

Medicare B Update!

A Newsletter for Connecticut and Florida Medicare Part B Providers

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New and Revised Local Coverage Determinations

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ATTENTION MEDICARE BUSINESS OFFICE

This special issue of the *Medicare B Update!* provides you with notifications of new and additions/revision to existing local coverage determinations (LCDs) that will be effective for services rendered **on or after August 7, 2006.**

The full text for these LCDs may be viewed through the provider education website <http://www.connecticutmedicare.com> or <http://www.floridamedicare.com> on or after this effective date.

Steps to Access Final Local Coverage Determinations

- To view these final local coverage determinations:
- Access the Medicare provider education website at
 - Connecticut** <http://www.connecticutmedicare.com>
 - Florida** <http://www.floridamedicare.com>.
 - Select the “Part B” section on the top navigational menu in the Welcome – Home Page.
 - Single click at “Final” under the Medical Coverage section on the left hand navigational menu to access the Final Local Coverage Determinations (LCDs) page.
 - Select your preference view option under the “Final LCD” section. ❖

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- Physician/Provider
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CONNECTICUT MEDICAL REVIEW

This section of the *Medicare B Update!* features summaries of new and revised local coverage determinations developed as a result of either local medical review or comprehensive data analysis initiatives. These initiatives are designed to ensure the appropriateness of medical care and that the carrier's medical policies and review guidelines are consistent with accepted standards of medical practice.

In accordance with publication requirements specified by the Centers for Medicare & Medicaid Services (CMS), carriers no longer include full-text local coverage determinations (LCDs) to providers in the *Update!* Summaries of revised and new LCDs are provided instead. Providers may obtain full-text LCDs on our provider education website, <http://www.connecticutmedicare.com>. Final LCDs, draft LCDs available for comment, LCD statuses, and LCD comment/response summaries may be printed from the Part B Medical Policy section.

Effective and Notice Dates

Effective dates are provided in each policy, and are based on the date of service (unless otherwise noted in the policy). Medicare contractors are required to offer a 45-day notice period for LCDs; the date the LCD is posted to the website is considered the notice date.

Electronic Notification

To receive quick, automatic notification when new LCDs are posted to the website, subscribe to our *FCSO eNews* mailing list. It's very easy to do; go to

<http://www.connecticutmedicare.com>, click on the "eNews" link on the navigational menu and follow the prompts.

More Information

For more information, or, if you do not have Internet access, to obtain a hardcopy of a specific LCD, contact Medical Policy at:

Medical Policy and Procedures
Department
PO Box 2078
Jacksonville, FL 32231-0048

Phone: 1-866-419-9455

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Advance Notice Statement

Advance beneficiary notice (ABN) is required in the event the service may be denied or reduced for reasons of medical necessity. See page 5 of the Third Quarter 2006 *Medicare B Update!*

NEW LCDs

J3487: Zoledronic Acid (Zometa®) — New LCD

Zoledronic acid is a bisphosphonic acid, which is an inhibitor of osteoclastic bone resorption. This class of drug, also known as a bisphosphonate, binds to the bone matrix, which decreases osteoclastic activity, prevents bone resorption and skeletal calcium release induced by various stimulatory factors released by tumors. Osteoclastic hypersensitivity resulting in excessive bone resorption is the underlying pathophysiologic dearrangement in hypercalcemia of malignancy and metastatic bone disease.

This local coverage determination (LCD) was developed based on data analysis for procedure code J3487 and for Carrier consistency. Indications and limitations, utilization guidelines, documentation guidelines and appropriate ICD-9-CM codes were incorporated into this LCD. A coding guideline was also developed.

Effective Date

This LCD will be effective for services rendered on or after August 7, 2006. The full-text of this LCD is available through our provider education website at <http://www.connecticutmedicare.com> on or after this effective date.

Retisert (Fluocinolone acetonide intravitreal implant) — New LCD

Retisert (fluocinolone acetonide intravitreal implant) is a single-indication orphan drug, which is FDA-approved for the treatment of chronic noninfectious uveitis affecting the posterior segment of the eye.

