

MICROSURGERY POLICY

Policy Number: ADMINISTRATIVE 211.13 TO

Effective Date: January 1, 2019

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Related Policies

None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the UB-04 claim form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500), or their electronic equivalents or their successor forms. This policy applies to all network and non-network providers, including hospitals, ambulatory surgical centers, 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.

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, Hospital, Ambulatory Surgical Center or other Health Care Professional is the same individual physician, hospital, or ambulatory surgical center 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, Oxford will only reimburse CPT code 64727 when submitted with internal neurolysis codes on the list of [Services Allowed with CPT 64727](#).

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. Oxford follows CMS reimbursement guidelines for reimbursement of 69990 with certain nervous system surgeries.

Oxford will reimburse CPT code 69990 when billed in conjunction with services described in the list of [Services Allowed with CPT 69990](#).

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, Hospital, Ambulatory Surgical Center or Other Health Care Professional: The same individual physician, hospital, ambulatory surgical center or other health care professional rendering health care services reporting the same Federal Tax Identification number.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
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)

CPT® is a registered trademark of the American Medical Association

QUESTIONS AND ANSWERS

1	Q:	Why does Oxford choose to follow the Centers for Medicare and Medicaid Services (CMS) guidelines rather than the CPT book guidelines for bundling of code 69990?
	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.
2	Q:	Why does Oxford include add-on codes in the Services Allowed with CPT 69990 list when CMS National Correct Coding Initiative (NCCI) does not include these add-on codes in the range of services in which CPT code 69990 is allowable?
	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." Oxford 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.

ATTACHMENTS

Services Allowed with CPT 64727

A list of CPT codes for services that are reimbursed when submitted with CPT code 64727



Services Allowed
with 64727

Services Allowed with CPT 69990

A list of CPT codes for services that are reimbursed when submitted with CPT code 69990



Services Allowed
with CPT 69990

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2017R0038A]

American Medical Association, Current Procedural Terminology: CPT and associated publications and services.

Centers for Medicare and Medicaid Services (CMS), CMS Manual System and other CMS publications and services.

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none">Updated list of <i>Services Allowed with CPT 69990</i> (CPT codes that are reimbursed when submitted with CPT code 69990) to reflect annual code edits; removed 61332, 61480, 61610, and 61612Archived previous policy version ADMINISTRATIVE 211.12 T0