Part B Insider (Multispecialty) Coding Alert

Coverage: Electromagnetic Therapy Now Covered for Wound Healing

But CMS kicked the ball down the field on blood-derived products

If your practice provides chemotherapy or wound therapy, some recent national coverage decisions from the Centers for Medicare & Medicaid Services could be important. In the past month or so, CMS has unveiled coverage decisions for the following issues:

Autologous blood-derived products for chronic nonhealing wounds. CMS decided not to cover a platelet-derived wound-healing formula known as Procuren back in 1994, but since then a number of other products have come on the market and it's not clear if CMS covers them. In a December decision memo, CMS clarified that it doesn't think there's enough evidence to cover any blood-derived products for wound-healing.

Electrostimulation for wounds. For the past couple of years, CMS has covered e-stim, but not electromagnetic therapy. In a December memo, CMS changed its tune and decided to cover electromagnetic therapy as well, on the grounds that the results are similar to those achieved by e-stim. But CMS won't cover electromagnetic therapy for any circumstances for which it doesn't already cover e-stim.

Oxaliplatin (Eloxatin) and Irinotecan (Camptosar) for colorectal cancer. The Food and Drug Administration approved Oxaliplatin in combination with 5-fluorouracil (5-FU) and leucovorin for patients with colorectal cancer whose disease has recurred or become worse after an initial therapy of Irinotecan with 5-FU and leucovorin. The FDA didn't approve Oxaliplatin for patients with newly diagnosed colorectal cancer. CMS decided to start the NCD process for this drug to figure out how to cover it, in light of the potential impact on the Medicare program. CMS has met with industry reps and received input on off-label uses of Oxaliplatin, and has extended the decision date until the end of January to allow more time to consider.

FDG positron emission tomography and other neuroimaging devices, for suspected dementia. Back in April, CMS said it wouldn't cover PET scans and other scans for suspected Alzheimer's and other dementia patients. The University of California at Los Angeles asked for a more restrictive coverage determination that would allow the use of FDG PET scans only to diagnose early dementia or in patients for whom other symptoms confounded a dementia diagnosis. CMS extended the deadline to decide this until after an April meeting on the issue.