Retisert is surgically implanted into the posterior segment of the affected eye through a pars plana incision. The implant contains one tablet of 0.59 mg of fluocinolone acetonide. Retisert is designed to release fluocinolone acetonide at a nominal initial rate of 0.6 µg/day, decreasing over the first month to a steady state between 0.3-0.4 µg/day over approximately 30 months (2.5 years). Following depletion of fluocinolone acetonide from Retisert as evidenced by recurrence of uveitis, Retisert may be replaced. The intended implantation regimen for Retisert 0.59mg is once every 2.5 years by intravitreal insertion through an aseptic surgical sclerotomy into the eye to be treated.

Retisert is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex, keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infections of the eye and fungal diseases of ocular structures. Retisert is also contraindicated in individuals with known or suspected hypersensitivity to any of the ingredients of its preparation and to other corticosteroids.

Limitations: Generally, it would be expected that a short course of peri-ocular injections (6-8 weeks) or a short course of systemic corticosteroid therapy (less than 3 months) would be tried to see if the inflammation completely subsides before moving to Retisert.

This local coverage determination (LCD) has been developed to provide indications and limitations of coverage and/or medical necessity and documentation requirements for this therapy.

Retisert is billed using:

- HCPCS code J3490 (unclassified drugs) Retisert (fluocinolone acetonide intravitreal implant), and
- CPT code 67027 (Implantation of intravitreal drug delivery system [eg, ganciclovir implant], includes concomitant removal of vitreous).

Effective Date

While this LCD is effective for services rendered on or after August 7, 2006, First Coast Service Options, Inc. (FCSO) will consider Retisert (fluocinolone acetonide intravitreal implant) medically reasonable and necessary for the treatment of chronic noninfectious uveitis affecting the posterior segment of the eye for services rendered on or after the FDA-approval date of April 8, 2005. The full-text of this LCD may be viewed on the provider education website <http://www.connecticutmedicare.com> when it becomes available.

90847: Family Psychotherapy — New LCD

Psychotherapy is the treatment of mental illness and behavior disturbances in which the provider establishes a professional contact with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development or accept losses, especially related to aging and coping with such. Family Psychotherapy is a specialized therapeutic technique for treating the identified patient's mental illness by intervening in a family system in such a way as to modify the family structure, dynamics and interactions that exert influence on the patient's emotions and behaviors. Since it involves psychotherapy it must be led by a person, authorized by state statute to perform this service.

This local coverage determination (LCD) has been developed to describe the indications and limitations of coverage, documentation requirements and medical necessity for family psychotherapy as described by CPT code 90847 and 90846. In addition, covered ICD-9-CM codes were identified.

Effective Date

This LCD was presented to the carrier advisory committee February 7, 2006. It will be effective for services rendered on or after August 7, 2006. The full-text of this LCD is available through our provider education website at

<http://www.connecticutmedicare.com> on or after this effective date.

92552: Audiometry — New LCD

Audiometric tests are used to determine: hearing acuity, type of hearing loss, need for further diagnostic testing, and need for treatment if any. Audiometric testing has two components: Pure tone audiometry and speech audiometry. The CMS Medicare Benefit Policy Manual, Chapter 15, Section 80.3, defines the benefit and coverage for audiometric testing.

“Diagnostic testing including hearing and balance assessment services performed by a qualified audiologist is covered as “other diagnostic tests” under 1861 (s) (3) of the Act when a physician orders such testing for the purpose of obtaining information necessary for the physician’s diagnostic evaluation or to determine the appropriate medical or surgical treatment of a hearing deficit or related medical problem. Services are excluded by virtue of 1862 (a) (7) of the Act when the diagnostic information required to determine the appropriate medical or surgical treatment is already known to the physician, or the diagnostic services are performed only to determine the need for the appropriate type of hearing aid.”

The previous local coverage determination (LCD) for Audiometric Testing (92552) was retired, June 20, 2005, based on data analysis. Since that time, results from a widespread probe reveal providers were billing multiple audiometric services for beneficiaries in a nursing facility when the diagnosis was already known based on prior test results. Therefore, a LCD was needed to provide clarification and further define the CMS benefit for audiometric services

Numerous comments were received and considered during the comment period. The LCD was finalized incorporating many of the comments and suggestions. The comment summary will be available on the website:

<http://www.connecticutmedicare.com/> after June 20, 2006.

