these services were provided.

When a **single** endoscopic technique is performed on separate surgical sites, the code should only be reported once (e.g., if multiple esophageal polyps are removed by snare technique, code 43217 should only be reported once). If **different** endoscopic techniques are performed on separate sites, then multiple endoscopy codes can be reported (e.g., codes 43216 and 43217 can both be reported when polyps are removed from different sites via the different techniques represented by these codes).

Laparoscopic Surgery

Laparoscopic surgeries (e.g., laparoscopic appendectomy, splenectomy, intestinal resection, etc.) are eligible for reimbursement. The Plan will provide an equivalent reimbursement level for laparoscopic procedures and corresponding open procedures, subject to the terms of this Reimbursement Policy.

Laparoscopic procedures that do not have a specific procedure code and are not addressed on a medical policy bulletin will be given individual consideration.

In addition, when an open procedure is performed after the initiation of a laparoscopic procedure, reimbursement is made for the open procedure only.

Keyhole vesicourethropexy is eligible for reimbursement under procedure codes 51990 and 51992.

Refer to Medical Policy G-24: Obesity, for guidelines on the surgical treatment of obesity.

Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure

Charges for computer-assisted guidance used for orthopedic procedures of the appendicular skeleton, pelvic girdle, pectoral girdle and bones of the upper and lower limbs (codes 20985, 0054T, and 0055T), are not eligible for reimbursement. Surgical procedures performed with the aid of computer-assisted musculoskeletal surgical navigational orthopedic guidance should be reported under the existing code for the actual procedure performed. No additional allowance is provided for the computer-assisted technique. When procedure code 20985, 0054T, or 0055T is reported, it will be denied as a non-covered service since the code is not representative of the actual surgical procedure being performed. Computer-assisted musculoskeletal surgical navigational orthopedic techniques are not separately covered and not eligible for reimbursement. A participating or network provider cannot bill the member for such services.

Surgical Techniques (e.g., Laser, Microsurgery, Robotic Surgery)

Laser Surgery

A laser may be used to perform a number of surgical procedures including excision, coagulation of bleeding vessels, cautery, and other forms of treatment. Unless a code is available specific to the procedure reported, a surgical procedure accomplished by laser should be reported under the existing code for the type surgery performed, e.g., excision, coagulation, etc. No additional allowance is made because a laser was utilized. Some examples of the types of surgery that may be reported and the appropriate codes are:

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- Control of GI tract bleeding (43255)
- Colonoscopy with polypectomy (45385)

When the laser surgery has a specific procedure code assigned to it, the appropriate code should be reported. An example of this kind of surgery is:

- Panretinal photocoagulation, laser (67228)

Microsurgery and Robotic Surgery

No additional allowance is made for the robotic or microsurgical technique.

When a doctor reports code S2900 or 69990, it will be denied as a non-covered service since these codes are not representative of the surgical procedure being performed. A participating or network provider cannot bill the member for the non-covered service.

DEFINITIONS:

Modifier	Definition
59	Distinct procedural service.

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- G-24: Obesity

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU and FT
- RP-006: Multiple Endoscopy Procedures
- MRP-001: Microsurgery

REFERENCES:

- Validation and Usefulness of a Computer-Assisted Cup-Positioning System in Total Hip Arthroplasty, Journal of Bone and Joint Surgery, Vol. 89(3), 03/2007
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POLICY UPDATE HISTORY INFORMATION:

10 / 2020	Implementation
6 / 2021	Added MRP-001 to Related Highmark Policies
11 / 2021	Added NY region applicable to the policy
5 / 2023	Administrative policy review with no changes in policy direction made

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP- 029
Subject: Surgical Techniques, Procedures and Related Services
Effective Date: March 12, 2018
Issue Date: November 1, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA	☒	WV	☒	DE	☒	NY	☒
PA	☐	WV	☐	DE	☐	NY	☐
UB	☐	1500	☒				

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

REIMBURSEMENT GUIDELINES:

Endoscopic Procedures and Related Services

A diagnostic endoscopy is always included as part of a surgical endoscopic procedure and should not be separately reported (e.g., code 43200 is included as part of codes 43197, 43198 and 43201 - 43232).

In addition, an endoscopy with excision or removal of cyst, tumor, mass, lesion or polyp includes the biopsy performed at the same surgical site. The endoscopic biopsy should not be separately reported (e.g., code 43202 is included as part of code 43216). Therefore, if the biopsy is reported on the same day as the endoscopic procedure with excision or removal of cyst, tumor, mass, lesion or polyp, the Plan will combine the service lines and process under the appropriate procedure code for the endoscopic study with excision or removal of cyst, tumor, mass, lesion or polyp.

When an endoscopic biopsy (e.g., code 43202) is performed on a separate surgical site, unrelated to the endoscopic excision or removal of cyst, tumor, mass, lesion or polyp (e.g., 43216), the endoscopic biopsy may be considered for separate reimbursement. In these cases, modifier-59 should be reported with the biopsy (e.g., 43202). The patient's medical record must include documentation identifying the different surgical sites to which these services were provided.

