

MEDICARE PART A BULLETIN

April 25, 1997

General Medicare Bulletin G-281

TO: All Medicare Providers

FROM: Andy DePirro, Director, Program Relations

SUBJECT: **COVERAGE ISSUES: HCFA-PUBLICATION 6**
• **SECTION 35-47 BREAST RECONSTRUCTION FOLLOWING
MASTECTOMY**
• **SECTION 50-34 OBSOLETE OR UNRELIABLE DIAGNOSTIC TESTS**

ATTENTION MEDICARE BUSINESS OFFICE MANAGER: Please distribute to all appropriate health care facility personnel.

The Health Care Financing Administration (HCFA) published these coverage clarifications and/or new implementing instructions, via the Medicare Coverage Issues Manual (HCFA-Publication 6), Transmittal 96. Even though these instructions were issued to providers via the HCFA manual revision process, the purpose of this bulletin is to ensure providers are aware of these Medicare coverage issue regulations.

Section 35-47, Breast Reconstruction Following Mastectomy: Revised Implementing Instruction - Effective for Services Rendered On and After January 1, 1997.

This section is revised to indicate that reconstruction of the affected breast and the contralateral unaffected breast following a medically necessary mastectomy are both considered relatively safe and effective noncosmetic procedures and are covered. Also, references deleted ICD 9CM codes.

Section 50-34, Obsolete or Unreliable Diagnostic Tests: Revised Implementing Instruction - Effective for Services Rendered On and After January 1, 1997.

This section is revised to exclude coverage of 10 phonocardiography and vectorcardiography diagnostic tests. As announced in the final rule on the Medicare Physician Fee Schedule that was published in the Federal Register on November 22, 1996, these tests are determined to be outmoded and of little clinical value.

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.

SECTION 35-47 BREAST RECONSTRUCTION FOLLOWING MASTECTOMY

Effective for services performed on and after May 15, 1980, revised instruction effective for services performed on and after January 1, 1997. During recent years, there has been a considerable change in the treatment of diseases of the breast such as fibrocystic disease and cancer. While extirpation of the disease remains of primary importance, the quality of life following initial treatment is increasingly recognized as of great concern. The increased use of breast reconstruction procedures is due to several factors:

- o A change in epidemiology of breast cancer, including an apparent increase in incidence;
- o Improved surgical skills and techniques;
- o The continuing development of better prostheses; and
- o Increasing awareness by physicians of the importance of postsurgical psychological adjustment.

Reconstruction of the affected and the contralateral unaffected breast following a medically necessary mastectomy is considered a relatively safe and effective noncosmetic procedure. Accordingly, program payment may be made for breast reconstruction surgery following removal of a breast for any medical reason.

Program payment may not be made for breast reconstruction for cosmetic reasons. (Cosmetic surgery is excluded from coverage under §1862(a)(10) of the Social Security Act.)

SECTION 50-34 OBSOLETE OR UNRELIABLE DIAGNOSTIC TESTS

A. Diagnostic Tests (Effective for Services Performed On or After May 15, 1980, revised instruction effective for services performed on and after January 1, 1997). Do not routinely pay for the following diagnostic tests because they are obsolete and have been replaced by more advanced procedures. The listed tests may be paid for only if the medical need for the procedure is satisfactorily justified by the physician who performs it. When the services are subject to PRO review, the PRO is responsible for determining that satisfactory medical justification exists. When the services are not subject to PRO review, the intermediary or carrier is responsible for determining that satisfactory medical justification exists. This includes:

- o Amylase, blood isoenzymes, electrophoretic,
- o Chromium, blood,
- o Guanase, blood,
- o Zinc sulphate turbidity, blood,
- o Skin test, cat scratch fever,
- o Skin test, lymphopathia venereum,
- o Circulation time, one test,
- o Cephalin flocculation,

- o Congo red, blood,
- o Hormones, adrenocorticotropin quantitative animal tests,
- o Hormones, adrenocorticotropin quantitative bioassay,
- o Thymol turbidity, blood,
- o Skin test, actinomycosis,
- o Skin test, brucellosis,
- o Skin test, psittacosis,
- o Skin test, trichinosis,
- o Calcium, feces, 24-hour quantitative,
- o Starch, feces, screening,
- o Chymotrypsin, duodenal contents,
- o Gastric analysis, pepsin,
- o Gastric analysis, tubeless,
- o Calcium saturation clotting time,
- o Capillary fragility test (Rumpel-Leede),
- o Colloidal gold,
- o Bendien's test for cancer and tuberculosis,
- o Bolen's test for cancer,
- o Rehfuss test for gastric acidity, and
- o Serum seromucoid assay for cancer and other diseases.

B. Cardiovascular Tests (Effective For Services Performed On or After January 1, 1997). Do not pay for the following phonocardiography and vectorcardiography diagnostic tests because they have been determined to be outmoded and of little clinical value. They include:

- o CPT code 93201, Phonocardiogram with or without ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician);
- o CPT code 93202, Phonocardiogram; tracing only, without interpretation and report (e.g., when equipment is supplied by the hospital, clinic);
- o CPT code 93204, Phonocardiogram; interpretation and report;
- o CPT code 93205, Phonocardiogram with ECG lead, with indirect carotid artery and/or jugular vein tracing, and/or apex cardiogram; with interpretation and report;
- o CPT code 93208, Phonocardiogram; without interpretation and report;
- o CPT code 93209, Phonocardiogram; interpretation and report only;
- o CPT code 93210, Intracardiac;
- o CPT code 93220, Vectorcardiogram (VCG), with or without ECG; with interpretation and report;
- o CPT code 9322, Vectorcardiogram; tracing only, without interpretation and report; and
- o CPT code 93222, Vectorcardiogram; interpretation and report only.