The LCD includes the following CPT codes, a list of “ICD-9 Codes the Support Medical Necessity”, documentation guidelines and coding guidelines.

92552 Pure tone audiometry (threshold); air only

92553 air and bone

92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)

Effective Date

This LCD is being finalized, effective for services rendered on or after August 7, 2006. The full-text of this LCD is available through our provider education website at <http://www.connecticutmedicare.com> on or after this effective date.

93875: Non-invasive Extracranial Arterial Studies — New LCD

Non-invasive tests for cerebrovascular arterial function document the nature, location, extent and severity of disease in extracranial and intracranial vessels including the carotid and vertebral arteries.

Non-invasive extracranial arterial studies involve the use of direct and occasionally indirect methods of ultrasound. The direct tests examine the anatomy and physiology of the carotid artery, while the indirect tests examine hemodynamic changes in the distal beds of the carotid artery (the orbital and cerebral circulations).

Doppler ultrasonography is used to evaluate hemodynamic parameters, specifically the velocity of blood flow and the pattern or characteristics of flow. The doppler ultrasound involves the evaluation of the supraorbital, common carotid, external carotid, internal carotid, and the vertebral arteries in the extracranial cerebrovascular assessment.

The second key component of vascular diagnostic ultrasound is the B-mode, or brightness-mode image. This real time imaging technique provides a two-dimensional gray-scale image of the soft tissues and vessels based on the acoustic properties of the tissues.

Duplex ultrasonography combines the direct visualization capabilities of B-mode ultrasonography and the blood-flow velocity measurements of doppler ultrasonography.

This local coverage determination (LCD) has been developed to provide indications and limitations of coverage and/or medical necessity, credentialing requirements, documentation requirements, utilization guidelines and coding guidelines for this service.

Effective Date

This LCD will be effective for services rendered on or after August 7, 2006. The full-text of this local coverage determination may be viewed on the provider education website <http://www.connecticutmedicare.com> on or after this effective date.

REVISIONS TO LCDs

J1950: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (formerly Leuprolide Acetate) — LCD Revision

Luteinizing hormone-releasing hormone (LHRH) analogs (leuprolide acetate, goserelin acetate, triptorelin pamoate and histrelin acetate implant) are synthetic LHRH agonist analogs of the naturally occurring gonadotropin-releasing hormone (GnRH). Leuprolide acetate is indicated for the treatment of anemia due to uterine leiomyomas (fibroids), prostate carcinoma, endometriosis and for the off-label indication of breast cancer. Goserelin is indicated for the treatment of breast cancer, prostate cancer, endometrial thinning and endometriosis. Triptorelin pamoate is indicated for the treatment of prostate cancer. The histrelin acetate implant is indicated for the treatment of prostate cancer.

This local coverage determination (LCD) replaces the LCD for Leuprolide acetate (J1950). Triptorelin pamoate and histrelin acetate implant were added to this LCD.

First Coast Service Options, Inc. (FCSO) implements the least costly alternative (LCA) policy. When two services are clinically comparable, then Medicare does not cover the additional expense of the more costly service, when this additional expense is not attributable to that part of the item or service that is medically reasonable or necessary. Among the LHRH agonist used to treat prostate cancer and breast cancer there is no demonstrable difference in clinical efficacy.

For this revised LCD, FCSO will implement two LCA policies. The short acting LHRH agonist (J1950, J9217, J9202 and J3315) will be included in one LCA and the long acting 12-month implants (J9219 and J9225) will be included in a separate LCA. For the approved indications, Medicare will pay for the dosage administered at the allowed amount of the lower-priced medication for each group. Patients that are receiving and responding well to triptorelin pamoate (J3315)

before the effective date of this LCD will not be subject to the LCA policy defined in the LCD. A patient that begins treatment with triptorelin pamoate (J3315) on or after the effective date of this LCD will be subject to the LCA policy defined in the LCD.

