



## Urology Coding Alert

### Reader Question: Steer Clear of +69990 With 55400

**Question:** My urologist completed a microscopic vasovasostomy, which we normally report with 55400. He used a microscope, so can I bill +69990 along with the procedure code?

Pennsylvania Subscriber

**Answer:** Medicare rules do not allow you to bill for the operating microscope with 55400 (Vasovasostomy, vasovasorrhaphy). Medicare also bundles +69990 (Microsurgical techniques, requiring use of operating microscope [List separately in addition to code for primary procedure]) into 55400 and assigns an indicator of "0" to the edit pair, meaning you cannot break the bundle by reporting a modifier.

Commercial payers may have other rules, but many follow these same guidelines.

According to the NCCI (National Correct Coding Initiative) manual, "The Internet-Only Manual (IOM), Medicare Claims Processing Manual, Publication 100-04, Chapter 12, Section 20.4.5 (Allowable Adjustments) limits the reporting of use of an operating microscope (CPT® code 69990) to procedures described by CPT® codes 61304-61546, 61550-61711, 62010-62100, 63081-63308, 63704-63710, 64831, 64834-64836, 64840-64858, 64861-64870, 64885-64891 and 64905-64907. CPT® code 69990 should not be reported with other procedures even if an operating microscope is utilized. CMS guidelines for payment of CPT® code 69990 differ from CPT® Manual instructions following CPT® code 69990. The NCCI bundles CPT® code 69990 into all surgical procedures other than those listed in the Medicare Claims Processing Manual."