

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Radial Keratotomy

January 1, 2008
Updated October 1, 2008

RADIAL KERATOTOMY

Radial keratotomy 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 surgical procedures on the cornea to improve vision by changing the refractive index of the corneal surface. Specifically, RK is a surgical correction for myopia (nearsightedness). Using a high powered microscope, the physician places microincisions on the surface of the cornea in a pattern much like the spokes of a wheel. The incisions are very specific in terms of depth, length and arrangement. The microincisions allow the central cornea to flatten, thus reducing the convexity of the cornea which produces an improvement in vision.

ORIGINAL MEDICARE

Radial keratotomy is not a covered service under Original Medicare. Many in the medical community consider such procedures cosmetic surgery, which is excluded.

MEDICARE ADVANTAGE

Coverage for radial keratotomy is provided to members under select Medicare Advantage private fee-for-service plans. Since Original Medicare does not cover radial keratotomy, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts, and member cost-sharing are determined by the group.

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed provider¹ concept for group specific benefits. The table below specifies payment conditions for radial keratotomy:

Conditions For Payment	
Eligible providers	M.D. or D.O., Practitioners
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable locations	Office or outpatient hospital
Frequency	No restrictions
CPT code	65771
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

¹ 2008 Terms and conditions

Reimbursement

The maximum payment amount for the radial keratotomy benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

The provider will be paid the lesser of this allowable amount or the provider’s charge, minus the member’s cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost-Sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

The cost-sharing chart below identifies members with radial keratotomy coverage:

Member Cost-Sharing Responsibilities			
Group Name and Number	Annual Deductible	Coinsurance	Out-of-Pocket Maximum
		Professional Claim	
	2008	2008	2008
State of Michigan Retirees ² 81820, 81821, 81828	\$200	None	Does not apply

Billing Instructions

1. Bill services on the CMS 1500 (8/05) claim form or the 837 equivalent claim.
2. Use the Medicare Advantage private fee-for-service 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.

² State of Michigan Retirees Benefit grid

6. Use electronic billing:
 - a. Michigan providers:
 - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at:
http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.