

1) What CPT® code is most commonly billed when performing transurethral destruction of prostate tissue by microwave therapy (TUMT) utilizing the TherMatrix® device?

CPT® 53850 (Transurethral destruction of prostate tissue; by microwave thermotherapy) would be the appropriate code to report if using the TherMatrix® device.

2) Is TUMT covered by Medicare, Medicaid and Commercial Payers?

Medicare covers items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.

As a result, Medicare does not establish coverage policies for most services that are reasonable and necessary, i.e., appendectomy, colon resection, etc.

When a coverage policy is established, it is generally developed and implemented by a Medicare Administrative Contractor (MAC) in response to inquiries from physicians in their geographic area. For this reason, these policies are referred to as a local coverage determination (LCD). LCDs are most often developed to clarify the indications for a particular procedure.

Medicare Advantage Plans are required to provide the same as or better coverage than the traditional Medicare plan. Medicare Advantage Plans may have certain medical necessity items that must be met.

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

Commercial Payers may cover the TUMT procedure although some payers may have specific medical necessity requirements that need to be met.

3) Is prior authorization or pre-certification necessary for TUMT 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 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.

4) Is the TUMT procedure (CPT® 53850) payable by Medicare in an Ambulatory Surgery Center (ASC)?

Yes, CPT 53850 is reimbursed by Medicare in the ASC setting.

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.

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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