

Surgical Operating Microscopes

Policy Number: PG0093
Last Review: 02/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

- Professional
- Facility

DESCRIPTION:

An operating microscope is a two-headed magnifying device with a standard position that can be operated by hand or foot. The operating microscope is used during a specialized type of surgery known as microsurgery. Microsurgery involves magnification, micro instrumentation, micro sutures, and meticulous techniques to repair or restore tissues. The use of an operating microscope significantly enlarges and enhances the surgeons' view.

Procedure code 69990 has been designated as an add-on code to report an operating microscope. Procedure code 69990 should be reported without modifier 51 appended, in addition to the code for the primary procedure performed. The operating microscope can be used for the entire surgical procedure or only for certain portions of the surgery; however, it is reimbursed only once per operative session regardless of the number of surgeries performed.

Within CPT guidelines, the AMA has identified specific services/procedures that are inclusive of the microscopic technique procedure code 69990. The procedure codes for these services include descriptors that have terms such as microsurgical technique, microvascular transfer, or microvascular anastomosis. The procedure code description has a parenthetical notation that prohibits the billing of procedure code 69990 with that particular procedure code.

Additionally, there are other procedures, not identified by AMA/CPT guidelines that are inherently done using a surgical operating microscope. The National Correct Coding Initiative (NCCI) has identified many of these procedures. NCCI has also indicated many circumstances in which the operating microscope should not be billed in addition to the primary procedure.

The CMS/CCI guidelines are more restrictive because the use of the operating microscope has 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 Relative Value Unit (RVU) for the primary surgical procedure code. National Correct Coding Initiative (NCCI) edits bundle CPT procedure 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.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Based on the AMA/CPT guidelines and the recommended NCCI edits, Paramount will deny CPT code 69990 as included in the primary procedure when billed with a procedure inherently done using an operating microscope.

Non-participating providers are required to obtain prior authorization BEFORE any services are rendered.

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Paramount will not consider separate reimbursement for the robotic or microsurgical technique with a procedure inherently done using an operating microscope. Paramount considers these techniques to be integral to the primary surgical procedure code and not separately reimbursable. Paramount believes this approach to payment is consistent with current payment standards and fairly represents the value of the procedures as determined by the Relative Value Units (RVUs) assigned to the procedures.

When procedure code 69990 is eligible for reimbursement a maximum of once per operative session (one unit) is supported.

Procedure 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.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
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REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 08/01/2006

Date	Explanation & Changes
01/01/09	<ul style="list-style-type: none">Revised list of codes
07/01/12	<ul style="list-style-type: none">Revised list of codes
06/09/15	<ul style="list-style-type: none">Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
12/14/2020	<ul style="list-style-type: none">Medical policy placed on the new Paramount Medical policy format
12/01/2022	<ul style="list-style-type: none">Medical Policy updated review completedNo changes to policy statement
02/06/2023	<ul style="list-style-type: none">Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
02/01/2024	<ul style="list-style-type: none">Medical Policy placed on the new Paramount Medical policy format

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and PG0093-02/01/2024

services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review