When a **single** endoscopic technique is performed on separate surgical sites, the code should only be reported once (e.g., if multiple esophageal polyps are removed by snare technique, code 43217 should only be reported once). If **different** endoscopic techniques are performed on separate sites, then multiple endoscopy codes can be reported (e.g., codes 43216 and 43217 can both be reported when polyps are removed from different sites via the different techniques represented by these codes).

Laparoscopic Surgery

Laparoscopic surgeries (e.g., laparoscopic appendectomy, splenectomy, intestinal resection, etc.) are eligible for reimbursement. The Plan will provide an equivalent reimbursement level for laparoscopic procedures and corresponding open procedures, subject to the terms of this Reimbursement Policy.

Laparoscopic procedures that do not have a specific procedure code and are not addressed on a medical policy bulletin will be given individual consideration.

In addition, when an open procedure is performed after the initiation of a laparoscopic procedure, reimbursement is made for the open procedure only.

Keyhole vesicourethropexy is eligible for reimbursement under procedure codes 51990 and 51992.

Refer to Medical Policy G-24: Obesity, for guidelines on the surgical treatment of obesity.

Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure

Charges for computer-assisted guidance used for orthopedic procedures of the appendicular skeleton, pelvic girdle, pectoral girdle and bones of the upper and lower limbs (codes 20985, 0054T, and 0055T), are not eligible for reimbursement. Surgical procedures performed with the aid of computer-assisted musculoskeletal surgical navigational orthopedic guidance should be reported under the existing code for the actual procedure performed. No additional allowance is provided for the computer-assisted technique. When procedure code 20985, 0054T, or 0055T is reported, it will be denied as a non-covered service since the code is not representative of the actual surgical procedure being performed. Computer-assisted musculoskeletal surgical navigational orthopedic techniques are not separately covered and not eligible for reimbursement. A participating or network provider cannot bill the member for such services.

Surgical Techniques (e.g., Laser, Microsurgery, Robotic Surgery)

Laser Surgery

A laser may be used to perform a number of surgical procedures including excision, coagulation of bleeding vessels, cautery, and other forms of treatment. Unless a code is available specific to the procedure reported, a surgical procedure accomplished by laser should be reported under the existing code for the type surgery performed, e.g. excision, coagulation, etc. No additional allowance is made because a laser was utilized. Some examples of the types of surgery that may be reported and the appropriate codes are:

- Excision of vocal cord tumor (31540)
- Control of GI tract bleeding (43255)
- Colonoscopy with polypectomy (45385)

When the laser surgery has a specific procedure code assigned to it, the appropriate code should be reported. An example of this kind of surgery is:

- Panretinal photocoagulation, laser (67228)

Microsurgery and Robotic Surgery

No additional allowance is made for the robotic or microsurgical technique.

When a doctor reports code S2900 or 69990, it will be denied as a non-covered service since these codes are not representative of the surgical procedure being performed. A participating or network provider cannot bill the member for the non-covered service.

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- G-24: Obesity

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS and XU
- RP-006: Multiple Endoscopy Procedures
- MRP-001: Microsurgery

REFERENCES:

- Validation and Usefulness of a Computer-Assisted Cup-Positioning System in Total Hip Arthroplasty, Journal of Bone and Joint Surgery, Vol. 89(3), 03/2007
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POLICY UPDATE HISTORY INFORMATION:

10 / 2020	Implementation
6 / 2021	Added MRP-001 to Related Highmark Policies
11 / 2021	Added NY region applicable to the policy

Highmark Reimbursement Policy Bulletin

HISTORY VERSIONS



Bulletin Number: RP- 029
Subject: Surgical Techniques, Procedures and Related Services
Effective Date: March 12, 2018
Issue Date: July 6, 2021
Date Reviewed: June 2021
Source: Reimbursement Policy

End Date:
Revised Date: June 2021

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☐

Applicable Medicare Advantage Market

PA ☐ WV ☐ DE ☐ NY ☐

Applicable Claim Type

UB ☐ 1500 ☒

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

REIMBURSEMENT GUIDELINES:

Endoscopic Procedures and Related Services

A diagnostic endoscopy is always included as part of a surgical endoscopic procedure and should not be separately reported (e.g., code 43200 is included as part of codes 43197, 43198 and 43201 - 43232).

In addition, an endoscopy with excision or removal of cyst, tumor, mass, lesion or polyp includes the biopsy performed at the same surgical site. The endoscopic biopsy should not be separately reported (e.g., code 43202 is included as part of code 43216). Therefore, if the biopsy is reported on the same day as the endoscopic procedure with excision or removal of cyst, tumor, mass, lesion or polyp, the Plan will combine the service lines and process under the appropriate procedure code for the endoscopic study with excision or removal of cyst, tumor, mass, lesion or polyp.

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Laparoscopic Surgery

Laparoscopic surgeries (e.g., laparoscopic appendectomy, splenectomy, intestinal resection, etc.) are eligible for reimbursement. The Plan will provide an equivalent reimbursement level for laparoscopic procedures and corresponding open procedures, subject to the terms of this Reimbursement Policy.

