Highmark Reimbursement Policy Bulletin

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.

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

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

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.

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HIGHMARK.

HISTORY VERSION

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Issue Date:	September 22, 2025	**Revised Date:**	September 2025
Date Reviewed:	September 2025		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
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COMMERCIAL REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

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	

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****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

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ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery https://www.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
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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**	☒				

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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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.

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Facility (UB) claims

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MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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POLICY UPDATE HISTORY INFORMATION:

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4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added note regarding COVID-19 temporary policy waiver for codes indicated
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1 / 2025	Added code 96041 and 98000-98016
3 / 2025	Removed code 98016
5 / 2025	Removed code 96041

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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**	☒			

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

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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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	

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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.

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).

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

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ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- American Association of Family Physicians; The American Academy of Otolaryngology-Head and Neck Surgery https://www.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
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9 / 2020	Temporary policy waiver extended to December 31, 2020
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12 / 2020	Added code 99072
1 / 2021	Temporary policy wavier extended until the PHE expires
2 / 2021	Added code U0005. Added E/M direction when billed with G2023 and G2024
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

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.

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

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

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

Applicable Codes:

20930	92353	92934	99002	99367	A4557	Q4005	Q4020	Q4035	Q4050
20936	92354	92938	*99024	99368	A4558	Q4006	Q4021	Q4036	Q4051
22841	92355	92944	99070	*99374	A4565	Q4007	Q4022	Q4037	R0076
34839	92358	92971	99071	*99377	A4570	Q4008	Q4023	Q4038	S0395
36000	92371	93740	99072	*99378	A4580	Q4009	Q4024	Q4039	S3600
36416	92531	93770	99078	*99379	A4590	Q4010	Q4025	Q4040	S3601
38204	92532	94005	99080	*99380	E0445	Q4011	Q4026	Q4041	S8450
69209	92533	94150	99090	*99483	G0501	Q4012	Q4027	Q4042	S8451
69210	92534	94760	99100	A4220	G0269	Q4013	Q4028	Q4043	S8452
76140	92605	94761	99116	A4262	J1642	Q4014	Q4029	Q4044	S9110
90885	92606	96902	99135	A4263	Q3031	Q4015	Q4030	Q4045	S9430
*90887	92618	97010	99140	A4270	Q4001	Q4016	Q4031	Q4046	S9981
90889	92921	97602	99172	A4300	Q4002	Q4017	Q4032	Q4047	S9982
92260	92925	**99000	99173	A4550	Q4003	Q4018	Q4033	Q4048	
92352	92929	**99001	99366	A4556	Q4004	Q4019	Q4034	Q4049	

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

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

Facility (UB) claims

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

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

Professional (1500) claims

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

Facility (UB) claims

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ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

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

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, 2024	**Revised Date:**	January 2024
Date Reviewed:	December 2023		
Source:	Reimbursement Policy		

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

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PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

Applicable Codes:

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22841	92358	92971	99071	*99377	A4570	Q4008	Q4023	Q4038	S0395
34839	92371	93740	99072	*99378	A4580	Q4009	Q4024	Q4039	S3600
36000	92531	93770	99078	*99379	A4590	Q4010	Q4025	Q4040	S3601
36416	92532	94005	99080	*99380	E0445	Q4011	Q4026	Q4041	S8450
38204	92533	94150	99090	*99483	G0501	Q4012	Q4027	Q4042	S8451
69209	92534	94760	99100	A4220	G0269	Q4013	Q4028	Q4043	S8452
69210	92605	94761	99116	A4262	J1642	Q4014	Q4029	Q4044	S9110
90885	92606	96902	99135	A4263	Q3031	Q4015	Q4030	Q4045	S9430
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90889	92921	97602	99172	A4300	Q4002	Q4017	Q4032	Q4047	S9982
92260	92925	**99000	99173	A4550	Q4003	Q4018	Q4033	Q4048	
92352	92929	**99001	99366	A4556	Q4004	Q4019	Q4034	Q4049	
92353	92934	99002	99367	A4557	Q4005	Q4020	Q4035	Q4050	

