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# Medicare

## Coverage Issues Manual

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Department of Health and  
Human Services (DHHS)

HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

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### CHANGE REQUEST 1132

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
35-82 - 35-83	2 pp.	2 pp.

**NEW/REVISED MATERIAL--*EFFECTIVE DATE: October 1, 2000***  
***IMPLEMENTATION DATE: October 1, 2000***

Section 35-82, Pancreas Transplants, is revised to correct the ICD-9-CM code listed for pancreas transplantation from 52.83 to 52.82. Also, since the Balanced Budget Refinement Act of 1999 extended the period of coverage of immunosuppressive therapy following a Medicare covered transplant, we have deleted reference to a 36-month period of entitlement that appeared in this section.

**These instructions should be implemented within your current operating budget. These instructions do not require changes to the standard systems.**

**DISCLAIMER:** The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

## 35-81 TREATMENT OF KIDNEY STONES

Traditional approaches for the treatment of kidney stones are the surgical technique nephrectomy (or nephrotomy) and endoscopic treatments via the urethra. In the last few years, several new approaches in the surgical management of upper urinary tract kidney stones have been developed, among them invasive and non-invasive lithotripsy techniques.

In addition to the traditional surgical/endoscopic techniques for the treatment of kidney stones, the following lithotripsy techniques are also covered for services rendered on or after March 15, 1985.

A. Extracorporeal Shock Wave Lithotripsy.--Extracorporeal Shock Wave Lithotripsy (ESWL) is a non-invasive method of treating kidney stones using a device called a lithotripter. The lithotripter uses shock waves generated outside of the body to break up upper urinary tract stones. It focuses the shock waves specifically on stones under X-ray visualization, pulverizing them by repeated shocks. ESWL is covered under Medicare for use in the treatment of upper urinary tract kidney stones.

B. Percutaneous Lithotripsy.--Percutaneous lithotripsy (or nephrolithotomy) is an invasive method of treating kidney stones by using ultrasound, electrohydraulic or mechanical lithotripsy. A probe is inserted through an incision in the skin directly over the kidney and applied to the stone. A form of lithotripsy is then used to fragment the stone. Mechanical or electrohydraulic lithotripsy may be used as an alternative or adjunct to ultrasonic lithotripsy. Percutaneous lithotripsy of kidney stones by ultrasound or by the related techniques of electrohydraulic or mechanical lithotripsy is covered under Medicare.

The following is covered for services rendered on or after January 16, 1988.

C. Transurethral Ureteroscopic Lithotripsy.--Transurethral ureteroscopic lithotripsy is a method of fragmenting and removing ureteral and renal stones through a cystoscope. The cystoscope is inserted through the urethra into the bladder. Catheters are passed through the scope into the opening where the ureters enter the bladder. Instruments passed through this opening into the ureters are used to manipulate and ultimately disintegrate stones, using either mechanical crushing, transcystoscopic electrohydraulic shock waves, ultrasound or laser. Transurethral ureteroscopic lithotripsy for the treatment of urinary tract stones of the kidney or ureter is covered under Medicare.

## 35-82 PANCREAS TRANSPLANTS

Pancreas transplantation is performed to induce an insulin independent, euglycemic state in diabetic patients. The procedure is generally limited to those patients with severe secondary complications of diabetes, including kidney failure. However, pancreas transplantation is sometimes performed on patients with labile diabetes and hypoglycemic unawareness.

Medicare has had a policy of not covering pancreas transplantation for many years as the safety and effectiveness of the procedure had not been demonstrated. The Office of Health Technology Assessment performed an assessment on pancreas-kidney transplantation in 1994. They found reasonable graft survival outcomes for patients receiving either simultaneous pancreas-kidney transplantation and pancreas after kidney transplantation.

Effective July 1, 1999, Medicare will cover whole organ pancreas transplantation (ICD-9-CM code 52.80, or 52.82, CPT code 48554) only when it is performed simultaneous with or after a kidney transplant (ICD-9-CM code 55.69, CPT code 50360, or 50365). If the pancreas transplant occurs after the kidney transplant, immunosuppressive therapy will begin with the date of discharge from the inpatient stay for the pancreas transplant.

Pancreas transplantation for diabetic patients who have not experienced end stage renal failure secondary to diabetes continues to be excluded from Medicare coverage. Medicare also excludes coverage of transplantation of partial pancreatic tissue or islet cells. There is not sufficient evidence at this time to support a determination that these procedures are reasonable and necessary.

35-83 24-HOUR AMBULATORY ESOPHAGEAL pH MONITORING--(Effective for services performed on or after June 11, 1985.)

Twenty-four hour ambulatory esophageal pH monitoring is a diagnostic procedure involving the placement of an indwelling electrode into the lower esophagus of a patient for the purpose of determining the presence of gastric reflux and measuring abnormal esophageal acid exposure.

Twenty-four hour ambulatory pH monitoring is covered by Medicare for patients who are suspected of having gastric reflux, but only if the patient presents diagnostic problems associated with atypical symptoms or the patient's symptoms are suggestive of reflux, but conventional tests have not confirmed the presence of reflux.

35-84 STEREOTACTIC CINGULOTOMY AS A MEANS OF PSYCHOSURGERY--NOT COVERED

Cingulotomy is a psychosurgical procedure designed to interrupt the interconnecting neuronal pathways of the brain involved in the regulation of the emotions and certain autonomic functions. The intent of psychosurgery is to modify or alter disturbances of behavior, thought content, or mood that are not responsive to other conventional modes of therapy, or for which no organic pathological cause can be demonstrated by established methods.

The operation usually involves bilateral lesions that are placed in the anterior cingulum of the brain. Electrocautery probes are stereotactically inserted through lateral burr holes in the skull. A radio frequency pulsating current is used to ablate the tissue that connects the limbic system to the frontal lobe. Two or three repeat procedures may be performed in the same patient when a satisfactory result has not been achieved with the first cingulotomy.

Stereotactic cingulotomy is not covered under Medicare because the procedure is considered to be investigational.

35-85 IMPLANTATION OF AUTOMATIC DEFIBRILLATORS

The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillating. Effective for services performed on or after January 24, 1986 through July 1, 1991, the implantation of an automatic defibrillator (ICD-9 -CM codes 37.94-37.96 or CPT code 33246) is a covered service only when used as a treatment of last resort for patients who have had a documented episode of life-threatening ventricular tachyarrhythmia or cardiac arrest not associated with myocardial infarction. Patients must also be found, by electrophysiologic testing, to have an inducible tachyarrhythmia that proves unresponsive to medication or surgical therapy (or be considered unsuitable candidates for surgical therapy). It must be emphasized that unless all of the above described conditions and stipulations are met in a particular case, including the inducibility of tachyarrhythmia, etc., implantation of an automatic defibrillator may not be covered.

Effective for services performed on or after July 1, 1991, the implantation of an automatic defibrillator is a covered service for patients who have had a documented episode of life-threatening ventricular tachyarrhythmia or cardiac arrest not associated with myocardial infarction.