

Reimbursement Policy:

Operating Microscope/Microsurgery (CPT 64727/69990) (Commercial & Medicare)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20210003	11/01/2021	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. 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, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

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.

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 only 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.

Policy Statement:

64727:

Consistent with the American Medical Association's CPT Guidelines for CPT code 64727, EmblemHealth/ConnectiCare will only reimburse CPT code 64727 when submitted with internal neurolysis codes on the list of Services Allowed with CPT 64627 below.

69990

EmblemHealth/ConnectiCare will follow CMS reimbursement guidelines for reimbursement of 69990 with certain nervous system surgeries. The plan will reimburse CPT code 69990 when billed in conjunction with services described in the CMS list of Services Allowed with CPT 69990 below.

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Note: CMS reimbursement guidelines differ from the AMA CPT guidelines.

Applicable CPT Codes for Microsurgical Techniques (64727/69990):

CPT		Description							
64727		Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)							
Services Allowed with 64727:									
64702	64704	64708	64712	64713	64714	64716	64718	64719	64721
64722	64726								

CPT		Description									
69990		Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)									
Services Allowed with 69990:											
61304	61305	61312	61313	61314	61315	61316	61320	61321	61322	61323	61330
61333	61340	61343	61345	61450	61458	61460	61500	61501	61510	61512	61514
61516	61517	61518	61519	61520	61521	61522	61524	61526	61530	61531	61533
61534	61535	61536	61537	61538	61539	61540	61541	61543	61544	61545	61546
61550	61552	61556	61557	61558	61559	61563	61564	61566	61567	61570	61571
61575	61576	61580	61581	61582	61583	61584	61585	61586	61590	61591	61592
61595	61596	61597	61598	61600	61601	61605	61606	61607	61608	61611	61613
61615	61616	61618	61619	61623	61624	61626	61630	61635	61640	61641	61642
61645	61650	61651	61680	61682	61684	61686	61690	61692	61697	61698	61700
61702	61703	61705	61708	61710	61711	62010	62100	63081	63082	63085	63086
63087	63088	63090	63091	63101	63102	63103	63170	63172	63173	63185	63190

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Services Allowed with 69990:											
63191	63197	63200	63250	63251	63252	63265	63266	63267	63268	63270	63271
63272	63273	63275	63276	63277	63278	63280	63281	63282	63283	63285	63286
63287	63290	63295	63300	63301	63302	63303	63304	63305	63306	63307	63308
63704	63706	63707	63709	63710	64831	64832*	64834	64835	64836	64837*	64840
64856	64857	64858	64859*	64861	64862	64864	64865	64866	64868	64872*	64874*
64876*	64885	64886	64890	64891	64892	64893	64895	64896	64897	64898	64901
64902	64905	64907									

**Indicates add-on codes. EmblemHealth/ConnectiCare align with CMS and allow reimbursement of CPT code 69990 reported with add-on codes when the primary procedure codes are allowed.*

Definitions:

Term	Definition
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.

Reimbursement Guidelines:

- Reimbursement for CPT code 64727 is limited to the codes on the "Services Allowed with CPT 64727" list. Procedures submitted with 64727 that are not on the allowed list will be denied as provider liability.
- Reimbursement for CPT code 69990 is limited to the codes on the "Services Allowed with 69990" list. Procedures submitted with 69990 that are not on the allowed list will be denied as provider liability.
- CPT code 69990 is eligible for reimbursement a maximum of once per operative session (one unit), not per procedure code.
- CPT code 69990 may not be reported with more than one unit, or with modifier 50.

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- CPT has designated codes 64727 and 69990 as add-on codes. These codes must be reported (without modifier 51 appended) in addition to the code for the primary procedure performed.
- Do not report 69990 in addition to procedures where use of the operating microscope is an inclusive component.
- 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.
- For Medicaid plans, CPT 69990 is always considered inclusive and not separately reimbursable.

References:

1. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
2. Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications
3. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services

Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	1/2022	<ul style="list-style-type: none"> • Removed deleted codes effective 1/1/2022: 63194, 63195, 63196, 63198 and 63199
EmblemHealth ConnectiCare	7/2021	<ul style="list-style-type: none"> • Policy updated to align with CMS • Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number