

Microsurgery Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

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 in specified instances.

For the purpose of this policy, the Same Individual Physician or Other Health Care Professional is the same individual rendering health care services reporting the same Federal Tax Identification number.

Reimbursement Guidelines

CPT Code 64727

Consistent with the CPT book coding guidelines for CPT code 64727, UnitedHealthcare Community Plan will only reimburse CPT code 64727 when submitted with internal neurolysis codes on the "Services Allowed with CPT 64627" list.

The Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual, and the Correct Coding Initiative (CCI) state that CPT code 69990 is not to be reported in addition to CPT code 64727.

Services Allowed with 64727

64702	64704	64708	64712	64713	64714	64716	64718	64719	64721
64722	64726								

CPT Code 69990

CMS reimbursement guidelines differ from the *CPT* book coding guidelines. UnitedHealthcare Community Plan follows CMS reimbursement guidelines for reimbursement of 69990 with certain nervous system surgeries.

UnitedHealthcare Community Plan will reimburse CPT code 69990 when billed in conjunction with the services described in the "Services Allowed with CPT 69990" list.

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	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			

Definitions

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.

Questions and Answers

1	<p>Q: Why does UnitedHealthcare Community Plan choose to follow the Centers for Medicare and Medicaid Services (CMS) guidelines rather than the CPT book guidelines for bundling of code 69990?</p> <p>A: More consistency was found in the CMS bundling rules. For example, CMS consistently considers 69990 included in eye and ear surgical procedures, while CPT varies within these CPT sections.</p>
2	<p>Q: Why does UnitedHealthcare Community Plan include add-on codes in the "Services Allowed with 69990 List" when CMS National Correct Coding Initiative (NCCI) Policy does not include these add-on codes in the range of services in which CPT code 69990 is allowable?</p> <p>A: CMS guidelines state, "In general, NCCI procedure to procedure edits do not include edits with most add-on codes because edits related to the primary procedure(s) are adequate to prevent inappropriate payment for an add-on coded procedure." UnitedHealthcare Community Plan aligns with CMS and allows reimbursement of CPT code 69990 reported with add-on codes when the primary procedure codes are allowable. For example, primary procedure code 61304 (Craniectomy or craniotomy, exploratory; supratentorial) is allowable and, therefore, add-on code 61316 (Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure) is also allowable.</p>

Codes

64727

69990

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History

2/13/2026	Policy Year & Version Change History Section: Entries prior to 2/13/2024 archived
Jan 2006	Policy implemented by UnitedHealthcare Community & State