

Part B Insider (Multispecialty) Coding Alert

Part B Payment: CMS Halts Pay for IDET, Other Thermal Intradiscal Procedures

New NCD confirms that no Medicare carrier will reimburse you for these procedures.

If you were counting on 2009 to be the year when CMS brought good news to cure your thermal intradiscal procedure payment woes, it's time to pin your hopes on 2010 -- or later.

Earlier this year, CMS initiated a national coverage analysis regarding thermal intradiscal procedures, or TIPS, to determine whether these procedures should be payable. On Dec. 8, CMS decided to end the waiting game, and issued a national coverage determination (NCD) on the topic.

According to the NCD, "the decision was made that TIPS are non-covered for Medicare beneficiaries."

What is TIPS? The term "TIPS" refers to percutaneous intradiscal techniques using devices that employ radiofrequency energy or electrothermal energy to create heat and/or disruption in the disc, according to the NCD. This description includes the following procedures, among others:

- Intradiscal electrothermal therapy (IDET)
- Intradiscal thermal annuloplasty (IDTA)
- Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT)
- Radiofrequency annuloplasty (RA)
- Intradiscal biacuplasty (IDB)
- Percutaneous disc decompression (PDD) or ablation
- Targeted disc decompression (TDD).

"Not only are the TIPS procedures non-covered, but any fluoroscopic or radiologic guidance performed with the TIPS will be denied as well, according to the NCD," says **Jay Neal**, an Atlanta-based coding consultant.

Other Payers May Consider Ban

Because other insurers tend to follow Medicare's lead regarding coverage decisions, it's possible that your private payer may start rejecting claims for TIPS as well.

"I am aware of at least two workers' compensation insurers that have been paying for IDET for about a year now," says **Heather Corcoran** with CGH Billing.

"I've told the practices that bill this procedure to keep an eye out for any potential coverage changes with those two payers," Corcoran advises. "This is probably good advice for anyone who bills these services."

To read the complete coverage decision, visit the CMS Web site at www.cms.hhs.gov/transmittals/downloads/R1646CP.pdf.

