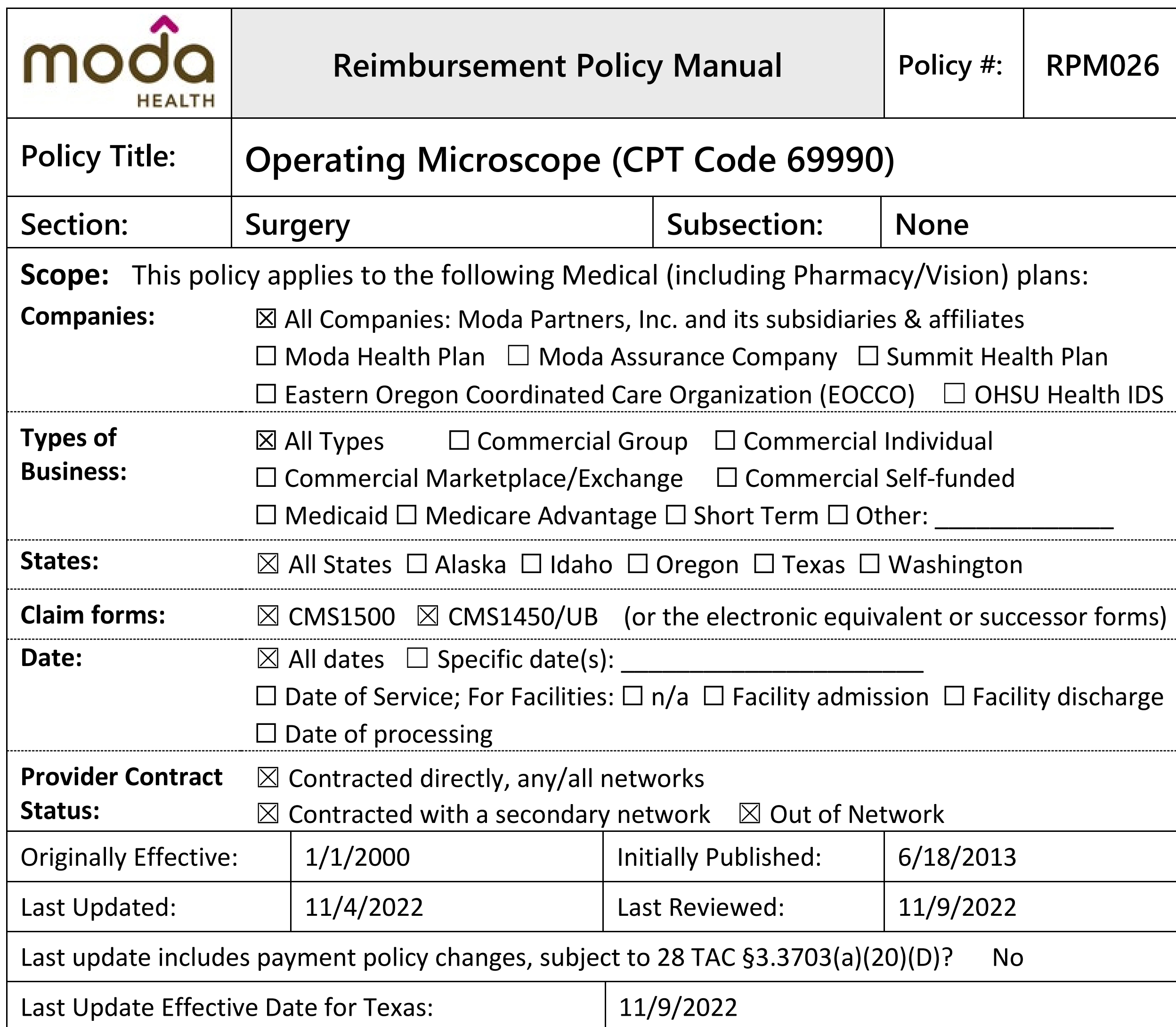

moda HEALTH	Reimbursement Policy Manual	Policy #:	RPM026
Policy Title:	**Operating Microscope (CPT Code 69990)**		
Section:	**Surgery**	**Subsection:**	**None**

