

Part B Insider (Multispecialty) Coding Alert

TRANSMITTALS: Speak Up To Keep Bad Local Policies From Spreading

Stop using the obsolete QV modifier for PET scans

If you like your carrier's Local Coverage Determination (LCD) for a particular service, now you can encourage Medicare to adopt it nationally.

New LCDs may be eligible to be National Coverage Determinations (NCD) starting on June 19, according to Transmittal 147, dated May 19. The **Centers for Medicare & Medicaid Services** will decide which LCDs to make into NCDs, based on: their net impact on clinical health outcomes, whether current national utilization patterns seem unreasonable or unnecessary, quality, access to care, and impact on the national payment error rate.

In other transmittals, CMS says:

- You shouldn't bill for Pegfil-grastim ([J2505](#)) based on the number of MGs you provide. Rather, you should bill one unit for each 6 MGs, according to May 12 Transmittal 949.
- Stop using the QV modifier for PET scans in a clinical trial. You should use the QR modifier instead, when the patient has a neurodegenerative disease and receives a PET scan as part of an approved clinical trial, CMS says in May 19 Transmittal 956. The QR modifier also works for cancers where a PET scan is covered in a clinical trial.
- All carotid artery stenting procedures that are performed in **Food & Drug Administration**-approved post-approval studies must have approval directly from the FDA, CMS said in May 12 Transmittal 951. For studies that extend to previously-approved studies, you must obtain a letter from the FDA stating that the extension study is scientifically valid and will generate valid clinical data.