

Contractor's Policy Number

98-3-R1

Contractor Name

CareFirst of Maryland Inc., Medicare Part A

Contractor Number

00190

Contractor Type

Fiscal Intermediary

LMRP Title

Laser Prostatectomy

This policy refers to the outpatient procedure only.

AMA CPT Copyright Statement

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CMS (HCFA) National Coverage Policy

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medical Policy coverage guidelines.
- Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Primary Geographic Jurisdiction

Maryland
Washington, DC

Secondary Geographic Jurisdiction

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

CMS Region

Region III

CMS Consortium

Northeast

Original Policy Effective Date

September 11, 1998.

Original Policy Ending Date

09/01/2004

Revision Effective Date

01/27/2003

Revision Ending Date

LMRP Description

Laser prostatectomy is a surgical procedure using a laser device that has been FDA approved.

Indications and Limitations of Coverage and/or Medical Necessity

Medicare will cover laser prostatectomy when performed with a laser device that has been FDA approved. No additional payment will be allowed for the use of the laser.

CPT/HCPCS Section & Benefit Category

Type of Bill

13X, 83X

Revenue Code

36X

HCPCS Codes

52647©	Laser surgery of the prostate
52648©	Laser surgery of the prostate

ICD-9-CM Codes That Support Medical Necessity

Specific ICD-9-CM codes should reflect the patient's condition.

Reasons for Denial

- non-FDA approved laser devices or off-label uses of approved laser devices;
- the medical record does not verify that the service described by the HCPCS code was provided; and,
- the service does not follow the guidelines of this policy.

Non-covered ICD-9-CM Code(s)

Not applicable at this time.

Sources of Information

Texas Medicare Part A Newsletter No. 4-96.

Coding Guidelines

- To report this service, use the appropriate HCPCS code,
- All of the coverage criteria must be met before this service can be reimbursed by Medicare,
- Diagnosis(es) must be present on any claim submitted, and must be coded to the highest level of specificity; and,
- The diagnosis codes(s) must be representative of the patient's condition.

Documentation Requirements

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and available to Medicare upon request.

This policy does not reflect the sole opinion of the intermediary medical director.

Start Date of Notice Period

March 31, 1998

Effective Date

Revision History

<u>Number</u>	<u>Date</u>	<u>Change</u>
	09/01/2004	Archived per instructions from Dr. Amend.
98-3-R1	01/27/2003	CPT descriptors changed to short descriptors.

NOTE: Skilled Nursing Facility Providers who have transferred to, or anticipate the transition to the Prospective Payment System should refer to the billing procedures outlined in Program Memorandum AB-98-18.

Category:

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