

Part B Insider (Multispecialty) Coding Alert

Coverage: Pacemaker Implantation Is No Longer Experimental

But renal failure no longer justifies urine culture

If your practice treats patients with diabetes, renal failure or cardiac problems, then the latest set of coverage announcements from the **Centers for Medicare & Medicaid Services** could be important to you.

On its coverage homepage at www.cms.hhs.gov/coverage, CMS:

announced its intention to remove ICD9 Codes 584.5 (Acute renal failure with lesion of tubular necrosis) 584.9 (Acute renal failure, unspecified) and 586 (Unspecified renal failure) from the list of covered diagnoses for bacterial urine cultures. CMS decided that these diagnoses "do not flow" from the narrative indications in the national coverage decision for bacterial urine cultures.

Renal failure as a condition doesn't justify obtaining a urine culture, CMS insisted despite one comment asking it to maintain the diagnoses. You should bill for a urine culture if the patient had signs of a urinary tract infection or suspected urosepsis. Also, you can bill for it if the physician needs to detect occult infection before major manipulations of the genitourinary tract or in renal transplant patients on immunosuppressive therapy.

unveiled a decision memo stating that CMS will no longer view pacemaker implantation as an experimental procedure. Thus, CMS will revise its instructions to focus on the indications for pacemaker use rather than the implantation procedure itself. So far, CMS isn't reviewing the specific provisions of its coverage policy that set forth conditions for cardiac pacing to be "reasonable and necessary."

opened a tracking sheet on C-peptide levels as a criterion for using insulin pumps. Currently, CMS pays for continuous insulin infusion pumps for patients with C-peptide levels less than or equal to 110 percent of the lower limit of normal of the lab's measurement method. But CMS has lingering questions about the role of insulin pumps for Type II diabetics and the impact of renal dysfunction on C-peptide values. You have until May 1 to submit comments.

opened a tracking sheet on a request to expand coverage for implantable cardiac defibrillators to include the population being studied in the **National Institutes of Health**-sponsored "Sudden Cardiac Death in Heart Failure Trial." You have until April 30 to comment.

decided to reevaluate the criteria for patients with obstructive sleep apnea requiring continuous positive airway pressure (CPAP) therapy. Currently, CMS requires a facility-based sleep laboratory to perform a polysomnography, but a physician requested that CMS allow portable multi-channel home sleep testing devices. You have until May 10 to comment.