**LASIK Services New Billing Code**

Effective immediately, HCPCS code **S0800** (Laser in situ keratomileusis) should be used for billing LASIK services for BCBSKS insureds instead of procedure code **67299**.

Coverage guidelines for LASIK are unchanged from MAC-3-98, February 1, 1999. The guidelines are reprinted below.

**LASIK GUIDELINES**

The procedure will be allowed for the diagnosis of anisometropia, per the following:

a. The patient should be intolerant to contact lenses.

b. The anisometropia must be an acquired/induced condition with symptoms.

c. The spherical difference must be at least 3 diopters.

d. The cylindrical difference must be at least 2 diopters.

e. At a minimum, the medical record should include symptoms, diagnoses, corneal topography, refractive findings, history that includes prior surgery, motility findings and vertical imbalance.

f. Claims for LASIK procedures should be submitted with modifier 22 and supporting documentation for individual consideration. Predetermination is recommended.

Please note: For benefits to be available, the medical criteria and claim submission guidelines listed above must be met for ALL employee groups EXCEPT those who are part of the Kansas Electric Cooperative Health Insurance Trust listed below.

**Kansas Electric Cooperative Health Insurance Trust and LASIK Benefits**

Effective January 1, 2000, the employer groups listed below acquired the added benefit of LASIK coverage.

- 96265  Sunflower Electric
- 9626503  Lane Scott Electric
- 9626505  Infinitec
- 9626501  Wheatland Electric
- 9626504  Pioneer Electric

LASIK claims for employees of these groups should be submitted using procedure code S0800 with modifier 22. However, the claims will not be subject to the medical requirements listed above and review for individual consideration will no be required. The benefit will pay 50% of the Maximum Allowable Payment (MAP) up to $1,000 per eye, with a lifetime maximum of $2,000. This benefit is applicable to both professional and facility fees as well as any other associated fees.