

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** MRP- 001  
**Subject:** Microsurgery  
**Effective Date:** July 6, 2021      **End Date:**  
**Issue Date:** September 1, 2022      **Revised Date:** August 2022  
**Date Reviewed:** August 2022  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

Microsurgical Procedures are those procedures that require the use of a surgical microscope for microdissection or when the anatomical structures or pathology present is too small for normal visualization.

Procedure code 69990: Microsurgical Techniques, requiring use of operating microscope (list separately in addition to code for primary procedure).

## REIMBURSEMENT GUIDELINES:

The Plan will only separately reimburse for add on procedure code 69990 when billed with one of the following primary procedure codes.

61304	61501	61537	61570	61605	61650	63082	63196	63281	63709
61305	61510	61538	61571	61606	61651	63085	63197	63282	63710
61312	61512	61539	61575	61607	61680	63086	63198	63283	64831
61313	61514	61540	61576	61608	61682	63087	63199	63285	64834
61314	61516	61541	61580	61611	61684	63088	63200	63286	64835
61315	61517	61543	61581	61613	61686	63090	63250	63287	64836
61316	61518	61544	61582	64891	61690	63090	63251	63290	64840

61320	61519	61545	61583	61615	61692	93091	63252	63295	64856
61321	64907	61546	61584	61616	61697	63101	63265	63300	64857
61322	61520	61550	61585	61618	61698	63102	63267	63301	64858
61323	61521	61552	61586	61619	61700	63103	63268	63302	64861
61330	61522	61556	61590	61623	61702	63170	63270	63303	64862
61333	61524	61557	61591	61624	61703	63172	63271	63304	64864
61340	61526	61558	61592	61626	61705	63173	63272	63305	64865
61343	61530	61559	61595	61630	61708	63185	63273	63306	64866
61345	61531	61563	61596	61635	61710	63190	63275	63307	64868
61450	61533	61564	61597	61640	61711	63190	63276	63308	64885
61458	61534	64905	61598	61641	62010	63191	63277	63704	64886
61460	61535	61566	61600	61642	62100	63194	63278	63706	64890
61500	61536	61567	61601	61645	63081	63195	63280	63707	

**RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-029 Surgical Techniques

**REFERENCES:**

- CMS Internet Online Manual Pub. 100-4, Chapter 12, Section 20.4.5.

**POLICY UPDATE HISTORY INFORMATION:**

7 / 2021	Implementation
1 / 2022	Added Delaware Med Advantage applicable to the policy direction
3 / 2022	Updated policy header
7 / 2022	Removed code 63199
9 / 2022	Added New York Medicare Advantage applicable to the policy direction

# Highmark Reimbursement Policy Bulletin

HISTORY VERSION



**Bulletin Number:** MRP- 001  
**Subject:** Microsurgery  
**Effective Date:** July 6, 2021  
**Issue Date:** July 4, 2022  
**Date Reviewed:** June, 2022  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** June, 2022

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

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The Plan will only separately reimburse for add on procedure code 69990 when billed with one of the following primary procedure codes.

61304	61520	61566	61615	61710	64898	63303
61305	61521	61567	61616	61711	63200	63304
61312	61522	61570	61618	62010	63250	63305
61313	61524	61571	61619	62100	63251	63306
61314	61526	61575	61623	63081	63252	63307
61315	61530	61576	61624	63082	63265	63308
61316	61531	61580	61626	63085	63267	63704

61320	61533	61581	61630	63086	63268	63706
61321	61534	61582	61635	63087	63270	63707
61322	61535	61583	61640	63088	63271	63709
61323	61536	61584	61641	63090	63272	63710
61330	61537	61585	61642	63090	63273	64831
61333	61538	61586	61645	63091	63275	64834
61340	61539	61590	61650	63101	63276	64835
61343	61540	61591	61651	63102	63277	64836
61345	61541	61592	61680	63103	63278	64840
61450	61543	61595	61682	63170	63280	64856
61458	61544	61596	61684	63172	63281	64857
61460	61545	61597	61686	63173	63282	64858
61500	61546	61598	61690	63185	63283	64861
61501	61550	61600	61692	63190	63285	64862
61510	61552	61601	61697	63190	63286	64864
61512	61556	61605	61698	63191	63287	64865
61514	61557	61606	61700	63194	63290	64866
61516	61558	61607	61702	63195	63295	64868
61517	61559	61608	61703	63196	63300	64885
61518	61563	61611	61705	63197	63301	64886
61519	61564	61613	61708	63198	63302	64890
64907	64905	64891	64892	64893	64895	64896
64897						

**RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-029 Surgical Techniques

**REFERENCES:**

CMS Internet Online Manual Pub. 100-4, Chapter 12, Section 20.4.5.

<https://www.cms.gov/Regulations-and-Guidance/guidance/Manuals/Downloads/clm104c12.pdf>

**POLICY UPDATE HISTORY INFORMATION:**

July / 2021	Implementation
November / 2021	Added DE Med Advantage effective 1/1/22
March / 2022	Changed Policy Header
July / 2022	Removed deleted code 63199

HISTORY

# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** MRP- 001  
**Subject:** Microsurgery  
**Effective Date:** July 6, 2021      **End Date:**  
**Issue Date:** March 14, 2022      **Revised Date:** March, 2022  
**Date Reviewed:** March, 2022  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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61320	61533	61581	61630	63086	63268	63706
61321	61534	61582	61635	63087	63270	63707
61322	61535	61583	61640	63088	63271	63709
61323	61536	61584	61641	63090	63272	63710
61330	61537	61585	61642	63090	63273	64831
61333	61538	61586	61645	63091	63275	64834
61340	61539	61590	61650	63101	63276	64835
61343	61540	61591	61651	63102	63277	64836
61345	61541	61592	61680	63103	63278	64840
61450	61543	61595	61682	63170	63280	64856
61458	61544	61596	61684	63172	63281	64857
61460	61545	61597	61686	63173	63282	64858
61500	61546	61598	61690	63185	63283	64861
61501	61550	61600	61692	63190	63285	64862
61510	61552	61601	61697	63190	63286	64864
61512	61556	61605	61698	63191	63287	64865
61514	61557	61606	61700	63194	63290	64866
61516	61558	61607	61702	63195	63295	64868
61517	61559	61608	61703	63196	63300	64885
61518	61563	61611	61705	63197	63301	64886
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64897	64898					

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Refer to the following Reimbursement Policies for additional information:

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**REFERENCES:**

CMS Internet Online Manual Pub. 100-4, Chapter 12, Section 20.4.5.

<https://www.cms.gov/Regulations-and-Guidance/guidance/Manuals/Downloads/clm104c12.pdf>

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