

TRANSMITTAL #: 78
DATE: 10/22/2004
TRICARE CHANGE #: N/A

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 29.7
TITLE: LAPAROSCOPIC SURGICAL PROCEDURES

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(i)

I. EFFECTIVE DATE

December 18, 1993

II. DESCRIPTION

An endoscopic surgical technique which employs the use of a laparoscope.

III. POLICY

A. Benefits may be extended for laparoscopic surgical procedures without laser when determined to be medically necessary.

B. Benefits may be extended for laparoscopic surgical procedures with laser when the laser has been approved by the FDA (Food and Drug Administration) for general use in humans and the laparoscopic procedure is determined to be medically necessary.

C. Reimbursement for procedures performed laparoscopically will not exceed the CHAMPVA allowable for the equivalent procedure when done non-laparoscopically.

D. Reimbursement will be based on the methodology in place where the service is rendered.

E. Reimbursement will not be made for a second surgical procedure that is integral and similar to the original procedure (the laparoscopic procedure), an example would be a bill for a patient who had a failed laparoscopic cholecystectomy and then had an excisional cholecystectomy. Payment will be made for the laparoscopic cholecystectomy (the first procedure, even though it failed). Secondary procedures will be denied with an EOB (Explanation of Benefits) message, "charge included with a paid service."

END OF POLICY