Laser–assisted In–situ Keratomileusis
Radial Keratotomy

Applies to:

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

☐ Medicare Plus Blue℠ PPO ☐ Medicare Plus Blue℠ Group PPO ☒ Both

Laser–assisted In–situ keratomileusis

LASIK is a procedure that permanently changes the shape of the cornea and is one of several surgical procedures that fall under the generic term of refractive keratoplasty. Refractive keratoplasty includes all corneal surgical procedures to improve vision by changing the refractive index of the corneal surface. Specifically, for the LASIK procedure, a knife, called a microkeratome, is used to cut a flap in the cornea. A hinge is left at one end of this flap. The flap is folded back revealing the stroma, the middle section of the cornea. Pulses from a computer–controlled laser vaporize a portion of the stroma and the flap is replaced.

Radial keratotomy

Radial keratotomy is a surgical correction for myopia (nearsightedness). Using a high–powered microscope, the physician places microincisions (usually eight or fewer) on the surface of the cornea in a pattern much like the spokes of a wheel. The incisions are very precise in terms of depth, length and arrangement. The microincisions allow the central cornea to flatten, thus reducing the convexity of the cornea and improving vision.

Original Medicare

LASIK procedures to treat refractive defects and radial keratotomy aren't covered under Original Medicare.

Medicare Plus Blue

Medicare Plus Blue plans provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) and provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCBSM to offer enriched plans by using Original Medicare as the base program and adding benefit options.

Coverage for LASIK and radial keratotomy is provided to members under select individual Medicare Plus Blue PPO and Medicare Plus Blue Group PPO plans. Since Original Medicare doesn't cover LASIK and radial keratotomy, the scope of the benefit, reimbursement methodology, maximum allowed payment amounts and member cost–sharing are determined by the individual and group plans.

Conditions for payment

The table below specifies payment conditions for LASIK and radial keratotomy.

Conditions for payment	
Eligible providers	M.D., D.O., ophthalmologist or optometrist
Payable location	No restrictions
Frequency	
CPT codes	S0800, 65771, 76514, 92025, 92134
Diagnosis restrictions	367.0, 367.1, 367.2
Age restrictions	No restrictions

Reimbursement

Medicare Plus Blue plan's maximum payment amounts for LASIK and radial keratotomy benefits are available on our provider website, **bcbsm.com/provider/ma** in the MA enhanced benefits fee schedule. The provider will be paid the lesser of the allowed amount or the provider's charge, minus the member's cost–share. This represents payment in full and providers cannot balance bill the member for the difference between the allowed amount and the charge.

Member cost–sharing

- Medicare Plus Blue providers should collect the applicable cost–sharing from the member at the time of the service. Cost–sharing refers to a flat–dollar copayment, a percentage coinsurance or a deductible.
- If the member elects to receive a service that isn't covered, he or she is responsible for the entire charge associated with that service.

Providers may verify member benefits, including cost–share amounts, via web–Denis or call CAREN at 1–866–309–1719.

Billing instructions

1. Bill services on the CMS 1500 (8/05) claim form or the 837 equivalent claim.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local BCBS plan.
6. Use electronic billing:
   a. Michigan providers:
      - A copy of the ANSI ASC X12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (BCBSM Electronic Data Interchange (EDI) Institutional 837/835 Companion Document) is available at: **http://www.bcbsm.com/pdf/837_835_institutional_companion.pdf**
      - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at: **bcbsm.com/pdf/systems_resources_prof_837_835.pdf**
   b. Providers outside of Michigan should contact their local BCBS plan.

Additional billing instructions

When billing pre–operative evaluation and management services, use modifier 57. Modifier 57 is the evaluation and management service that resulted in the initial decision to perform surgery, either the day before a major surgery (90–day global) or the day of a major surgery.