

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 16.8
TITLE: QUESTIONABLE PROCEDURES AND TESTS

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 100.4(199.4(c)(ii))

TRICARE POLICY MANUAL: Chapter 8, Section 10.1

I. EFFECTIVE DATE

December 29, 1982

II. PROCEDURE CODE(S)

20920, 20922, 37650, 58400, 58410, 60600, 60605, 61711, 61870, 61875, 64809, 64818, 89399, and 93799

III. DESCRIPTION

Questionable procedures and tests are those which require justification of medical need.

IV. POLICY

A. Claims for the following procedures and tests will be developed and referred to medical review on a prepayment basis.

<u>CPT-4</u>	<u>Procedure</u>
1. 20920	Fascia lata graft; by stripper when used to treat lower back pain.
2. 20922	Fascia lata graft repair by incision and area exposure, complex or sheet when used to treat lower back pain.
3. 37650	Interruption, partial or complete, of femoral vein, by ligation, intravascular device; unilateral and bilateral when used to treat post-phlebotic syndrome (see Chapter 2, Section 35.1 , <i>Female Genital System</i> .)

<u>CPT-4</u>	<u>Procedure</u>
4. 58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure).
5. 58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligament(s); with presacral sympathectomy.
6. 60600	Excision of carotid body tumor without excision of carotid artery when used to treat asthma.
7. 60605	With excision of carotid artery when used to treat asthma.
8. 61711	Anastomosis arterial, extracranial-intracranial (e.g., middle cerebral/cortical arteries) when used to treat stroke.
9. 61870	Craniectomy, for implantation of neurostimulator electrodes, cerebellar; cortical when used to treat cerebral palsy.
10. 61875	Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical when used to treat cerebral palsy.
11. 64809	Sympathectomy, thoracolumbar; unilateral and bilateral when used to treat hypertension.
12. 64818	Sympathectomy, lumbar; unilateral and bilateral when used to treat hypertension.
13. 89399	Basal metabolic rate (BMR).

V. POLICY CONSIDERATIONS

CPT codes 58400 and 58410 (uterine suspension) were listed for 100% denial from 1977 through 1992. These procedures now may be cost shared if medically necessary. Effective with the CMAC update for 1997, codes 93201-93209 were removed from this list and are to be denied in all instances.

END OF POLICY