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

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

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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

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8 / 2023	Applied policy applicable to UB and direction specific to UB
1 / 2024	Removed code G2211

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	August 7, 2023	**Revised Date:**	August 2023
Date Reviewed:	July 2023		
Source:	Reimbursement Policy		

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

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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92353	92934	99002	99367	A4557	Q4004	Q4019	Q4034	Q4049	

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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:	July 10, 2023	**Revised Date:**	July 2023
Date Reviewed:	May 2023		
Source:	Reimbursement Policy		

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

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

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

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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

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

20930	92354	92938	*99024	99368	A4558	Q4005	Q4020	Q4035	Q4050
20936	92355	92944	99070	*99374	A4565	Q4006	Q4021	Q4036	Q4051
22841	92358	92971	99071	*99377	A4570	Q4007	Q4022	Q4037	R0076
34839	92371	93740	99072	*99378	A4580	Q4008	Q4023	Q4038	S0395
36000	92531	93770	99078	*99379	A4590	Q4009	Q4024	Q4039	S3600
36416	92532	94005	99080	*99380	E0445	Q4010	Q4025	Q4040	S3601
38204	92533	94150	99090	*99483	G0501	Q4011	Q4026	Q4041	S8450
69209	92534	94760	99100	A4220	G0269	Q4012	Q4027	Q4042	S8451
69210	92605	94761	99116	A4262	G2211	Q4013	Q4028	Q4043	S8452
90885	92606	96902	99135	A4263	J1642	Q4014	Q4029	Q4044	S9110
*90887	92618	97010	99140	A4270	Q3031	Q4015	Q4030	Q4045	S9430
90889	92921	97602	99172	A4300	Q4001	Q4016	Q4031	Q4046	S9981
92260	92925	**99000	99173	A4550	Q4002	Q4017	Q4032	Q4047	S9982
92352	92929	**99001	99366	A4556	Q4003	Q4018	Q4033	Q4048	
92353	92934	99002	99367	A4557	Q4004	Q4019	Q4034	Q4049	

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

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

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

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

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	May 29, 2023	**Revised Date:**	May 2023
Date Reviewed:	February 2023		
Source:	Reimbursement Policy		

Applicable Commercial Market	**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.

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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

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

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

> **New York** does not separately reimburse for 90887, 99024, 99377, 99378, 99379, and 99380, either during or after the PHE.

****Note**: To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

20930	92354	92938	*99024	99368	A4558	Q4005	Q4020	Q4035	Q4050
20936	92355	92944	99070	*99374	A4565	Q4006	Q4021	Q4036	Q4051
22841	92358	92971	99071	*99377	A4570	Q4007	Q4022	Q4037	R0076
34839	92371	93740	99072	*99378	A4580	Q4008	Q4023	Q4038	S0395
36000	92531	93770	99078	*99379	A4590	Q4009	Q4024	Q4039	S3600
36416	92532	94005	99080	*99380	E0445	Q4010	Q4025	Q4040	S3601
38204	92533	94150	99090	*99483	G0501	Q4011	Q4026	Q4041	S8450
69209	92534	94760	99100	A4220	G0269	Q4012	Q4027	Q4042	S8451
69210	92605	94761	99116	A4262	G2211	Q4013	Q4028	Q4043	S8452
90885	92606	96902	99135	A4263	J1642	Q4014	Q4029	Q4044	S9110
*90887	92618	97010	99140	A4270	Q3031	Q4015	Q4030	Q4045	S9430
90889	92921	97602	99172	A4300	Q4001	Q4016	Q4031	Q4046	S9981
92260	92925	**99000	99173	A4550	Q4002	Q4017	Q4032	Q4047	S9982
92352	92929	**99001	99366	A4556	Q4003	Q4018	Q4033	Q4048	U0005
92353	92934	99002	99367	A4557	Q4004	Q4019	Q4034	Q4049	

