

1) What CPT® code is most commonly billed with procedures utilizing GreenLight™ Laser Vaporization?

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 Vaporization.

2) Is prior authorization or pre-certification necessary for the GreenLight™ Laser Vaporization?

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, CPT 52648 is reimbursed by Medicare in the ASC setting.

4) Are laser vaporization procedures payable in the office setting?

Yes, CPT® 52648 is reimbursed by Medicare in the office setting. For 2011, the total non-facility RVUs are 62.56 and the total facility RVUs are 20.99. We recommend that physicians contact the individual payer before performing GreenLight™ in the office setting. Commercial payers may have different reimbursement policies regarding procedures requiring general anesthesia in the office setting. Also check your state regulations and all other applicable guidelines that regulate office-based surgical procedures.

5) Is Greenlight™ Laser Vaporization utilized in other procedures?

For questions regarding other procedures that may utilize Greenlight™ Laser Vaporization contact AMS Health Care Affairs at 1-888-865-3373.

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 2011 American Medical Systems, Inc.

Coding Resources:

1. CPT 2011. Current Procedural Terminology, Professional Edition. American Medical Association, Chicago, IL
2. Expert 2011: HCPCS Level II. Healthcare Common Procedure Coding System. American Medical Association. Ingenix, Salt Lake City, UT
3. EncoderPro.com. Ingenix, Inc. 2011, Salt Lake City, UT