Scope: This policy applies to the following Medical (including Pharmacy/Vision) plans:

Companies:	☒ All Companies: Moda Partners, Inc. and its subsidiaries & affiliates ☐ Moda Health Plan ☐ Moda Assurance Company ☐ Summit Health Plan ☐ Eastern Oregon Coordinated Care Organization (EOCCO) ☐ OHSU Health IDS
Types of Business:	☒ All Types ☐ Commercial Group ☐ Commercial Individual ☐ Commercial Marketplace/Exchange ☐ Commercial Self-funded ☐ Medicaid ☐ Medicare Advantage ☐ Short Term ☐ Other: ____________
States:	☒ All States ☐ Alaska ☐ Idaho ☐ Oregon ☐ Texas ☐ Washington
Claim forms:	☒ CMS1500 ☒ CMS1450/UB (or the electronic equivalent or successor forms)
Date:	☒ All dates ☐ Specific date(s): ____________________ ☐ Date of Service; For Facilities: ☐ n/a ☐ Facility admission ☐ Facility discharge ☐ Date of processing
Provider Contract Status:	☒ Contracted directly, any/all networks ☒ Contracted with a secondary network ☒ Out of Network

Originally Effective:	1/1/2000	Initially Published:	6/18/2013
Last Updated:	11/4/2022	Last Reviewed:	11/9/2022
Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)?	No		
Last Update Effective Date for Texas:	11/9/2022		

Reimbursement Guidelines

A. Bundling for Type of Provider

CPT code 69990 is eligible for separate reimbursement only to provider types which CMS has designated as eligible for separate reimbursement for CPT code 69990 (operating microscope).

If the status indicator on the applicable fee schedule specifies 69990 is bundled or packaged, then 69990 is not eligible for separate reimbursement to that provider type, even if the specific claim is not priced using a Medicare fee schedule.

B. Procedure To Procedure Bundling

CPT code 69990 is eligible for separate reimbursement only with procedure codes that CMS has designated as eligible with operating microscope.

- CMS/CCI guidelines for 69990 are more restrictive than AMA/CPT guidelines because CMS has added the work for 69990 into the RVU for the primary surgical code. For this discrepancy, we follow CMS/CCI guidelines.
- CPT code 69990 will be denied to provider liability when submitted with codes not on the CMS list.

- Bundling edits based on CCI edits apply to all lines of business.

C. Correct Reporting of Units for 69990

CPT code 69990 is eligible for reimbursement a maximum of once per operative session (one unit), not per procedure code. (AMA[3])

D. Other Types of Devices

CPT code 69990 is not eligible for reimbursement when billed for the use of other magnifying devices, such as magnifying loupes, special corrective vision magnifying devices, etc. This is incorrect coding and 69990 would be denied as not documented because these devices are not the same as an operating microscope.

Codes, Terms, and Definitions

Acronyms & Abbreviations Defined

Acronym or Abbreviation		Definition
AMA	=	American Medical Association
CCI	=	Correct Coding Initiative (see “NCCI”)
CMS	=	Centers for Medicare and Medicaid Services
CPT	=	Current Procedural Terminology
DRG	=	Diagnosis Related Group (also known as/see also MS DRG)
HCPCS	=	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
HIPAA	=	Health Insurance Portability and Accountability Act
MS DRG	=	Medicare Severity Diagnosis Related Group (also known as/see also DRG)
NCCI	=	National Correct Coding Initiative (aka “CCI”)
RPM	=	Reimbursement Policy Manual (e.g., in context of “RPM052” policy number, etc.)
UB	=	Uniform Bill

Procedure codes (CPT & HCPCS):

Code	Code Description
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)

Coding Guidelines & Sources - (Key quotes, not all-inclusive)

CPT has designated code 69990 as an add-on code. 69990 should be reported (without modifier 51 appended) in addition to the code for the primary procedure performed. CPT has specified a list of valid primary/"parent" procedure codes for 69990. However, the CPT book guidelines also specifically state, "Do not report 69990 in addition to procedures where use of the operating microscope is an inclusive component." (AMA[1])

CMS guidelines for payment of CPT code 69990 differ from *CPT Manual* instructions following CPT code 69990. CMS CCI edits deny separate reimbursement for 69990 even when billed in combination with some of the valid primary procedure codes provided in the CPT guidelines.