Note: For Network providers, New York separately reimbursed for 99072 until December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
9 / 2019	Added codes S9430
4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.
6 / 2020	Temporary policy waiver extended to September 30, 2020.
7 / 2020	Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982
9 / 2020	Temporary policy waiver extended to December 31, 2020.
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
12 / 2020	Added code 99072
1 / 2021	Temporary policy wavier extended until the PHE expires.
2 / 2021	Added code U0005. Added E/M direction when billed with G2023 and G2024.
4 / 2021	Added code G2211
11 / 2021	Added NY region applicable to the policy for Commercial. Removed code 90863. Noted NY variation for codes 90887, 99024, 99340, 99377, 99378, 99379, 99380, 99702 and U0005.
1 / 2022	Added DE Medicare Advantage applicable to the policy. Added code 90885.
3 / 2022	Added codes 99100, 99116, 99135 and 99140.
4 / 2022	Added codes 34839, 92352, 92353, 92354, 92355, 92358, 92371, 92534, G0501, Q3031, E0445.
1 / 2023	Removed codes 15850 and 99340
5 / 2023	Added codes 38204, 90889, 92605, 92606, 92618, 93740 and R0076

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	January 1, 2023	**Revised Date:**	January 2023
Date Reviewed:	December 2022		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**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.

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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

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

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

> **New York** does not separately reimburse for 90887, 99024, 99377, 99378, 99379, and 99380, either during or after the PHE.

****Note**: To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

20930	92358	94150	99090	*99483	G0501	Q4011	Q4026	Q4041	S8451
20936	92371	94760	99100	A4220	G0269	Q4012	Q4027	Q4042	S8452
22841	92531	94761	99116	A4262	G2211	Q4013	Q4028	Q4043	S9110
34839	92532	96902	99135	A4263	J1642	Q4014	Q4029	Q4044	S9430
36000	92533	97010	99140	A4270	Q3031	Q4015	Q4030	Q4045	S9981
36416	92534	97602	99172	A4300	Q4001	Q4016	Q4031	Q4046	S9982
69209	92921	**99000	99173	A4550	Q4002	Q4017	Q4032	Q4047	U0005
69210	92925	**99001	99366	A4556	Q4003	Q4018	Q4033	Q4048	
90885	92929	99002	99367	A4557	Q4004	Q4019	Q4034	Q4049	
*90887	92934	*99024	99368	A4558	Q4005	Q4020	Q4035	Q4050	
92260	92938	99070	*99374	A4565	Q4006	Q4021	Q4036	Q4051	
92352	92944	99071	*99377	A4570	Q4007	Q4022	Q4037	S0395	
92353	92971	99072	*99378	A4580	Q4008	Q4023	Q4038	S3600	
92354	93770	99078	*99379	A4590	Q4009	Q4024	Q4039	S3601	
92355	94005	99080	*99380	E0445	Q4010	Q4025	Q4040	S8450	

Note: For Network providers, New York separately reimbursed for 99072 until December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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POLICY UPDATE HISTORY INFORMATION:

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
9 / 2019	Added codes S9430
4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.
6 / 2020	Temporary policy waiver extended to September 30, 2020.
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10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
12 / 2020	Added code 99072
1 / 2021	Temporary policy wavier extended until the PHE expires.
2 / 2021	Added code U0005. Added E/M direction when billed with G2023 and G2024.
4 / 2021	Added code G2211
11 / 2021	Added NY region applicable to the policy for Commercial. Removed code 90863. Noted NY variation for codes 90887, 99024, 99340, 99377, 99378, 99379, 99380, 99702 and U0005.
1 / 2022	Added DE Medicare Advantage applicable to the policy. Added code 90885.
3 / 2022	Added codes 99100, 99116, 99135 and 99140.
4 / 2022	Added codes 34839, 92352, 92353, 92354, 92355, 92358, 92371, 92534, G0501, Q3031, E0445.
1 / 2023	Removed codes 15850 and 99340

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	April 4, 2022	**Revised Date:**	April 2022
Date Reviewed:	February 2022		
Source:	Reimbursement Policy		

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.

