

Internal Medicine Coding Alert

Reader Question: Check Payer Policy Before Filing TEB Test Code

Question: Some insurers are not accepting claims for thoracic electrical bioimpedance (TEB) procedures. We have the equipment in the office and typically use the test on patients with heart trouble. Why do some insurers pay for this service and others deny it?

West Virginia Subscriber

Answer: Among insurance carriers, coverage of TEB tests is spotty. The best way to ensure TEB test payment is to check with the insurer or Medicare carrier before reporting the test (93701, Bioimpedance, thoracic, electrical) on a claim.

Reason: Some Medicare carriers and commercial companies still consider the test "investigational" and therefore don't recognize the test. And many of the insurers that do cover 93701 have very specific medical- necessity guidelines. For example, most Medicare carriers that accept 93701 only do so when the physician performs the test to:

- determine cardiogenic and pulmonary causes of acute dyspnea. Medicare will pay the code if you prove the internist tried to make that distinction using standard assessment tools (medical history, physical exam, etc.) before resorting to TEB.
- improve fluid management in congestive heart failure patients. The internist must try to improve fluid management with standard assessment tools (medical history, physical exam, etc.) before resorting to TEB.
- maximize atrioventricular (A/V) intervals for patients who have A/V sequential cardiac pacemakers. Again, the internist must try to make that distinction using standard assessment tools (medical history, physical exam, etc.) before resorting to TEB.
- monitor continuous inotropic therapy for terminal congestive heart failure patients. Medicare pays 93701 if the patient has chosen to die at home or is at home waiting for a transplant donor.
- evaluate heart transplant patients for rejection.
- manage drug-resistant hypertension. Before performing TEB for these patients, the physician should try to achieve goal blood pressure via full doses of a three-drug regimen.

ICD-9 alert: You should always base your diagnosis coding on the internist's encounter notes. Below is a list of some ICD-9 codes that might prove medical necessity for 93701 (check individual carrier policies for their complete lists of acceptable diagnoses):

- 401.0 -- Malignant essential hypertension
- 402.11 -- Benign hypertensive heart disease with heart failure
- 416.0 -- Primary pulmonary hypertension
- 416.1 -- Kyphoscoliotic heart disease.

For more information on coding TEB tests, see these Web sites:

www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=5979&lcd_version=16&show=all

www.cms.hhs.gov/Transmittals/downloads/R63NCD.pdf.