

Guide for Medical Billing Professionals

The Reltok Clear-Flo™ Nasal Airway

Before Surgery

Submit your [Prior Authorization Request](#) as usual. **DO NOT** include airway insertion or its CPT code.

Pre-Authorization of the Airway is Not Required

- If the insurer requires “pre-authorization” for the surgical procedure, do not specifically request permission to use the Reltok Clear-Flo™ Nasal Airway!
- Insurers require only the lead diagnosis or diagnoses and identification of the anticipated main or primary surgical procedure.
- Insurers cannot dictate what procedure(s) your surgeon must perform.



Refer to [page 7 in Administrator’s Handbook](#) for more details.



Your distributor is underwriting the cost of having a very experienced billing consultant work with you to ensure that your first three billings go smoothly.

After Surgery

Airway Billing Guidance & Support



Step 1: Complete Insurance Claim Form. Insert “CPT 30999-59 FDA- cleared safety device” where form asks for “Additional Claim Information” (i.e. CMS 1500 form Box 19).



Step 2: Review our Operative Report instructions and complete your Operative Report accordingly.



Step 3: Have billing consultant review your completed insurance claim form and operative report before submitting them to the insurance company.



Step 4: Mail or email completed Insurance Claim Form and Operative Report to insurance company for processing and payment.



Step 5: After claim submission, copy billing consultant on all communication with insurance company regarding this claim.



Ambulatory Surgery Centers & Hospitals: Bill for reimbursement using HCPCS Code: C1763 and Revenue code 0379- Anesthesia Supplies.

Click on icons to view.



REMEMBER, refer to our Operative Report Instructions that provides appropriate details about the intranasal airway which must be included in the operative report per the CPT code, 30999-59 by report requirements.

Payments to Surgeon for Insertion of Nasal Airway Device

Payments reflect variation in policies, including differential payments for contracting and non-contracting practices, deductibles, co-pays, etc. However, no carrier, which has honored the fee, has ever automatically reduced the charge that is in contrast to the surgical procedure(s). Most carriers are honoring this charge. If not, quickly appeal.



See Administrator's Handbook for list of payers, example explanation of benefits, and Claims Appeal Module for more details.