

## Part B Insider (Multispecialty) Coding Alert

### CARDIOLOGY: Cardiology Practices Gain A Leg Up In Diagnosing ICD Patients

#### But Medicare won't expand coverage for ECP after all

Soon you'll be able to bill for a valuable diagnostic test for your patients who are at risk for sudden cardiac death (SCD).

The **Centers for Medicare & Medicaid Services** will cover Microwave T-Wave Alternans (MTWA) to help decide if your patients are candidates for implantable cardioverter defibrillator (ICD) treatment. After six months of analysis of clinical studies and a 30-day comment period over the past summer, CMS decided MTWA is reasonable and necessary.

**Details:** CMS will only cover MTWA when you use the spectral analysis method.

**The reason:** Patients with symptoms of life-threatening arrhythmias are at higher risk for SCD if they test positive for T-Wave Alternans, CMS says. The T-wave is a portion of the electrocardiogram (EKG). Sudden cardiac death accounts for half of all cardiac deaths. Until now, your local carrier decided whether or not to cover MTWA.

But CMS will not expand coverage for external counterpulsation therapy (ECP), which it already covers for patients with angina who are risky candidates for surgery (see PBI, Vol. 6, No. 24.) Two companies had asked CMS to expand coverage to include patients with some types of angina, heart failure, acute myocardial infarction (MI) and cardiogenic shock. CMS said the studies and other evidence the companies presented weren't conclusive.

**Good news:** In a separate decision, CMS said there's enough evidence to show that cardiac rehabilitation programs are reasonable and necessary for patients who've had:

- acute MI,
- coronary artery bypass graft,
- stable angina pectoris,
- heart valve replacement or repair,
- percutaneous transluminal coronary angioplasty or coronary stenting, or
- heart or heart and lung transplant.

But CMS said it wouldn't cover cardiac rehab for patients with congestive heart failure.

**Details:** Cardiac rehab is a long-term comprehensive program that includes medical evaluation, prescribed exercise, cardiac risk-factor modification, education and counseling. A "Phase II" cardiac rehab program includes medical supervision and EKG monitoring, and usually begins one to three weeks after discharge from the hospital.

Medicare will cover up to 36 sessions of cardiac rehab, with most patients receiving two to three sessions per week. The carrier can choose to cover up to 36 more sessions after the patient reaches the limit.