

OPERATING MICROSCOPE

Policy # 46

Implementation Date: 1/1/08

Review Date:

Revision Date: 9/3/14

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

A surgical operating microscope is used to obtain good visualization of the fine structures in the operating field. The lens system may be operated by hand or foot controls to adjust to working distance, with interchangeable oculars providing magnification as needed. Typically, these are stereoscopic binoculars with magnifications in the range from 2x to 35x and are usually equipped with motorized and balanced stands that allow easy adjustment of position for optimal viewing by the surgeon.

The American Medical Association (AMA) created code 69990 as an add-on code in the Current Procedural Terminology (CPT) to identify that this specific technique was used.

There are different operating microscopes that provide magnifications in the range from 2x to 35x which are typically equipped with motorized and balanced stands that allow easy adjustment of position for optimal viewing by the surgeon. Most brain, inner ear, eye, and neurologic surgeries use these powerful microscopes; however, many of these procedures that inherently require the use of the microscope to perform, include the use of the equipment in the primary code. In these instances, 69990 would be denied as inclusive and not separately.

The smaller type of microscopes that are typically found in ENT or dental offices are usually used to facilitate office exams or minor office procedures in much the same manner that visualization with magnifying loupes or corrected vision devices are used. Be advised that both CPT and HHS have indicated that magnifying loupes or corrected vision devices, or the use of these smaller microscopes, are not billable with the 69990.

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

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

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

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage **will follow NCCI.**

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow NCCI.**

Applicable Codes:

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

Sources

1. *Current Procedural Terminology (CPT®)*, (2014) – American Medical Association.
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
3. Centers for Medicare & Medicaid Services (CMS). (Revised 2014, March 25). Medicare Claims Processing Manual Chapter 12 - Physicians/Nonphysician Practitioners. Retrieved August 27, 2014, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>
4. National Correct Coding Initiative (NCCI), Chapter VIII. (Revised 2014, January 1). Chapter 8 Surgery: Endocrine, Nervous, Eye and Ocular Adnexa, and Auditory Systems CPT codes 60000-69999. Retrieved September 1, 2014.
5. *Modifier-20 Q&A - CPT® Assistant*, April 1999 Volume 9 Issue 4 – CodeCorrect.

Disclaimer

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