

Part B Insider (Multispecialty) Coding Alert

Coverage: Electrocardiography Isn't Just For Standing Still Any More

Ambulatory monitors, 24-hour attendance, gain Medicare payments

Your doctors could be receiving payments for keeping tabs on electrocardiography monitors soon, thanks to a new coverage decision.

The **Centers for Medicare & Medicare Services** laid down a framework for carriers to decide whether and how to cover ambulatory cardiac monitoring devices, which patients often wear for up to 24 hours in an outpatient setting. These devices monitor the patients while they're involved in daily activities, including sleep, and create a record for the physician of symptoms of cardiac arrhythmias such as syncope, dizziness, chest pain, palpitations or shortness of breath.

One use for the devices is to see whether anti-arrhythmia drugs are working. These devices include Holter monitors, which capture a 24-hour record on tape or digital storage, and then the physician interprets the computer analysis. Some devices allow the patient to transmit data by telephone to a receiving center where a technician can interpret it. And if the data goes outside pre-set criteria, a physician will be on call to make decisions.

CMS didn't decide which devices to cover, or give the carriers specific instructions. Instead, the agency just gave carriers a framework to divide the devices into categories. For example, CMS' framework divides devices into patient-activated recorders versus non-activated continuous recorders such as the Holter. Patient-activated recorders are divided depending on whether they have a "pre-symptom memory loop," and whether there's a technician and physician on call to look at results in real time.

Medicare paid \$22.7 million for ambulatory electrocardiographic monitoring in 2001. The most common diagnoses for these devices were palpitations, followed by syncope and collapse.

CMS also posted public comments it had received on:

1. Aprepitant, also known as Emend, which is a new treatment for chemotherapy-induced emesis. This is the first of a new type of drug, a neurokinin-1 (NK1) agent. CMS asked for comments on whether it should cover Emend instead of other treatments. Commenters responded that Emend wasn't always effective, and should be covered only as an adjunct to other treatments for chemotherapy-induced emesis.
2. Abarelix, a new prostate cancer-treating drug also known as Plenaxis, which has received **Food and Drug Administration** approval. But because of fears about allergic reactions, the drug is currently only covered in a special manufacturer program called Plenaxis PLUS. One commenter said CMS should issue a national coverage determination covering all drugs classified as gonadotropin releasing hormone antagonists, including Plenaxis, Lupron and Zoladex.