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PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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

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

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

> **New York does not separately reimburse for 90887, 99024, 99340, 99377, 99378, 99379, and 99380, either during or after the PHE.**

****Note**: To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

15850	92355	94005	99080	*99379	A4590	Q4009	Q4024	Q4039	S3601
20930	92358	94150	99090	*99380	E0445	Q4010	Q4025	Q4040	S8450
20936	92371	94760	99100	*99483	G0501	Q4011	Q4026	Q4041	S8451
22841	92531	94761	99116	A4220	G0269	Q4012	Q4027	Q4042	S8452
34839	92532	96902	99135	A4262	G2211	Q4013	Q4028	Q4043	S9110
36000	92533	97010	99140	A4263	J1642	Q4014	Q4029	Q4044	S9430
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69209	92921	**99000	99173	A4300	Q4001	Q4016	Q4031	Q4046	S9982
69210	92925	**99001	*99340	A4550	Q4002	Q4017	Q4032	Q4047	U0005
90885	92929	99002	99366	A4556	Q4003	Q4018	Q4033	Q4048	
*90887	92934	*99024	99367	A4557	Q4004	Q4019	Q4034	Q4049	
92260	92938	99070	99368	A4558	Q4005	Q4020	Q4035	Q4050	
92352	92944	99071	*99374	A4565	Q4006	Q4021	Q4036	Q4051	
92353	92971	99072	*99377	A4570	Q4007	Q4022	Q4037	S0395	
92354	93770	99078	*99378	A4580	Q4008	Q4023	Q4038	S3600	

Note: For Network providers, New York separately reimbursed for 99072 until December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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1 / 2022	Added DE Medicare Advantage applicable to the policy. Added code 90885.
3 / 2022	Added codes 99100, 99116, 99135 and 99140.
4 / 2022	Added codes 34839, 92352, 92353, 92354, 92355, 92358, 92371, 92534, G0501, Q3031, E0445.

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	March 7, 2022	**Revised Date:**	March 2022
Date Reviewed:	February 2022		
Source:	Reimbursement Policy		

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

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

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

> **New York does not separately reimburse for 90887, 99024, 99340, 99377, 99378, 99379, and 99380, either during or after the PHE.**

****Note**: To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

15850	92921	97602	99140	A4262	G2211	Q4013	Q4027	Q4041	S8450
20930	92925	**99000	99172	A4263	J1642	Q4014	Q4028	Q4042	S8451
20936	92929	**99001	99173	A4270	Q4001	Q4015	Q4029	Q4043	S8452
22841	92934	99002	*99340	A4300	Q4002	Q4016	Q4030	Q4044	S9110
36000	92938	*99024	99366	A4550	Q4003	Q4017	Q4031	Q4045	S9430
36416	92944	99070	99367	A4556	Q4004	Q4018	Q4032	Q4046	S9981
69209	92971	99071	99368	A4557	Q4005	Q4019	Q4033	Q4047	S9982
69210	93770	99072	*99374	A4558	Q4006	Q4020	Q4034	Q4048	U0005
90885	94005	99078	*99377	A4565	Q4007	Q4021	Q4035	Q4049	
*90887	94150	99080	*99378	A4570	Q4008	Q4022	Q4036	Q4050	
92260	94760	99090	*99379	A4580	Q4009	Q4023	Q4037	Q4051	
92531	94761	99100	*99380	A4590	Q4010	Q4024	Q4038	S0395	
92532	96902	99116	*99483		Q4011	Q4025	Q4039	S3600	
92533	97010	99135	A4220	G0269	Q4012	Q4026	Q4040	S3601	

