

Part B Insider (Multispecialty) Coding Alert

Low Osmolar Contrast: Yet Another Coding Flip-Flop Leads to Reinstatement

It makes you wonder how the Centers for Medicare & Medicaid Services will cope once there is no more 90-day grace period for coding changes.

CMS has made a habit of bringing back codes that it just canceled, just before their final expiration dates. For example, CMS recently reprieved J0880 (Injection, darbepoetin alfa, 5 mcg), which was deleted as of Jan. 1. Now CMS has announced that the three codes it deleted for low osmolar contrast material (A4644-A4646) would be returned to use. In this case, the replacement code, A9525, will go away.

Next year, CMS won't have the luxury of deleting codes and then deciding during the grace period to restore them. When a HCPCS Code goes away next January, it won't be billable the next day, and the disruption will be greater if CMS decides to reverse itself.

Why did CMS decide to resurrect the three LOCM codes? Its only explanation in Jan. 23 Transmittal 45 was that the new code "may result in incorrect coding."

The answer appears to lie in dosages. A4644 covers 100-199 mg of iodine, A4645 includes 200-299 of iodine, and A4646 includes 300-399 mg of iodine. The new code only has units of 10 mg of iodine, meaning that 399 mg of iodine would require 39 units of it. "The other ones broke it down [by dosages], and suddenly you had one code," says consultant **Lori Hendrix** with Coding Strategies in Powder Springs, Ga.

Most carriers have local coverage decisions on LOCM, listing diagnoses for which the contrast material will be separately covered along with a CT scan. Generally, according to Cahaba GBA, patients should have a "history of previous adverse reaction to contrast media," or asthma, allergy, significant cardiac dysfunction, severe debilitation, sickle-cell disease or renal dysfunction.

The main requirement is that the condition necessitating the use of LOCM should be pre-existing, Hendrix says.