Part B Insider (Multispecialty) Coding Alert

Coverage Corner: New Policies Target Endoscopy, Angiography

Keeping on top of the latest local medical review policies can spell the difference between reimbursement and ruin. Here's a roundup of some of the latest draft policies to come across the radar from carriers.

Cahaba GBA unveiled the following new LMRPs:

Transpupillary thermotherapy (0016T) will be covered in Mississippi for exudative senile macular degeneration, malignant neoplasm of the retina, malignant neoplasm of the choroid, benign neoplasm of the retina, and benign neoplasm of the choroid. Cahaba won't cover the therapy for non-exudative senile macular degeneration. You have until Aug. 30 to comment.

Reduction mammaplasty (**CPT 19318**) will be covered in Mississippi only for patients who show signs and symptoms resulting from macromastia, such as back pain or neck pain for at least six months, with causes other than the weight of the breasts eliminated. Cahaba won't set specific weight guidelines for breast-tissue resection or reduction in bra-cup size because these aren't correlated to the relief of symptoms.

Pachymetry of the cornea (0025T) won coverage in Georgia for patients with Fuch's endothelial dystrophy, bullous keratopathy, posterior polymorphous dystrophy, corneal rejection post-penetrating keratoplasty, corneal edema, elevated intraocular pressure, or enlarged cup-disc ratios of greater than 0.3. The test must be integral to medical decision-making. It's not covered to evaluate refractive errors and isn't valid preoperatively or postoperatively for patients unless they're having corneal transplants.

National Heritage Insurance Co. released draft LMRPs for magnetic resonance angiography (74185 and 71555). NHIC wants to expand coverage to include imaging the renal arteries and the aortoiliac arteries in the absence of abdominal aortic aneurysm or aortic dissection. Use MRA as an alternative to contrast imaging techniques, if physician history, physical exams and standard assessment tools don't provide enough information to manage the patient. MRA should have a "high probability of positively affecting patient management."

NHIC will also cover MRA for evaluation of thoracic aortic dissection and aneurysm, but if you perform both MRA and a contrast imaging, the physician must demonstrate the medical need for both tests.

But NHIC balks at covering MRA for pulmonary embolism, citing insufficient clinical evidence. It'll only cover MRA for these patients if they can't receive intravascular iodinated contrast material. You have until Aug. 20 to comment.