Multiple Surgical Procedures

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary multiple surgical procedures.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

PROCEDURES

1. A prior authorization is required.

2. When multiple surgeries or procedures are performed by a single physician or physicians in the same group practice on the same patient at the same operative session, reduction in reimbursement for secondary and subsequent procedures may occur.

Independent procedures (i.e., separate procedures) are procedures commonly performed with other major (primary) surgical procedures. When multiple independent procedures are performed, payment will be made only for the highest paying independent procedure.

Payment for independent procedure can be made when:

- The sole surgical procedure performed; or
- The highest paying of multiple surgical procedures performed (any additional, covered nonindependent procedures can be paid at 50%).

When a procedure or service is designated as a separate procedure it is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time. It may be reported by itself or in addition to other procedures/services by appending modifier 59, XE, XP, XS and XU to the specific separate procedure code. The modifier indicates that the procedure is not considered to be a component of another procedure but is a distinct and independent procedure.

Independent procedures are eligible for payment under the following circumstances when reported with modifiers 59, XE, XP, XS, or XU:

- Different operative session on same date of service; or
- Different site or separate area of injury; or
- Separate incision; or
- Different body orifices; or
- Bilateral procedures.

When multiple surgical procedures are performed because of trauma (i.e., emergency or life-threatening situations) payment allowance for the highest paying procedure will be made at 100%, the next highest procedure will be made at 75% and the allowance for each additional surgical procedure thereafter will be made at 50%. These services are reported with the ST modifier. Guidelines regarding independent procedures should be applied.

Hemodialysis and peritoneal dialysis should not be subjected to multiple surgical guidelines. The full allowance is made for all such charges.

Note: The allowances for certain surgical procedures performed as a result of trauma have been adjusted and therefore are not subject to multiple surgery reduction. These surgical procedures are classified as add-on procedures and are identified by the phrase, list separately in addition to the code, for the primary procedure. Add-on codes are performed in addition to the primary service or procedure and must never be reported as a stand-alone code. Add-on services that are reported as a stand-alone procedure without the primary procedure will be denied as nonbillable.

Multiple surgery reductions are not applied to surgical procedures performed because of trauma identified as modifier 51-exempt.

3. Delaware mandate

Effective January 1, 2000, the Delaware Insurance Department (DOI) adopted Regulation 1311 which sets standards of payment for multiple surgical procedures. The stated purpose of this regulation is to ensure that health insurers provide proper payment to healthcare providers when more than one surgical service is performed on the same patient, by the same physician, on the same day.

This regulation applies to individual and group health benefit policies subject to Delaware law and to those self-insured accounts that elect to follow this Delaware mandate.

DOI Regulation 1311 requires when more than one surgical service is performed:

- On the same patient,
- By the same physician and
- On the same day.

Insurers shall make payment to the providers as follows:

1) One hundred percent (100%) of the fee schedule for the procedure which has the highest regular fee schedule amount; and
2) For each additional procedure, performed through the same incision or separate incisions, as set forth in the National Correct Coding Manual established by Administar Federal under contract with the Health Care Financing Administration, not less than fifty percent (50%) of the fee schedule amount.

4. Post-payment audit statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

5. Place of service: inpatient/outpatient

Multiple Surgical Procedures is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
11755	Biopsy of nail unit, (e.g., plate bed, matrix, hyponchium, proximal and lateral nail folds) (separate procedure)
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure).
20100	Exploration of penetrating wound (separate procedure); neck.
20101	Exploration of penetrating wound (separate procedure); chest.
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back.
20103	Exploration of penetrating wound (separate procedure); extremity.
20500	Injection of sinus tract; therapeutic (separate procedure).
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure).
20670	Removal of implant; superficial, (e.g., buried wire, pin or rod) (separate procedure).
21070	Coronoidectomy (separate procedure).

21100	Application of halo type appliance for maxillofacial fixation, includes removal(separate procedure).
21280	Medial canthopexy (separate procedure).
21610	Costotransversectomy (separate procedure).
21750	Closure of median sternotomy separation with or without debridement (separate procedure).
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure).
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure).
24340	Tenodesis of biceps tendon at elbow (separate procedure).
25230	Radial styloidectomy (separate procedure).
25250	Removal of wrist prosthesis; (separate procedure).
26185	Sesamoidectomy, thumb or finger (separate procedure).
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure).
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure).
27000	Tenotomy, adductor of hip, percutaneous (separate procedure).
27005	Tenotomy, hip flexor(s), open (separate procedure).
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure).
27090	Removal of hip prosthesis; (separate procedure).
27140	Osteotomy and transfer of greater trochanter of femur (separate procedures).
27161	Osteotomy, femoral neck (separate procedure).
27306	Tenotomy, percutaneous, adductor, or hamstring; single tendon (separate procedure).
27605	Tenotomy, percutaneous, achilles tendon (separate procedure); local anesthesia.
27606	Tenotomy, percutaneous, achilles tendon (separate procedure); general anesthesia.
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure).
28230	Tenotomy, open, tendon flexor, foot, single or multiple tendon(s) (separate procedure).
28250	Division of plantar fascia and muscle (e.g., steindler stripping) (separate procedure).
28260	Capsulotomy, modfoot; medial release only (separate procedure).
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure).
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure).
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure).
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure).
29860	Arthroscopy, hip, diagnostic, with or without synovial biopsy (separate procedure).
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure).

