

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: More Patients Will Hear Good News About Cochlear Implants

Triple-threat drug combo will target nausea and vomiting

Medicare expanded its coverage for cochlear implant devices to include patients with open-set recognition test scores of less than 40 percent correct, the **Centers for Medicare and Medicaid Services** announced.

Previously, CMS required test scores of 30 percent correct or less for coverage. Also, Medicare will cover the devices for patients with test scores between 40 and 60 percent if they participate in an approved clinical trial.

Separately, CMS will cover a third drug to prevent nausea and vomiting among at-risk chemotherapy patients. The additional coverage for aprepitant, also known as Emend, will allow physicians to prescribe a three-drug combination that may relieve symptoms more effectively than the two already-covered drugs. Physicians administer the three-drug combo before chemotherapy, followed by extra doses afterward.

1. **Medicare also will cover off-label** uses of four chemotherapy drugs in approved clinical trials. Providers can use oxaliplatin, irinotecan, cetuximab and bevacizumab for non-**Food and Drug Administration** approved uses as long as the trials are sponsored by the **National Cancer Institute** and approved by CMS, according to Transmittal 512, issued March 28.
2. **Pay-for-performance systems** should make reporting and tracking the data elements that they require easy, the **Medical Group Management Association** insists. P4P programs also should provide for voluntary, not mandatory, provider participation, and make sure that they implement all incentives in a "fair and equitable" way, according to the P4P principles adopted by MGMA's board.
3. **Medicare pays much less for** the same services in an ambulatory surgery center than in a hospital outpatient department, according to a new survey from the **Moran Company**. The average ASC claim cost \$320 less than it would have in the outpatient department, and Medicare will save \$1.1 billion on services performed in an ASC instead of outpatient departments, according to the "apples-to-apples" comparison commissioned by the **Federated Ambulatory Surgery Association**.

Also, Medicare could save another \$1.6 billion if more services happened in the ASC instead of the hospital outpatient department, Moran found.

4. CMS corrects Type of Service (TOS) indicators for a number of codes in Transmittal 511, issued March 28.