

PROFESSIONAL NETWORK REIMBURSEMENT POLICY

POLICY TITLE	Reimbursement for Surgical Correction of Strabismus
POLICY NUMBER	NR-06.503

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[DESCRIPTION/BACKGROUND
EXCLUSIONS](#)

[DEFINITIONS
VARIATIONS](#) - No

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I. DESCRIPTION/BACKGROUND

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This policy addresses the reimbursement methodology for the surgical correction of Strabismus in children and adults.

II. DEFINITIONS

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American Medical Association (AMA) - An organization whose mission is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patients and the nation’s health and exercises a strong advocacy agenda on behalf of patients and provider. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research, and education.

Current Procedural Terminology (CPT) - The American Medical Association’s (AMA) guidelines for coding and procedure reporting.

Strabismus – A visual defect in which one eye cannot focus with the other on an object because of imbalance of the eye muscles.

III. POLICY

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The Current Procedural Terminology (CPT) codes for the surgical correction of Strabismus (recession or resection of muscles and release of extensive scar tissue without detachment of the extraocular muscle), in children age 12 and under, will be reimbursed without the application of Multiple Surgical Reduction (MSR). Additional related procedures may be subject to (MSR).

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The MSR will be applied to Procedure Codes for the Surgical Correction of Strabismus, in individuals age 13 and above.

Please refer to the Professional Network Reimbursement Policies for additional information:

- NR-10.006 *Multiple Surgical Procedures*
- NR-30.019 *Correct Coding and Reimbursement Methodology*
- NR-30.021 *Payment Policy Indicators*

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

IV. EXCLUSIONS

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N/A

V. VARIATIONS

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

VI. REFERENCES

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CPT 2020 Professional Edition
American Medical Association

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