The CMS/CCI guidelines are more restrictive because the use of the operating microscope has over time become the standard of care for many surgical procedures. In many cases, CMS has considered the work associated with the use of the operating microscope when calculating the RVU for the primary surgical procedure code. National Correct Coding Initiative (NCCI) edits bundle CPT code 69990 into surgical procedures with RVU values inclusive of the operating microscope. Most of these edits do not allow use of NCCI-associated modifiers.

CPT code 69990 may not be reported with more than one unit, or with modifier 50. Per the CPT Assistant, "Code *69990, Microsurgical techniques, requiring use of operating microscope*, should be reported only once per operative session. Code 69990 not only represents the work of setting up, calibrating, positioning, and adjusting the operating microscope when brought into the surgical field, but it also represents the circumstance where microsurgical technique is performed. There are numerous procedures that already include the work of 69990 that are listed in the operating microscope introductory guidelines." (AMA[3])

Cross References

A. "Add-on Codes." Moda Health Reimbursement Policy Manual, RPM025.

B. "Valid Modifier to Procedure Code Combinations." Moda Health Reimbursement Policy Manual, RPM019.

C. "Robotic Assisted Surgery." Moda Health Reimbursement Policy Manual, RPM006.

References & Resources

1. American Medical Association. "Operating Microscope." *CPT Book, Professional Edition.* Chicago: AMA Press, 2013, p. 369.

2. CMS. *National Correct Coding Initiative Policy Manual*. Chapter 8 Surgery: Endocrine, Nervous, Eye And Ocular Adnexa, And Auditory Systems, § F, p VIII-15.

3. American Medical Association. "Surgery: Nervous System, 69990 (Q&A)". *CPT Assistant*. Chicago: AMA Press, March 2009, p. 10.

Background Information

An operating or surgical microscope is a specific type of surgical instrument which is different from magnifying loupes, corrected vision devices, or other simple magnification devices. An operating microscope is also not the same as a robotic surgical device.

The operating microscope is employed to enhance visualization during some surgical procedures, e.g., those using the techniques of microsurgery. The use of an operating microscope has become the standard of surgical care for many surgical procedures and is often included in the RVU/reimbursement for the primary surgical procedure code.

IMPORTANT STATEMENT

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Healthcare providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Our Reimbursement Policy is not intended to impact care decisions or medical practice.

Providers are responsible for submission of accurate claims using valid codes from HIPAA-approved code sets and for accurately, completely, and legibly documenting the services performed. Billed codes shall be fully supported in the medical record and/or office notes. Claims are to be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative [CCI] Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the member's medical benefit plan. Should there be any conflicts between our Reimbursement Policy and the member's medical benefit plan, the member's medical benefit plan will prevail. Fee determinations will be based on the applicable provider fee schedule, whether out of network or participating provider's agreement, and our Reimbursement Policy.

Policies may not be implemented identically on every claim due to variations in routing requirements, dates of processing, or other constraints; we strive to minimize these variations.

***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the information by going to https://www.modahealth.com/medical/policies_reimburse.shtml *****

Policy History

Date	Summary of Update
11/9/2022	Formatting & clarification/Update: Change to new header; includes Idaho. Converted to Outline format. Clarification of how eligibility for separate reimbursement by provider type is determined. Clarification of denial rationale if 69990 is billed for other magnifying devices. Cross References: Hyperlinks added. Policy History section: Added. Entries prior to 2022 omitted (in archive storage).

Date	Summary of Update
6/18/2013	Policy initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
1/1/2000	Original Effective Date (with or without formal documentation). Policy based on CMS/CCI policy.