

Frequently Asked Questions

PENILE PROSTHESIS

1) What CPT® codes are most commonly billed for penile prosthesis procedures that include the use of the AMS inflatable and non-inflatable penile prosthesis?

CPT® 54405 (Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders and reservoir) and **CPT® 54400** (Insertion of penile prosthesis, non-inflatable (semi-rigid)) are the appropriate codes to report for penile prosthesis procedures.

2) Are the penile prostheses covered by Medicare, Medicaid and Commercial Payers?

Medicare has a National Coverage Determination for the Diagnosis and Treatment of Impotence which includes surgical treatment with a penile prosthesis. Penile prostheses are covered when medically necessary. This policy is available on the CMS website in the National Coverage Determination (NCD) section under Diagnosis and Treatment of Impotence (230.4).

Medicare Advantage Plans are required to provide equal or better coverage than the traditional Medicare plan. Medicare Advantage Plans may have certain criteria that must be met for purposes of medical necessity. It is recommended that you obtain prior authorization before implanting a penile prosthesis.

Medicaid coverage varies from state to state. It is recommended that you contact the Medicaid department in the appropriate state or county for specifics on their coverage and fee schedules and obtain prior authorization before a procedure is performed.

Commercial Payers may have exclusions or limitations for penile prosthesis coverage. It is recommended that you check for benefits and eligibility and obtain written prior authorization before performing a penile prosthesis procedure.

3) Is prior authorization or pre-certification necessary for penile prosthesis procedures?

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 precertification for surgical procedures. **Therefore, it is recommended that a written pre-determination outlining proof of medical necessity is submitted to the insurance carrier prior to performing this procedure.** For copies of template letters or additional assistance with this process, please contact the AMS Health Care Affairs department.

4) What can be done if the patient is denied coverage by his private health insurance plan?

The patient has the following options:

- Appeal the insurance company's decision. The patient can contact AMS' Health Care Affairs Department (HCA) for appeal assistance at 1.888.865.3376. The patient will need to supply HCA with a copy of their written denial letter and a copy of their insurance contract. HCA will assist them in drafting an appeal letter.
- During open enrollment at their work, the patient can review other insurance options available through their employer. They will have to call the other insurance companies to see if the policy offered to them covers penile implants for their medical condition.
- Does the patient have Tricare insurance for military service or a secondary insurance policy under a spouse?
- If their employer self funds health insurance for their company, the employer can make an exception to their plans. The patient can ask Human Resources what is the process to have their case reviewed.
- Consider waiting until they are eligible to join Medicare. Please review question 2.
- If nothing else is available, the patient may want to consider a cash pay option.

5) Are penile prosthesis procedures payable by Medicare when furnished in an Ambulatory Surgery Center (ASC)?

Yes. Most penile prosthesis procedures are approved in the ASC unless there is a revision procedure through an infected field (CPT 54411), which requires an inpatient stay.

6) CPT® 53445 (Insertion of urinary sphincter) and CPT® 54405 (Insertion of inflatable penile prosthesis) are often performed during the same operative session. How is Medicare payment calculated for these multiple procedures?

When CPT® 53445 and CPT® 54405 are performed by the same physician during the same operative session, the multiple procedure rule will apply to the physician payment. This means the physician will be paid 100% of the Medicare payment for the first procedure and 50% of the Medicare payment rate for the second procedure.

In the case of the outpatient hospital reimbursement from Medicare, both CPT® 53445 and CPT® 54405 have an 'S' status indicator. This indicator signifies "Significant Procedure, Not Subject to the Multiple Procedure Reduction," which means both procedures will be reimbursed at 100% of the payment rate.

CONTINUED ON NEXT PAGE

7) What CPT Code should be billed for the removal and replacement of only 1 component of an inflatable 3 piece penile prosthesis?

There is no CPT Code that accurately describes the removal and replacement of a single component of a 3 piece inflatable penile prosthesis. In this circumstance, you could consider using CPT 54410 or 54411 and adding a 52 reduced services modifier. Make sure that the dictation accurately states what has been performed.

For hospitals, the 52 reduced services modifier for reduced services is also an approved Level 1 CPT Code for Medicare. It is recommended that you include a copy of the implant invoice with the submitted claim.

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