

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-03 Medicare National Coverage Determinations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 61	Date: NOVEMBER 24, 2006
	Change Request 5294

SUBJECT: Cavernous Nerves Electrical Stimulation with Penile Plethysmography

I. SUMMARY OF CHANGES: CMS has reviewed the evidence and determined that Cavernous Nerves Electrical Stimulation with Penile Plethysmography is not reasonable and necessary for Medicare beneficiaries undergoing nerve-sparing prostatic or colorectal surgical procedures. Therefore Medicare does not pay for this test as specified in section 1862(a)(1)(A) of the Social Security Act and section 160.26 of Pub.100-03, the NCD Manual.

This addition of section 160.26 of Pub.100-03 is a national coverage determination (NCD). NCDs are binding on all carriers, fiscal intermediaries, quality improvement organizations, qualified independent contractors, the Medicare Appeals Council, and administrative law judges (ALJs) (see 42 CFR section 405.1060(a)(4) (2005)). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an ALJ may not review an NCD. (See section 1869(f)(1)(A)(i) of the Social Security Act.)

NEW / REVISED MATERIAL

EFFECTIVE DATE: AUGUST 24, 2006

IMPLEMENTATION DATE: January 8, 2007

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	1/Table of Contents
N	1/160.26/Cavernous Nerves Electrical Stimulation with Penile Plethysmography - Effective August 24, 2006

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R E R	D M R I C	R E H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	includes the following language: Under "Items or Service" Section: Cavernous Nerves Electrical Stimulation with Penile Plethysmography. Under "Because" Section: As specified in §160.26 of the Medicare NCD Manual, Medicare will not pay for this test as it is not reasonable and necessary for Medicare beneficiaries undergoing nerve-sparing prostatic or colorectal surgical procedures.											
5294.3.1.1	Contractors shall advise physicians that they will be liable if an ABN is not issued.	X			X							
5294.3.2	Contractors shall advise hospitals billing beneficiaries for this test to issue a Hospital Issued Notice of Noncoverage (HINN) Letter 11 contained in Transmittal 982 of the Medicare Claims Processing Manual (Pub 100-4) issued on June 16, 2006 (CR 5070).	X		X								
5294.4	Contractors shall suspend claims containing HCPCS code 55899 to determine whether this test is the service being billed.	X			X							
5294.5	Contractors shall deny the line item associated with this test.	X			X							
5294.6	Contractors shall use the appropriate messages when denying claims.	X			X							
5294.6.1	If an ABN was issued, use: Medicare Summary Notice number 16.10: "Medicare does not pay for this item or service." (English version) or "Medicare no paga por este artículo o servicio." (Spanish version) Medicare Summary Notice number 36.1: "Our records show that you were informed in writing, before receiving the service, that Medicare would not pay. You are liable for this charge. If you do not agree with this statement, you may ask for a review." (English version)	X			X							

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B	D M E	F I	C A R R E R	D M R I C	R E H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	<p>or</p> <p>“Nuestros archivos indican que usted fue informado por escrito, antes de recibir el servicio, que Medicare no pagaría. Usted es responsable por esta cantidad. Si usted no está de acuerdo, usted puede pedir una revisión.” (Spanish version)</p> <p>Claim Adjustment Reason Code 50: “These are non-covered services because this is not deemed a “medically necessity” by the payer.”</p> <p>Group Code PR: “Patient Responsibility.”</p>											
5294.6.2	<p>If an ABN was not issued, use:</p> <p>Medicare Summary Notice number 16.10: “Medicare does not pay for this item or service.” (English version) or “Medicare no paga por este artículo o servicio.” (Spanish version)</p> <p>Medicare Summary Notice number 36.2: “It appears that you did not know that we would not pay for this service, so you are not liable. Do not pay your provider for this service. If you have paid your provider for this service, you should submit to this office three things: (1) a copy of this notice, (2) your provider’s bill, and (3) a receipt or proof that you have paid the bill. You must file your written request for payment within 6 months of the date of this notice. Future services of this type provided to you will be your responsibility.” (English version) or “Aparentemente, usted no sabia que</p>	X			X							

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	D M R I C	R E H I C	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
	"Contractual Obligations."										
5294.7	Contractors shall not search for and adjust claims for tests that have been paid prior to the implementation date. However contractors shall adjust claims brought to their attention.	X		X	X						

III. PROVIDER EDUCATION

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	D M R I C	R E H I C	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
5294.8	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X	X						

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use the space below:

V. CONTACTS

Pre-Implementation Contact(s):

Coverage: Bill Larson at william.larson@cms.hhs.gov or 410-786-4639.

Provider Claims Processing: Valeri Ritter at valeri.ritter@cms.hhs.gov or 410-786-8652 and Sarah Shirey-Losso at sarah.shirey-losso@cms.hhs.gov or 410-786-0187.

Physician Claims Processing: Rhem Gray at rhem.gray@cms.hhs.gov or 410-786-6986.

Post-Implementation Contact(s): Regional office

VI. FUNDING

A. TITLE XVIII Contractors:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. Medicare Administrative Contractors:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare National Coverage Determinations Manual

Chapter 1, Part 2 (Sections 90 – 160.25)

Coverage Determinations

Table of Contents

(Rev. 61, 11-24-06)

*160.26 - Cavernous Nerves Electrical Stimulation With Penile Plethysmography -
Effective August 24, 2006*

***160.26 - Cavernous Nerves Electrical Stimulation with Penile Plethysmography - Effective August 24, 2006
(Rev.61, Issued: 11-24-06, Effective: 08-24-06, Implementation: 01-08-07)***

A. General

In nerve-sparing prostatic and colorectal surgical procedures, the assessment of the function of the cavernous nerves by direct application of electrical stimulation with penile plethysmography is a diagnostic test, also referred to as cavernosal nerve mapping, which may be performed to assess the integrity of the cavernous nerves. Through an open or laparoscopic procedure, the surgeon may want to assess the function of the cavernous nerves by stimulating the most distal end of the nerve that can be located by using an electrical nerve stimulator. The presence of a response and the degree of the response may be used to provide the surgeon with a more realistic assessment of the chance of the patient regaining potency and assist in choosing appropriate therapy.

B. Nationally Covered Indications

Not applicable.

C. Nationally Non-Covered Indications

Effective August 24, 2006, Cavernous Nerves Electrical Stimulation with penile plethysmography is non-covered under Medicare. CMS reviewed the evidence and determined that this test is not reasonable and necessary for Medicare beneficiaries undergoing nerve-sparing prostatic or colorectal surgical procedures.

D. Other

Also see §20.14, Plethysmography.

(This NCD last reviewed September 2006.)