Note: For Network providers, New York separately reimbursed for 99072 until December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
9 / 2019	Added codes S9430
4 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.
6 / 2020	Temporary policy waiver extended to September 30, 2020.
7 / 2020	Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982
9 / 2020	Temporary policy waiver extended to December 31, 2020.
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
12 / 2020	Added code 99072
1 / 2021	Temporary policy wavier extended until the PHE expires.
2 / 2021	Added code U0005. Added E/M direction when billed with G2023 and G2024.
4 / 2021	Added code G2211
11 / 2021	Added NY region applicable to the policy for Commercial. Removed code 90863. Noted NY variation for codes 90887, 99024, 99340, 99377, 99378, 99379, 99380, 99702 and U0005.
1 / 2022	Added DE Medicare Advantage applicable to the policy. Added code 90885.
3 / 2022	Added codes 99100, 99116, 99135 and 99140.

Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSION

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	January 3, 2022	**Revised Date:**	January 2022
Date Reviewed:	November 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**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.

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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

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

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

> **New York does not separately reimburse for 90887, 99024, 99340, 99377, 99378, 99379, and 99380, either during or after the PHE.**

****Note**: To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

15850	92921	97602	99366	A4550	Q4004	Q4018	Q4032	Q4046	S9981
20930	92925	**99000	99367	A4556	Q4005	Q4019	Q4033	Q4047	S9982
20936	92929	**99001	99368	A4557	Q4006	Q4020	Q4034	Q4048	U0005
22841	92934	99002	*99374	A4558	Q4007	Q4021	Q4035	Q4049	
36000	92938	*99024	*99377	A4565	Q4008	Q4022	Q4036	Q4050	
36416	92944	99070	*99378	A4570	Q4009	Q4023	Q4037	Q4051	
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90885	94005	99078	*99483	G0269	Q4012	Q4026	Q4040	S3601	
*90887	94150	99080	A4220	G2211	Q4013	Q4027	Q4041	S8450	
92260	94760	99090	A4262	J1642	Q4014	Q4028	Q4042	S8451	
92531	94761	99172	A4263	Q4001	Q4015	Q4029	Q4043	S8452	
92532	96902	99173	A4270	Q4002	Q4016	Q4030	Q4044	S9110	
92533	97010	*99340	A4300	Q4003	Q4017	Q4031	Q4045	S9430	

Note: For Network providers, New York will separately reimburse for 99072 through December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
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1 / 2022	Added DE Medicare Advantage applicable to the policy. Added code 90885.

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	November 1, 2021	**Revised Date:**	August 2021
Date Reviewed:	August 2021		
Source:	Reimbursement Policy		

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.

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

> **New York does not separately reimburse for 90887, 99024, 99340, 99377, 99378, 99379, and 99380, either during or after the PHE.**

****Note**: To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

15850	92925	**99000	99367	A4556	Q4005	Q4019	Q4033	Q4047	S9982
20930	92929	**99001	99368	A4557	Q4006	Q4020	Q4034	Q4048	U0005
20936	92934	99002	*99374	A4558	Q4007	Q4021	Q4035	Q4049	
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*90887	94150	99080	A4220	G2211	Q4013	Q4027	Q4041	S8450	
92260	94760	99090	A4262	J1642	Q4014	Q4028	Q4042	S8451	
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92533	97010	*99340	A4300	Q4003	Q4017	Q4031	Q4045	S9430	
92921	97602	99366	A4550	Q4004	Q4018	Q4032	Q4046	S9981	

Note: For Network providers, New York will separately reimburse for 99072 through December 31, 2021. New York will also reimburse code U0005 until the end of the PHE.

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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POLICY UPDATE HISTORY INFORMATION:

12 / 2018	Implementation
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Highmark Reimbursement Policy Bulletin

HIGHMARK.

