

GreenLight™ Laser Therapy



Frequently Asked Questions

1) What CPT® code is most commonly billed 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 Therapy?

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 Advantage 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 precertification requirements prior to performing any procedure.

3) Are GreenLight™ Laser Therapy procedures payable by Medicare in an Ambulatory Surgery Center (ASC)?

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

4) Are GreenLight™ Laser Therapy procedures payable in the office setting?

Yes, CPT 52648 is reimbursed by Medicare in the office setting. We recommend that physicians contact the individual payer before performing a GreenLight Laser Therapy procedure 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 Therapy utilized in other procedures?

For questions regarding other procedures that may utilize GreenLight Laser Therapy please refer to the indications for use, which can be found in the operators manual.

Disclaimer: While AMS has made reasonable efforts to ensure the accuracy of the information set forth herein, AMS does not guarantee reimbursement coverage or amounts for any product or procedure nor does AMS recommend any particular product or procedure for any individual patient. The information described herein is provided solely as a guide for AMS products and is based on publicly available information from CMS. It is the responsibility of the provider to report codes that accurately describe the products, procedures, and individual patient's medical condition(s). Providers should contact the appropriate payers directly if they have questions or need specific information.

AMS does not promote the use of its products outside of the uses or indications as described in the applicable labeling.

Coding Resources:

1. CPT 2014. Current Procedural Terminology. Professional Edition. CPT is a trademark of the American Medical Association
2. HCPCS Level II Expert 2014. Ingenix, Inc. Salt Lake City, UT