

Subject: Cholecystectomy**Medical Policy #:** 3.9**Status:** Reviewed**Original Effective Date:** 05/17/2010**Last Review Date:** 12-13-2023

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Cholecystectomy is the surgical excision of the gallbladder. With traditional (open) cholecystectomy, the gallbladder is removed through a large abdominal incision. Laparoscopic cholecystectomy uses a laparoscope to remove the gallbladder. Several small incisions are used rather than one large incision.

Coverage Determination

Prior Authorization is not required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Presbyterian follows MCG Criteria: MCG S-365 Cholecystectomy by Laparoscopy **for Commercial and Medicaid**. Due to contractual restrictions, providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

Presbyterian follows Laparoscopic Cholecystectomy ([NCD 100.13](#)) **for Medicare**.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT code	Description
47562	Laparoscopy, surgical; cholecystectomy
47563	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD

Medical Director: Ana Maria Rael MD

Date Approved: 12-13-2023

References

1. MCG Health Inpatient & Surgical Care, 27th Edition, ORG: S-365 Cholecystectomy by Laparoscopy, Last update: 9/21/2023. [Cited 10/09/2023]
2. CMS, National Coverage Determination (NCD) for Laparoscopic Cholecystectomy ([100.13](#)), Effective Date: 11/18/1991, Version 1, revised 04/1992. [Cited 10/09/2023]

Publication History

- 01-27-16: Stopped use of MCG. Original effective date of new Pres policy
- 03-22-17: Annual Review. No changes.
- 07-31-19: Annual Review. No change to continue using MCG criteria; however, removed criteria wording due to proprietary restriction purchased agreement
- 11-18-20: Annual Review. No change. Reviewed by PHP Medical Policy Committee 12/16/2020. Continue using follows MCG Criteria: MCG S-365 for Commercial and Centennial and Medicare MCG N10013v1 or [NCD 100.13](#). Added code 47564 to policy. Codes 47562, 47563, & 47564 will remain on PA grid for all LOBs.
- 11-17-21: Annual Review. Reviewed by Medical Policy Committee on 10/08/2021 and agreed to no change. Continue to follow NCD 100.13 for Medicare. Commercial and Centennial will continue to follow MCG S-365. Continue PA for 47562, 47563, 47564 based on the 2019 benchmark which shows between high and average for

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

- commercial; and Medicare is between average to low.
- 11-16-22 Annual Review. Reviewed by PHP Medical Policy Committee 09-30-2022. Continue to follow MCG for non-Medicare and NCD 100.13 for Medicare. Prior authorization will no longer be required for 47562, 47563, and 47564 for all lines of business.
- 12-13-23 Annual Review. Reviewed by PHP Medical Policy Committee 10/11/2023. Continue to follow MCG for non-Medicare and NCD 100.13 for Medicare. Continue no prior authorization requirement 47562, 47563, and 47564 for ALOB.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.