

## 1) What CPT® code is reported with procedures utilizing GreenLight Laser Therapy?

**CPT 52648** (Laser Vaporization of prostate, including control of post operative bleeding, complete vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) is the most commonly billed code when utilizing GreenLight Laser Therapy.

## 2) Is prior authorization or pre-certification necessary for the GreenLight laser procedure?

As a rule, Medicare does not require prior authorization for any procedure. Commercial or private insurance carriers (e.g., Aetna, Blue Cross, etc.) and some Medicare supplemental plans may require a prior authorization or pre-certification for surgical procedures. Therefore, it is recommended that you check with insurers (primary and secondary) to verify coverage and pre-certification requirements prior to performing any procedure.

## 3) Are laser vaporization procedures payable by Medicare in an Ambulatory Surgery Center (ASC)?

Yes. Beginning January 2008, Medicare will pay for surgery-related facility services provided in ASCs using a payment system based on the hospital outpatient prospective payment system (OPPS). The ASC system uses the same payment groups (APCs) as the OPPS but uses a conversion factor that is equal to 65% of the OPPS conversion factor (\$41.40).

There are however, certain procedures that are not paid at the same 65% of the OPPS rates. Office based procedures previously not covered in the ASC that are performed in physician offices at least 50% of the time will be paid the lower of the ASC rate (based on the methodology described above) or the practice expense portion of the physician fee schedule payment rate that applies when the service is furnished in a physician's office.

MedPac Ambulatory Surgical Centers Payment System. Revised: October 2007. [www.medpac.gov/documents/MedPAC\\_Payment\\_Basics\\_07\\_ASC.pdf](http://www.medpac.gov/documents/MedPAC_Payment_Basics_07_ASC.pdf)

## 4) How much do Medicare and commercial payers pay for laser vaporization procedures?

The Centers for Medicare and Medicaid Services (CMS) publishes the Medicare payment rates for physicians, hospitals and ambulatory surgery centers. Payment information may be accessed via the CMS website — <http://www.hhs.gov> and navigating to the appropriate provider center.

Fee schedules for commercial payers are contract driven and considered proprietary information. Fee schedules may be based on a percentage of Medicare, discounted charges, capitation or some other method. If a provider has not contracted with a particular payer, reimbursement is typically made at U & C (usual and customary) or billed amount. Before performing any new procedures, contact the individual payer to obtain the fee schedule amounts and any requirements pertaining to prior authorization or referrals.

## 5) Are laser vaporization procedures payable in the office setting?

Yes. Effective January 1, 2006, CMS established a non-facility (office) practice expense RVUs for CPT 52648. (See *Publication 100-04 Medicare claims: Transmittal 798*; <http://www.cms.hhs.gov/Transmittals/Downloads/R798CP.pdf>.)

*For 2008, the total non-facility RVUs are 71.03 and the total facility RVUs are 18.79.*

We recommend that physicians contact the individual payer before performing GreenLight™ in the office setting. Payers may have different policies regarding procedures requiring general anesthesia. Some insurers may not cover procedures requiring general anesthesia in the office setting. It is also advisable to check your state regulations and all other applicable guidelines that regulate office-based surgical procedures.

**Disclaimer:** While reasonable efforts have been made to ensure the accuracy of the information set forth, AMS, Inc. can not guarantee reimbursement for any product or procedure. Providers should report the codes that accurately describe the products and procedures furnished and the patient's medical condition. Providers should contact their payers if they have questions or need specific co-payment, coverage and billing/coding policies as well as to update the information described herein. © January 2008 American Medical Systems, Inc.

### Coding Resources:

1. CPT 2008. Current Procedural Terminology, Professional Edition. American Medical Association, Chicago, IL
2. Expert 2008: HCPCS Level II. Healthcare Common Procedure Coding System. American Medical Association. Ingenix, Salt Lake City, UT
3. EncoderPro.com. Ingenix, Inc. 2008, Salt Lake City, UT