

Part B Insider (Multispecialty) Coding Alert

Coverage: CMS Adds Another Annual Screening Test to Arsenal

Get ready to bill for once-a-year iFOBT tests

It's one thing to add a new [CPT code for](#) a technology; it's another thing altogether to reimburse it. Coders have learned this the hard way. Luckily, Medicare has expanded coverage for one crucial benefit.

The Centers for Medicare & Medicaid Services will cover immunoassay fecal-occult blood tests (iFOBTs) available as a screening benefit to Medicare beneficiaries over 50. The new test should help detect colorectal cancer, the fourth most common cancer in men and women in the U.S. and the second leading cause of cancer mortality.

CMS decided to cover iFOBTs annually as an alternative to the guaiac FOBT test, after a technology assessment from the Agency for Healthcare Research and Quality and consultation with other organizations. The immunoassay FOBT requires fewer specimens than the guaiac test and doesn't impose any dietary restrictions, making it more patient-friendly, CMS says.

Studies have shown that early detection and treatment can drastically reduce mortality from colorectal cancer. Medicare has covered gFOBT since 1998.

CMS also announced decision memos on:

1. Serum iron studies. CMS agreed with requesters who asked it to add several new ICD-9 codes to the diagnoses that would prove medical necessity for these studies: hypertensive renal disease codes 403.01, 403.11 and 403.91; and hypertensive heart and renal disease 404.02, 404.03, 404.12, 404.13, 404.92, and 404.93. CMS decided these codes "flow from the existing narrative for conditions for which serum iron testing is reasonable and necessary."

CMS says its previous national coverage decision for serum iron studies stated that "serum ferritin may be appropriate for monitoring iron status in patients with chronic renal disease with or without dialysis." So CMS has decided to cover the codes for renal disease failure caused by hypertension, including the newly added codes.

Clinicians can use serum iron tests to evaluate iron deficiencies in disorders of iron metabolism. Iron deficiency is the most common cause of anemia, CMS states.

2. Stem cell transplantation. Stating that the current NCD for stem cell transplantation includes several incomplete and out-of-date ICD-9 and CPT codes, CMS decided to remove the coding information from the NCD altogether. These codes have altered over time, and CMS receives requests for clarification occasionally, so it's simplifying things by taking out the info completely.
3. Magnetic resonance spectroscopy. This procedure measures the concentration of specific metabolites within a predetermined volume of brain tissue and may help to diagnose space-occupying lesions in the brain. CMS now doesn't cover MRS, but the American College of Radiology requested coverage for two indications: cerebral tumor versus abscess or other infectious or inflammatory process, and cerebral tumor versus radiation necrosis.

But a technology assessment by the AHRQ found that out of 85 published studies on MRS, only a few addressed patient outcomes. Most found the procedure technically feasible, but the literature provides very little evidence of improved patient outcomes, the AHRQ complained.

Editor's note: You can read the decision memorandum on iFOBTs at www.cms.gov/ncdr/tracksheet.asp?id=87.