This LCD was revised based on reconsideration requests and data analysis for procedure codes J1950, J9217, J9218, J9219, J9202, J3315 and J9225. In addition to the new procedure codes added and the new LCA policy defined in the LCD, new ICD-9-CM codes were added:

- J9217: Added-175.0-175.9; 218.0-218.9; 233.0; 233.4; 280.0; 285.1; 617.0-617.9; V10.3; V10.46
- J9219: Added-233.4; V10.46
- J9202: Added- 174.0-174.9; 175.0-175.9; 185; 218.0-218.9; 233.0; 233.4; 280.0; 285.1; 617.0-617.9; V10.3; V10.46
- J3315 Added- 185; 233.4; V10.46
- J9225 Added- 185; 233.4; V10.46
- J9218: This code is self administered and therefore, noncovered. For the indications for this drug the following ICD-9-CM codes are noncovered: 185; 233.4; V10.46

Indications and Limitations, Utilization Guidelines, documentation requirements and a coding guideline were incorporated into this LCD.

Effective Date

This LCD will be effective for services rendered on or after August 7, 2006. The full-text for this LCD may be viewed on the provider education website <http://www.connecticutmedicare.com> on or after this effective date.

FLORIDA MEDICAL REVIEW

This section of the *Medicare B Update!* features summaries of new and revised local coverage determinations developed as a result of either local medical review or comprehensive data analysis initiatives. These initiatives are designed to ensure the appropriateness of medical care and that the carrier's medical policies and review guidelines are consistent with accepted standards of medical practice.

In accordance with publication requirements specified by the Centers for Medicare & Medicaid Services (CMS), carriers no longer include full-text local coverage determinations (LCDs) to providers in the *Update!* Summaries of revised and new LCDs are provided instead. Providers may obtain full-text LCDs on our provider education website,

<http://www.floridamedicare.com>. Final LCDs, draft LCDs available for comment, LCD statuses, and LCD comment/response summaries may be printed from the Part B Medical Policy section.

Effective and Notice Dates

Effective dates are provided in each policy, and are based on the date of service (unless otherwise noted in the policy). Medicare contractors are required to offer a 45-day notice period for LCDs; the date the LCD is posted to the website is considered the notice date.

Electronic Notification

To receive quick, automatic notification when new LCDs are posted to the website, subscribe to our *FCSO eNews* mailing list. It's very easy to do; go to

<http://www.floridamedicare.com>, click on the "eNews" link on the navigational menu and follow the prompts.

More Information

For more information, or, if you do not have Internet access, to obtain a hardcopy of a specific LCD, contact Medical Policy at:

Medical Policy
 First Coast Service Options, Inc.
 P.O. Box 2078
 Jacksonville, FL 32231-0048
 1-904-791-8465

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Advance Notice Statement

Advance beneficiary notice (ABN) is required in the event the service may be denied or reduced for reasons of medical necessity. See page 5 of the Third Quarter 2006 Medicare B Update! for details concerning ABNs.

NEW LCD**J0637: Caspofungin acetate (Cancidas®) — New LCD**

Caspofungin acetate is indicated for the treatment of candidemia and the following *candida* infections: intra-abdominal abscesses, peritonitis and pleural space infections. This drug is also indicated for the Empirical treatment for presumed fungal infections in febrile, neutropenic patients, in the treatment of esophageal candidiasis and for the treatment of invasive aspergillosis in patients who are refractory to or intolerant of other therapies (i.e., amphotericin B, lipid formulation of amphotericin B, and/or itraconazole).

This local coverage determination (LCD) was developed based on data analysis for procedure code J0637. Indications and limitations, utilization guidelines with dosage and frequency limits, documentation guidelines and appropriate ICD-9-CM codes were incorporated into this LCD. A coding guideline was also developed.

Effective Date

This LCD will be effective for services rendered on or after August 7, 2006. The full-text of this LCD is available through our provider education website at <http://www.floridamedicare.com> on or after this effective date.

J0850: Cytomegalovirus Immune Globulin (Human), Intravenous (CMV-IGIV) — New LCD

Cytomegalovirus immune globulin (CMV-IGIV) is an intravenous immunoglobulin (Ig) that provides passive immunity by supplying a relatively high concentration of Ig-G antibodies against CMV.

CMV infection continues to be the most important disease encountered in organ transplantation. Patients who are at the greatest risk for morbidity are those who experience primary disease, (i.e., those individuals who have never been exposed to the virus [CMV seronegative] and receive an organ transplant from a CMV seropositive donor).

