

Part B Insider (Multispecialty) Coding Alert

CMS Expands Coverage for Lung Surgery

Sometimes the difference between a comma and a dash can mean the world.

In a 2001 rule on laboratory services, the Centers for Medicare & Medicaid Services intended to say that it would cover lipid testing for hypertension, including 401.0, 401.1 and 401.9. Unfortunately, the rule used a comma between 401.0 and 401.9 instead of a dash, so 401.1 wasn't a covered diagnosis.

It's only taken CMS two years to fix this error, in National Coverage Analysis 00188N. While it was addressing the issue, CMS also said it would now cover lipid tests for patients with "any disease leading to the formation of arteriosclerotic disease."

CMS issued a decision memorandum on lung volume reduction surgery, in which CMS decided to cover LVRS for non-high-risk patients who meet the guidelines of the National Emphysema Treatment Trial and present with severe upper lobe emphysema. But CMS concluded LVRS isn't reasonable or necessary for high-risk patients with severe emphysema, meaning ones with a forced expiratory volume that is 20 percent or less of expected volume. All other indications for LVRS remain uncovered as well.

CMS opened a new coverage process on prothrombin time and partial thromboplastin time. CMS says narrative indications for these procedures include "swollen extremity with or without prior trauma." But the list of ICD-9 codes covered for these procedures doesn't include 729.81, which corresponds to that description. You have until Sept. 15 to comment on whether CMS should add that diagnostic code.

CMS reopened the coverage process on automatic implantable cardiac defibrillators to allow their coverage as part of national clinical trials.

CMS reopened the comment period on radioimmunotherapy for non-Hodgkin's lymphoma. CMS narrowed its ongoing review to consider only the off-label uses of Zevalin, approved by the Food and Drug Administration to treat certain forms of NHL. CMS is also adding off-label uses of Bexxar to the coverage review. You have until Sept. 5 to comment on these two therapies.

CMS agreed to reconsider its national noncoverage for ocular photo-dynamic therapy with verteporfin for macular degeneration. The Medicare Coverage Advisory Committee will convene Sept. 9 to consider this issue. CMS agreed to reconsider the topic back in May as part of an attempt to settle ongoing litigation.