HISTORY VERSIONS

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	April 5, 2021	**Revised Date:**	April 2021
Date Reviewed:	March 2021		
Source:	Reimbursement Policy		

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

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

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

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22841	92934	99002	*99374	A4558	Q4008	Q4022	Q4036	Q4050	
36000	92938	*99024	*99377	A4565	Q4009	Q4023	Q4037	Q4051	
36416	92944	99070	*99378	A4570	Q4010	Q4024	Q4038	S0395	
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69210	93770	99072	*99380	A4590	Q4012	Q4026	Q4040	S3601	
*90863	94005	99078	*99483	G0269	Q4013	Q4027	Q4041	S8450	
*90887	94150	99080	A4220	J1642	Q4014	Q4028	Q4042	S8451	
92260	94760	99090	A4262	Q4001	Q4015	Q4029	Q4043	S8452	
92531	94761	99172	A4263	Q4002	Q4016	Q4030	Q4044	S9110	
92532	96902	99173	A4270	Q4003	Q4017	Q4031	Q4045	S9430	
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MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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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

Highmark Reimbursement Policy Bulletin

HISTORY VERSIONS

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	February 8, 2021	**Revised Date:**	February 2021
Date Reviewed:	January 2021		
Source:	Reimbursement Policy		

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

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

PURPOSE:

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

Effective February 8, 2021, reimbursement for SARS COVID-19 specimen collection codes G2023 and G2024 will not be separately reimbursed, when billed for the same patient by the same provider on the same day as an (E&M) evaluation and management service(s).

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

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20930	92925	**99000	99367	A4556	Q4006	Q4020	Q4034	Q4048	U0005
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69210	93770	99072	*99380	A4590	Q4012	Q4026	Q4040	S3601	
*90863	94005	99078	*99483	G0269	Q4013	Q4027	Q4041	S8450	
*90887	94150	99080	A4220	J1642	Q4014	Q4028	Q4042	S8451	
92260	94760	99090	A4262	Q4001	Q4015	Q4029	Q4043	S8452	
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92532	96902	99173	A4270	Q4003	Q4017	Q4031	Q4045	S9430	
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The Plan does not allow separate reimbursement for codes identified by CMS on the Medicare Physician Fee Schedule with a status B. Codes deemed to be status B are considered bundled with other services and will not be separately reimbursed.

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
09 / 2019	Added codes S9430
04 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.
06 / 2020	Temporary policy waiver extended to September 30, 2020.
07 / 2020	Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982
09 / 2020	Temporary policy waiver extended to December 31, 2020.
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
12 / 2020	Added code 99072
1 / 2021	Temporary policy wavier extended until the PHE expires.
2 / 2021	Added code U0005. Added E/M direction when billed with G2023 and G2024.

Highmark Reimbursement Policy Bulletin

HISTORY VERSIONS

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	January 18, 2021	**Revised Date:**	January 2021
Date Reviewed:	January 2021		
Source:	Reimbursement Policy		

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

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

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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

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

****Note**: To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency (PHE), the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020, until the PHE expires. Therefore, the direction for those codes indicated in this policy is suspended for that time.

15850	92921	97602	99366	A4550	Q4005	Q4019	Q4033	Q4047	S9982
20930	92925	**99000	99367	A4556	Q4006	Q4020	Q4034	Q4048	
20936	92929	**99001	99368	A4557	Q4007	Q4021	Q4035	Q4049	
22841	92934	99002	*99374	A4558	Q4008	Q4022	Q4036	Q4050	
36000	92938	*99024	*99377	A4565	Q4009	Q4023	Q4037	Q4051	
36416	92944	99070	*99378	A4570	Q4010	Q4024	Q4038	S0395	
69209	92971	99071	*99379	A4580	Q4011	Q4025	Q4039	S3600	
*69210	93770	99072	*99380	A4590	Q4012	Q4026	Q4040	S3601	
*90863	94005	99078	*99483	G0269	Q4013	Q4027	Q4041	S8450	
*90887	94150	99080	A4220	J1642	Q4014	Q4028	Q4042	S8451	
92260	94760	99090	A4262	Q4001	Q4015	Q4029	Q4043	S8452	
92531	94761	99172	A4263	Q4002	Q4016	Q4030	Q4044	S9110	
92532	96902	99173	A4270	Q4003	Q4017	Q4031	Q4045	S9430	
92533	97010	*99340	A4300	Q4004	Q4018	Q4032	Q4046	S9981	

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
09 / 2019	Added codes S9430
04 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.