Laparoscopic procedures that do not have a specific procedure code and are not addressed on a medical policy bulletin will be given individual consideration.

In addition, when an open procedure is performed after the initiation of a laparoscopic procedure, reimbursement is made for the open procedure only.

Keyhole vesicourethropexy is eligible for reimbursement under procedure codes 51990 and 51992.

Refer to Medical Policy G-24: Obesity, for guidelines on the surgical treatment of obesity.

Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure

Charges for computer-assisted guidance used for orthopedic procedures of the appendicular skeleton, pelvic girdle, pectoral girdle and bones of the upper and lower limbs (codes 20985, 0054T, and 0055T), are not eligible for reimbursement. Surgical procedures performed with the aid of computer-assisted musculoskeletal surgical navigational orthopedic guidance should be reported under the existing code for the actual procedure performed. No additional allowance is provided for the computer-assisted technique. When procedure code 20985, 0054T, or 0055T is reported, it will be denied as a non-covered service since the code is not representative of the actual surgical procedure being performed. Computer-assisted musculoskeletal surgical navigational orthopedic techniques are not separately covered and not eligible for reimbursement. A participating or network provider cannot bill the member for such services.

Surgical Techniques (e.g., Laser, Microsurgery, Robotic Surgery)

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When the laser surgery has a specific procedure code assigned to it, the appropriate code should be reported. An example of this kind of surgery is:

- Panretinal photocoagulation, laser (67228)

Microsurgery and Robotic Surgery

No additional allowance is made for the robotic or microsurgical technique.

When a doctor reports code S2900 or 69990, it will be denied as a non-covered service since these codes are not representative of the surgical procedure being performed. A participating or network provider cannot bill the member for the non-covered service.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- Commercial Medical Policy G-24: Obesity

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy RP-009: Modifiers 25, 59, XE, XP, XS and XU
- Reimbursement Policy RP-006: Multiple Endoscopy Procedures
- Medicare Advantage Policy MRP-001: Microsurgery

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Validation and Usefulness of a Computer-Assisted Cup-Positioning System in Total Hip Arthroplasty, Journal of Bone and Joint Surgery, Vol. 89(3), 03/2007

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POLICY UPDATE HISTORY INFORMATION:

10/2020	Implementation
06/2021	Added MRP-001 to Related Highmark Policies

HISTORY

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-029
Subject: Surgical Techniques, Procedures and Related Services
Effective Date: March 12, 2018 **End Date:**
Issue Date: March 12, 2018
Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒

Applicable Medicare Advantage Market

PA ☐ WV ☐

Applicable Claim Type

UB ☐ 1500 ☒

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreement terms in direct conflict with this Reimbursement Policy may supersede this Policy's direction and regional applicability.

REIMBURSEMENT GUIDELINES:

Endoscopic Procedures and Related Services

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Refer to Medical Policy G-24: Obesity, for guidelines on the surgical treatment of obesity.

Computer-assisted Musculoskeletal Surgical Navigational Orthopedic Procedure

Charges for computer-assisted guidance used for orthopedic procedures of the appendicular skeleton, pelvic girdle, pectoral girdle and bones of the upper and lower limbs (codes 20985, 0054T, and 0055T), are not eligible for reimbursement. Surgical procedures performed with the aid of computer-assisted musculoskeletal surgical navigational orthopedic guidance should be reported under the existing code for the actual procedure performed. No additional allowance is provided for the computer-assisted technique. When procedure code 20985, 0054T, or 0055T is reported, it will be denied as a non-covered service since the code is not representative of the actual surgical procedure being performed. Computer-assisted musculoskeletal surgical navigational orthopedic techniques are not separately covered and not eligible for reimbursement. A participating or network provider cannot bill the member for such services.

Surgical Techniques (e.g., Laser, Microsurgery, Robotic Surgery)

Laser Surgery

A laser may be used to perform a number of surgical procedures including excision, coagulation of bleeding vessels, cautery, and other forms of treatment. Unless a code is available specific to the procedure reported, a surgical procedure accomplished by laser should be reported under the existing code for the type surgery performed, e.g., excision, coagulation, etc. No additional allowance is made because a laser was utilized. Some examples of the types of surgery that may be reported and the appropriate codes are:

- Excision of vocal cord tumor (31540)
- Control of GI tract bleeding (43255)
- Colonoscopy with polypectomy (45385)

When the laser surgery has a specific procedure code assigned to it, the appropriate code should be reported. An example of this kind of surgery is:

- Panretinal photocoagulation, laser (67228)

Microsurgery and Robotic Surgery

No additional allowance is made for the robotic or microsurgical technique.

When a doctor reports code S2900 or 69990, it will be denied as a non-covered service since these codes are not representative of the surgical procedure being performed. A participating or network provider cannot bill the member for the non-covered service.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- Commercial Medical Policy G-24: Obesity

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy RP-009: Modifiers 25, 59, XE, XP, XS and XU
- Reimbursement Policy RP-006: Multiple Endoscopy Procedures

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