

Microsurgery Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 Medicare Advantage reimbursement policies 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 (CMS 1450). 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 resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage 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 Medicare Advantage 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, and/or the enrollee's benefit coverage documents**. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

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 requires the use of an operating microscope during a surgical procedure.

Use of an operating microscope, reported with Current Procedural Terminology (CPT®) code 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

Use of an operating microscope, reported with Current Procedural Terminology (CPT®) code 69990, is a reimbursable service in specified instances.

CPT code 69990 should not be reported with other procedures even if an operating microscope is utilized. CMS guidelines for payment of CPT code 69990 differ from *CPT Manual* instructions following CPT code 69990. The NCCI bundles CPT code 69990 into all surgical procedures other than those listed in the Medicare Claims Processing Manual.

Definitions

Microsurgery	The use of a microscope during a surgical procedure to perform Microsurgical Technique.
Microsurgical Technique	A surgical technique for dissecting tissues under 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 Medicare Advantage 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 Medicare Advantage 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 61608 (Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft) is allowable and, therefore, Add-On Code 61609 (Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure) is also allowable.</p>
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Codes

69990	Microsurgical technique requiring use of operating microscope (List separately in addition to code for primary procedure).
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Resources

www.cms.gov

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

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services



History	
10/4/2019	Annual Anniversary Date and Version Change <ul style="list-style-type: none">○ Application section verbiage updated○ Title section: Removed Annual Approval information & moved policy # to the header○ Overview Section: Updated policy language○ Reimbursement Guidelines Section: Updated policy language○ Attachments Section: Removed code list○ History Section: Entries prior to 10/4/2017 archived
1/1/2019	Policy Version Change <ul style="list-style-type: none">○ List update for Services allowed with 69990
11/14/2018	Annual Policy Approval Date and Policy Version Change <ul style="list-style-type: none">○ Language Update in Overview Section○ Update Definition Section○ Added Code Section○ Archive history prior to 5/1/2016
9/4/2018	Policy Version Change Policy number changed from 2017R0038B to 2018R9019A Added the word 'Professional' to the policy title
11/8/2017	Annual Review Version Change Updated Code Attachment related to 69990 Preamble has been updated
6/12/2013	Policy Approved