06 / 2020	Temporary policy waiver extended to September 30, 2020.
07 / 2020	Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982
09 / 2020	Temporary policy waiver extended to December 31, 2020.
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
12 / 2020	Added code 99072
1 / 2021	Temporary policy wavier extended until the PHE expires.

Highmark Reimbursement Policy Bulletin

HISTORY VERSIONS

Bulletin Number:	RP-041
Subject:	Services Not Separately Reimbursed
Effective Date:	December 17, 2018
End Date:	
Issue Date:	December 7, 2020
Revised Date:	November 2020
Date Reviewed:	November 2020
Source:	Reimbursement Policy

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

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

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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

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

Note: To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency, the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020 through December 31, 2020, therefore, the direction for those codes indicated in this policy is suspended for that time.

15850	92921	97602	99366	A4550	Q4005	Q4019	Q4033	Q4047	S9982
20930	92925	99000	99367	A4556	Q4006	Q4020	Q4034	Q4048	
20936	92929	99001	99368	A4557	Q4007	Q4021	Q4035	Q4049	
22841	92934	99002	*99374	A4558	Q4008	Q4022	Q4036	Q4050	
36000	92938	*99024	*99377	A4565	Q4009	Q4023	Q4037	Q4051	
36416	92944	99070	*99378	A4570	Q4010	Q4024	Q4038	S0395	
69209	92971	99071	*99379	A4580	Q4011	Q4025	Q4039	S3600	
*69210	93770	99072	*99380	A4590	Q4012	Q4026	Q4040	S3601	
*90863	94005	99078	*99483	G0269	Q4013	Q4027	Q4041	S8450	
*90887	94150	99080	A4220	J1642	Q4014	Q4028	Q4042	S8451	
92260	94760	99090	A4262	Q4001	Q4015	Q4029	Q4043	S8452	
92531	94761	99172	A4263	Q4002	Q4016	Q4030	Q4044	S9110	
92532	96902	99173	A4270	Q4003	Q4017	Q4031	Q4045	S9430	
92533	97010	*99340	A4300	Q4004	Q4018	Q4032	Q4046	S9981	

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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

Note: Procedure code 99072 is not separately reimbursed for Medicare Advantage.

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

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

09 / 2019	Added codes S9430
04 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.
06 / 2020	Temporary policy waiver extended to September 30, 2020.
07 / 2020	Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982
09 / 2020	Temporary policy waiver extended to December 31, 2020.
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE
12 / 2020	Added code 99072

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:	October 26, 2020	**Revised Date:**	October 2020
Date Reviewed:	October 2020		
Source:	Reimbursement Policy		

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

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

PURPOSE:

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

COMMERCIAL REIMBURSEMENT GUIDELINES:

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

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

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

Note: To assist with the Public Health Emergency declared by the Department of Health and Human Services (HHS), procedure codes 99000 and 99001 will temporarily be separately reimbursed. This exception payment will remain in place until the PHE expires.

***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency, the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020 through December 31, 2020, therefore, the direction for those codes indicated in this policy is suspended for that time.

