



Manual:	Reimbursement Policy		
Policy Title:	Operating Microscope (CPT Code 69990)		
Section:	Surgery		
Subsection:	None		
Date of Origin:	1/1/2000	Policy Number:	RPM026
Last Updated:	5/4/2018	Last Reviewed:	8/10/2018

Scope

This policy applies to all Commercial medical plans, Medicare Advantage plans, and Oregon Medicaid/EOCCO plans.

Reimbursement Guidelines

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).

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

CPT code 69990 is eligible for reimbursement a maximum of once per operative session (one unit), not per procedure code. (AMA³)

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.

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.

Codes and Definitions

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

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." (AMA¹)

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." (AMA³)

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.

IMPORTANT STATEMENT

The purpose of Moda Health Reimbursement Policy is to document payment policy for covered medical and surgical services and supplies. Health care providers (facilities, physicians and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement policy is not intended to impact care decisions or medical practice.

Providers are responsible for accurately, completely, and legibly documenting the services performed. The billing office is expected to submit claims for services rendered using valid codes from HIPAA-approved code sets. Claims should 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 applicable member contract language. To the extent there are any conflicts between the Moda Health Reimbursement Policy and the member contract language, the member contract language will prevail, to the extent of any inconsistency. Fee determinations will be based on the applicable provider contract language and Moda Health reimbursement policy. To the extent there are any conflicts between Reimbursement Policy and the provider contract language, the provider contract language will prevail.