

BINOCULAR MICROSCOPY

Policy # 60

Implementation Date: 1/1/11

Review Dates:

Revision Dates: 10/8/12, 5/15/14

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

Binocular microscopy is the use of a microscope to be able to view anatomy that for a specific reason is not viewable by the eye. Code 92504 (Binocular microscopy), is designated as a diagnostic procedure. All surgical procedures include a "diagnostic procedure." 92504 is also listed as a "separate procedure," which means it is not billable when another procedure is done on the same anatomic region. CPT states: "The codes designated as 'separate procedure' should not be reported in addition to the code for the total procedure or service of which it is considered an integral component."

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

Select Health **will not pay for Binocular microscopy when billed in addition to a minor ear procedure or initially when billed with an E/M code.** On appeal, 92504 may be paid if documentation supports the following:

1. No other minor ear procedure was performed (including cerumen removal).
2. Documentation supports that the physician could not perform the diagnostic otologic exam without the microscope. This is not something that should be used as part of every evaluation or examination.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage **will follow the commercial plan policy.**

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow the commercial plan policy.**

Applicable Codes:

Code	Description
69210	Removal impacted cerumen requiring instrumentation, unilateral
92504	Binocular microscopy (separate diagnostic procedure)
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing

Sources

1. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
2. *Operating Microscope*, Current Procedural Terminology (CPT®) – American Medical Association (2014).
3. *Separate Procedure – Surgery Guidelines*, Current Procedural Terminology (CPT®) – American Medical Association (2014).
4. CMS National Correct Coding Initiative (NCCI), (20.1 – 2014).

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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