15850	92533	96902	99173	A4263	Q4001	Q4014	Q4027	Q4040	S3600
20930	92921	97010	*99340	A4270	Q4002	Q4015	Q4028	Q4041	S3601
20936	92925	97602	99366	A4300	Q4003	Q4016	Q4029	Q4042	S8450
22841	92929	*99000	99367	A4550	Q4004	Q4017	Q4030	Q4043	S8451
36000	92934	*99001	99368	A4556	Q4005	Q4018	Q4031	Q4044	S8452
36416	92938	99002	*99374	A4557	Q4006	Q4019	Q4032	Q4045	S9110
69209	92944	*99024	*99377	A4558	Q4007	Q4020	Q4033	Q4046	S9430
*69210	92971	99070	*99378	A4565	Q4008	Q4021	Q4034	Q4047	S9981
*90863	93770	99071	*99379	A4570	Q4009	Q4022	Q4035	Q4048	S9982
*90887	94005	99078	*99380	A4580	Q4010	Q4023	Q4036	Q4049	
92260	94150	99080	*99483	A4590	Q4011	Q4024	Q4037	Q4050	
92531	94760	99090	A4220	G0269	Q4012	Q4025	Q4038	Q4051	
92532	94761	99172	A4262	J1642	Q4013	Q4026	Q4039	S0395	

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

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

POLICY UPDATE HISTORY INFORMATION:

12 / 2018	Implementation
12 / 2018	Added codes 99487, 99489, 99490, 99491
09 / 2019	Added codes S9430
04 / 2020	Removed codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494. Added notification regarding COVID-19 temporary policy waiver for codes indicated.
06 / 2020	Temporary policy waiver extended to September 30, 2020.

07 / 2020	Added policy applicable to Medicare Advantage. Added codes 20930, 69209, 99071, 99080, 99366, 99367, 99368, J1642, S9981, S9982
09 / 2020	Temporary policy waiver extended to December 31, 2020.
10 / 2020	Added notification exception for codes 99000 and 99001 regarding PHE

Highmark Reimbursement Policy Bulletin

HISTORY VERSIONS

Bulletin Number:	RP-041		
Subject:	Services Not Separately Reimbursed		
Effective Date:	December 17, 2018	**End Date:**	
Issue Date:	June 8, 2020	**Revised Date:**	June 2020
Date Reviewed:	June 2020		
Source:	Reimbursement Policy		

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

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

PURPOSE:

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COMMERCIAL REIMBURSEMENT GUIDELINES:

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***Note**: In alignment with the U.S. Department of Health and Human Services' Office of Civil Rights (OCR)'s and The Centers for Medicaid and Medicare Services (CMS)'s guidelines for telemedicine during the COVID19 national public health emergency, the Plan considers procedure codes 90863, 90887, 99024, 99340, 99374, 99377, 99378, 99379, 99380 and 99483 eligible to be performed as telemedicine from March 13, 2020 through September 30, 2020, therefore, the direction for those codes indicated in this policy is suspended for that time.

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20930	92921	97010	*99340	A4270	Q4002	Q4015	Q4028	Q4041	S3601
20936	92925	97602	99366	A4300	Q4003	Q4016	Q4029	Q4042	S8450
22841	92929	99000	99367	A4550	Q4004	Q4017	Q4030	Q4043	S8451
36000	92934	99001	99368	A4556	Q4005	Q4018	Q4031	Q4044	S8452
36416	92938	99002	*99374	A4557	Q4006	Q4019	Q4032	Q4045	S9110
69209	92944	*99024	*99377	A4558	Q4007	Q4020	Q4033	Q4046	S9430
*69210	92971	99070	*99378	A4565	Q4008	Q4021	Q4034	Q4047	S9981
*90863	93770	99071	*99379	A4570	Q4009	Q4022	Q4035	Q4048	S9982
*90887	94005	99078	*99380	A4580	Q4010	Q4023	Q4036	Q4049	
92260	94150	99080	*99483	A4590	Q4011	Q4024	Q4037	Q4050	
92531	94760	99090	A4220	G0269	Q4012	Q4025	Q4038	Q4051	
92532	94761	99172	A4262	J1642	Q4013	Q4026	Q4039	S0395	

MEDICARE ADVANTAGE REIMBURSEMENT GUIDELINES:

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

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POLICY UPDATE HISTORY INFORMATION:

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