

Microsurgery Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

Microsurgical Technique is the use of an operating microscope during a surgical procedure. Use of an operating microscope, reported with Current Procedural Terminology (CPT®) codes 64727 and 69990, is a reimbursable service in specified instances.

For the purpose of this policy, the Same Individual Physician or Other Qualified Health Care Professional is the same individual rendering health care services reporting the same Federal Tax Identification number.

Reimbursement Guidelines

CPT Code 64727

Consistent with the CPT book coding guidelines for CPT code 64727, UnitedHealthcare will only reimburse CPT code 64727 when submitted with internal neurolysis codes on the "Services Allowed with CPT 64727" list.

The Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual, and the Correct Coding

Initiative (CCI) state that CPT code 69990 is not to be reported in addition to CPT code 64727.

CPT Code 69990

CMS reimbursement guidelines differ from the *CPT* book coding guidelines. UnitedHealthcare follows CMS reimbursement guidelines for reimbursement of 69990 with certain nervous system surgeries.

UnitedHealthcare will reimburse CPT code 69990 when billed in conjunction with the services described in the "Services Allowed with CPT 69990" list.

Definitions

Microsurgery	The use of a microscope during a surgical procedure to perform Microsurgical Technique.
Microsurgical Technique	A surgical technique for dissecting tissues with a microscope.
Same Individual Physician or Other Qualified Health Care Professional	The same individual rendering health care services reporting the same Federal Tax Identification number.


Questions and Answers


1	<p>Q: Why does UnitedHealthcare choose to follow the Centers for Medicare and Medicaid Services (CMS) guidelines rather than the CPT book guidelines for bundling of code 69990?</p> <p>A: More consistency was found in the CMS bundling rules. For example, CMS consistently considers 69990 included in eye and ear surgical procedures, while CPT varies within these CPT sections.</p>
2	<p>Q: Why does UnitedHealthcare include add-on codes in the "Services Allowed with 69990 List" when CMS National Correct Coding Initiative (NCCI) Policy does not include these add-on codes in the range of services in which CPT code 69990 is allowable?</p> <p>A: CMS guidelines state, "In general, NCCI procedure to procedure edits do not include edits with most add-on codes because edits related to the primary procedure(s) are adequate to prevent inappropriate payment for an add-on coded procedure." UnitedHealthcare aligns with CMS and allows reimbursement of CPT code 69990 reported with add-on codes when the primary procedure codes are allowable. For example, primary procedure code 61304 (Craniectomy or craniotomy, exploratory; supratentorial) is allowable and, therefore, add-on code 61316 (Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure) is also allowable.</p>

Codes

64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)

Attachments: Please right-click on the icon to open the file

 Services Allowed with 64727	This list contains the CPT codes for services that are reimbursed when submitted with CPT code 64727.
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 Services Allowed with 69990	This list contains the CPT codes for services that are reimbursed when submitted with CPT code 69990.
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Resources
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History	
10/4/2019	Annual Anniversary Date and Version Change Title section: Removed Annual Approval information & moved policy # to the header
1/1/2019	Policy Version Change Policy List Change: Updated 'Services Allowed with 69990' list History entries prior to 1/1/2017 archived
11/14/2018 – 12/31/2018	Annual Policy Approval Date and Version Change Added 'Professional' to the policy title; removed reference to Community and State and Medicare and Retirement in the Application section. Definitions: Updated Same Individual Physician or Other Qualified Health Care Professional
11/8/2017	Policy Approval Date Change: No new version
1/1/2017 – 11/13/2018	Annual Policy Version Change History/Updates prior to 1/1/2015 archived