29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure).
29884	Arthroscopy, knee, surgical; with lysis of adhesions with or without manipulation (separate procedure).
31231	Nasal endoscopy, diagnostic, unilateral or bilateral(separate procedure).
31505	Laryngoscopy, indirect (separate procedure); diagnostic.
31600	Tracheostomy, planned (separate procedure).
31601	Tracheostomy, planned (separate procedure); younger than 2 years.
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure).
31720	Catheter aspiration (separate procedure); nasotracheal.
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside.
32220	Decortication, pulmonary, (separate procedure); total.
32225	Decortication, pulmonary, (separate procedure); partial.
32310	Pleurectomy, parietal (separate procedure).
32551	Tube Thoracostomy, includes connection to drainage system (e.g., water seal), when performed, open (separate procedure).
32601	Thorascopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy.
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy.
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy.
33140	Transmyocardial laser revascularization, by thoracotomy (separate procedure).
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure).
33211	Insertion or replacement of temporary transvenous dual chamber cardiac pacing electrodes (separate procedure).
33800	Aortic suspension (aortopexy) for tracheal decompression (e.g., for tracheomalacia) (separate procedure).
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture).
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein.
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (scribner type).
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision or closure.
36821	Arteriovenous anastomosis, open; direct, any site (e.g., cimino type) (separate procedure).
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft.
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (e.g. biological collagen thermoplastic graft).
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure).

36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous, dialysis graft (separate procedure).
36833	Revision, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous, dialysis graft (separate procedure).
36835	Insertion of Thomas shunt(separate procedure).
36860	External cannula declotting (separate procedure); without balloon catheter.
36861	External cannula declotting (separate procedure); with balloon catheter.
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure).
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic.
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic).
38760	Inguinofemoral lymphadenectomy, superficial, including cloquet's node (separate procedure).
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac , hypogastric, and obturator nodes(separate procedure).
38770	Pelvic lymphadenectomy, including external iliac , hypogastric, and obturator nodes(separate procedure).
38780	Retroperitaneal transabdominal lymphadenectomy, extensive, including pelvic aortic, and renal nodes (separate procedure).
42870	Excision or destruction lingual tonsil, any method (separate procedure).
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure).
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure).
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure).
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure).
43260	Endoscopic retrgograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure).
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube(e.g., Stamm procedure) (separate procedure).
43830	Gastrostomy,open; without construction of gastric tube (e.g., Stamm procedure) (separate procedure).
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure).
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure).
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure).
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure).
44300	Placement, enterostomy or cecostomy, tube open (e.g., for feeding or decompression) (separate procedure).
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure).
44314	Revision of ileostomy; complicated (reconstruction in depth) (separate procedure).
44316	Continent ileostomy (Kock procedure).

44322	Colostomy or skin level cecostomy, with multiple biopsies (e.g., for congenital magacolon) (separate procedure).
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure).
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure).
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure).
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure).
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure).
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure).
44385	Endoscopic evaluation of small intestinal pouch (e.g., Kock pouch, ileal reservoir [s or j]); diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure).
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure).
44680	Intestinal plitcation (separate procedure).
44820	Excision of lesion of mesentery (separate procedure).
44850	Suture of mesentery (separate procedure).
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure).
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure).
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure).
45900	Reduction of procidentia (separate procedure) under anesthesia.
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local.
45910	Dilation of rectal sphincter (separate procedure) under anesthesia other than local.
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia.
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure).
46080	Sphincterotomy, anal, division of sphincter (separate procedure).
46220	Excision of single external papillae or tags, anus.
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing; when performed (separate procedure).
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial.
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent.
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transdoudenal extraction of calculus (separate procedure).
47480	Cholecystotomy or cholecystostomy, open with exploration, drainage, or removal of calculus (separate procedure).

