# **Operating Microscope (CPT Code 69990)**

#### Last Updated: 4/1/2025

Originally Effective: 1/1/2000 Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No If yes, Texas Last Update Effective Date: n/a Policy #: RPM026

#### Scope

**Companies:** Moda Partners, Inc. and its subsidiaries & affiliates (All) Claim Forms: CMS1500 & CMS1450 (paper and electronic versions)

### **Reimbursement Guidelines**

#### A. Bundling for Type of Provider

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).

If the status indicator on the applicable fee schedule specifies 69990 is bundled or packaged, then 69990 is not eligible for separate reimbursement to that provider type, even if the specific claim is not priced using a Medicare fee schedule.

#### B. Procedure To Procedure Bundling

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

- CMS/CCI guidelines for 69990 are more restrictive than AMA/CPT guidelines because CMS has added the work for 69990 into the RVU for the primary surgical code. For this discrepancy, we follow CMS/CCI guidelines.
- 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.

#### C. Correct Reporting of Units for 69990

CPT code 69990 is eligible for reimbursement a maximum of once per operative session (one unit), not per procedure code.<sup>3</sup>

#### D. Other Types of Devices

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. This is incorrect coding and 69990 would be denied as not documented because these devices are not the same as an operating microscope.

## Definitions

Acronyms/Abbreviations		
Acronym	Definition	
AMA	American Medical Association	
CCI	Correct Coding Initiative (see "NCCI")	
CMS	Centers for Medicare and Medicaid Services	
СРТ	Current Procedural Terminology	
NCCI	National Correct Coding Initiative (aka "CCI")	
PTP	Procedure-To-Procedure (a type of CCI edit)	
RPM	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)	



Provider Contract Status: Any Claim Dates: All

Last Reviewed: 4/9/2025

### **Procedure codes (CPT & HCPCS)**

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

### **Related Policies**

- A. "Moda Health Reimbursement Policy Overview." Moda Health Reimbursement Policy Manual, RPM001.
- B. <u>"Add-on Codes."</u> Moda Health Reimbursement Policy Manual, RPM025.
- C. <u>"Valid Modifier to Procedure Code Combinations."</u> Moda Health Reimbursement Policy Manual, RPM019.
- D. <u>"Robotic Assisted Surgery."</u> Moda Health Reimbursement Policy Manual, RPM006.

### **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.

# Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: <a href="https://www.modahealth.com/medical/policies">https://www.modahealth.com/medical/policies</a> reimburse.shtml

Date	Summary of Update
4/9/2025	Acronyms & Related Policies updated. Formatting updates. No policy changes.
5/8/2024	Formatting updates. No policy changes.
11/9/2022	Idaho added to Scope.
	Policy History section added; entries prior to 2022 omitted (in archive storage).
	Clarified how eligibility for separate reimbursement by provider type is determined and denial
	rationale when 69990 is billed for other magnifying devices. No policy changes.
6/18/2013	Policy document initially approved by the Reimbursement Administrative Policy Review
	Committee & initial publication.
1/1/2000	Original Effective Date (with or without formal documentation). Policy based on CMS/CCI policy.