47552	Biliary endoscopy, percutaneous via t-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure).
47900	Suture of extrahepatic bilary duct for pre-existing injury (separate procedure).
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy (s) (separate procedure).
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure).
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure).
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure).
49320	Lapraoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure).
49400	Injection of air or contrast into peritoneal cavity (separate procedure).
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure).
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure).
49570	Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure).
50100	Transection or repositioning of aberrant renal vessels (separate procedure).
50340	Recipient nephrectomy (separate procedure).
50600	Ureterotomy with exploration or drainage (separate procedure).
50650	Ureterectomy, with bladder cuff (separate procedure).
50900	Ureterorrhaphy, suture of ureter (separate procedure).
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure).
51520	Cystotomy; for simple excision of vesical neck (separate procedure).
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure).
51570	Cystectomy, complete; (separate procedure).
51880	Closure of cystostomy (separate procedure).
52000	Cystourethroscopy; (separate procedure).
52500	Transurethral resection of bladder neck (separate procedure).
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra.
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external.
53020	Meatotomy, cutting of meatus urethrotomy or urethrostomy, external (separate procedure); except infant.
53025	Meatotomy, cutting of meatus (separate procedure); infant.
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure).
53230	Excision of urethral diverticulum (separate procedure); female.
53235	Excision of urethral diverticulum (separate procedure); male.

53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure).
54000	Slitting of prepuce, dorsal or lateral, (separate procedure); newborn.
54001	Slitting of prepuce, dorsal or lateral, (separate procedure); except newborn.
54100	Biopsy of penis; (separate procedure).
54500	Biopsy of testis, needle (separate procedure).
54505	Biopsy of testis, incisional (separate procedure).
54620	Fixation of contralateral testis (separate procedure).
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s).
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure).
55520	Excision of lesion of spermatic cord (separate procedure).
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure).
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion.
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (list separately in addition to code for primary procedure).
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure).
57020	Colpocentesis (separate procedure).
57100	Biopsy of vaginal mucosa; simple (separate procedure).
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic non obstetrical hemorrhage (separate procedure).
57268	Repair of enterocele, vaginal approach (separate procedure).
57270	Repair of enterocele, abdominal approach (separate procedure).
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local).
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure).
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure).
57800	Dilation of cervical canal, instrumental (separate procedure).
58555	Hysteroscopy, diagnostic (separate procedure).
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure).
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure).
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure).
58800	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach.
58805	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); abdominal approach.
58900	Biopsy of ovary, unilateral or bilateral (separate procedure).

59200	Insertion of cervical dilator (e.g., laminaria, prostaglandin) (separate procedure).
60520	Thymectomy, partial or total; transcervical approach (separate procedure).
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure).
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure).
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure).
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure), unilateral; with excision of adjacent retroperitoneal tumor.
61050	Cisternal or lateral cervical (c1-c2) puncture; without injection (separate procedure).
65125	Modification of ocular implant with placement or replacement of pegs (e.g., drilling receptacle for prosthesis appendage) (separate procedure).
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous.
65810	Paracentesis anterior chamber eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection.
65815	Paracentesis anterior chamber eye (separate procedure); with removal of blood, with or without irrigation and/or air injection.
65860	Severing adhesions of anterior segment, laser technique (separate procedure).
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae.
65870	Severing adhesions of anterior segment of eye (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae.
65875	Severing adhesions of anterior segment of eye (with or without injection of air or liquid) (separate procedure); posterior synechiae.
65880	Severing adhesions anterior segment eye (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions.
66020	Injection, anterior chamber of eye (separate procedure); air or liquid.
66030	Injection, anterior chamber of eye (separate procedure); medication.
66500	Iridotomy by stab incision (separate procedure); except transfixion.
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe.
66625	Iridotomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure).
66630	Iridotomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure).
66635	Iridotomy, with corneoscleral or corneal section; “optical” (separate procedure).
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure).
67025	Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), with or without aspiration (separate procedure).
67028	Intravitreal injection of a pharmacologic agent (separate procedure).
67250	Scleral reinforcement (separate procedure); without graft.

67255	Scleral reinforcement (separate procedure); with graft.
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure).
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication).
67715	Canthotomy (separate procedure).
68360	Conjunctival flap; bridge or partial (separate procedure).
68770	Closure lacrimal fistula (separate procedure).
69310	Reconstruction of external auditory canal (meatoplasty) (e.g., for stenosis due to injury, infection), (separate procedure).
69670	Mastoid Obliteration (separate procedure).
69700	Closure postauricular fistula, mastoid (separate procedure).

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

Childs B, Nahm N, Moore T, et al. Multiple procedures in the initial surgical setting: When do the benefits outweigh the risks in patients with multiple system trauma? Journal of Orthopaedic Trauma. 2016; 30(8):420-425.

POLICY UPDATE HISTORY

<Date>	<Event>