A local medical review policy (LMRP) was originally developed in 1999. The policy was retired based on data, which identified that although Florida exhibited higher than the nation for billing HCPCS code J0850, the majority of the diagnoses billed were appropriate. However, recent data suggests that a local coverage determination (LCD) needs to be re-instituted.

A LCD has been developed to identify indications and limitations for the coverage of CMV-IGIV by Florida Medicare.

Effective Date

This LCD is effective for services rendered on or after August 7, 2006. The full-text of this LCD is available through our provider education website at <http://www.floridamedicare.com> on or after this effective date.

Retisert (Fluocinolone acetonide intravitreal implant) — New LCD

Retisert (fluocinolone acetonide intravitreal implant) is a single-indication orphan drug, which is FDA-approved for the treatment of chronic noninfectious uveitis affecting the posterior segment of the eye.

Retisert is surgically implanted into the posterior segment of the affected eye through a pars plana incision. The implant contains one tablet of 0.59 mg of fluocinolone acetonide. Retisert is designed to release fluocinolone acetonide at a nominal initial rate of 0.6 µg/day, decreasing over the first month to a steady state between 0.3-0.4 µg/day over approximately 30 months (2.5 years). Following depletion of fluocinolone acetonide from Retisert as evidenced by recurrence of uveitis, Retisert may be replaced. The intended implantation regimen for Retisert 0.59mg is once every 2.5 years by intravitreal insertion through an aseptic surgical sclerotomy into the eye to be treated.

Retisert is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex, keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infections of the eye and fungal diseases of ocular structures. Retisert is also contraindicated in individuals with known or suspected hypersensitivity to any of the ingredients of its preparation and to other corticosteroids.

Limitations: Generally, it would be expected that a short course of peri-ocular injections (6-8 weeks) or a short course of systemic corticosteroid therapy (less than 3 months) would be tried to see if the inflammation completely subsides before moving to Retisert.

This LCD has been developed to provide indications and limitations of coverage and/or medical necessity and documentation requirements for this therapy.

Retisert is billed using HCPCS Code J3490 (unclassified drugs) Retisert (fluocinolone acetonide intravitreal implant) and CPT code 67027 (Implantation of intravitreal drug delivery system [eg, ganciclovir implant], includes concomitant removal of vitreous).

Effective Date

While this LCD is effective for services rendered on or after August 7, 2006, First Coast Service Options, Inc. (FCSO) will consider Retisert (fluocinolone acetonide intravitreal implant) medically reasonable and necessary for the treatment of chronic noninfectious uveitis affecting the posterior segment of the eye for services rendered on or after the FDA-approval date of April 8, 2005. The full-text of this local coverage determination may be viewed on the provider education website <http://www.floridamedicare.com> when it becomes available.

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REVISIONS TO LCDs

J1950: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (formerly Leuprolide Acetate) — LCD Revision

Luteinizing hormone-releasing hormone (LHRH) analogs (leuprolide acetate, goserelin acetate, triptorelin pamoate and histrelin acetate implant) are synthetic LHRH agonist analogs of the naturally occurring gonadotropin-releasing hormone (GnRH). Leuprolide acetate is indicated for the treatment of anemia due to uterine leiomyomas (fibroids), prostate carcinoma, endometriosis and for the off-label indication of breast cancer. Goserelin is indicated for the treatment of breast cancer, prostate cancer, endometrial thinning and endometriosis. Triptorelin pamoate is indicated for the treatment of prostate cancer. The histrelin acetate implant is indicated for the treatment of prostate cancer.

This local coverage determination (LCD) replaces the LCD for Leuprolide acetate (J1950). Triptorelin pamoate and histrelin acetate implant were added to this LCD. First Coast Service Options, Inc. (FCSO) implements the least costly alternative (LCA) policy. When two services are clinically comparable, then Medicare does not cover the additional expense of the more costly service, when this additional expense is not attributable to that part of the item or service that is medically reasonable or necessary. Among the LHRH agonist used to treat prostate cancer and breast cancer there is no demonstrable difference in clinical efficacy. For this revised LCD, FCSO will implement two LCA policies. The short acting LHRH agonist (J1950, J9217, J9202 and J3315) will be included in one LCA and the long acting 12-month implants (J9219 and J9225) will be included in a separate LCA. For the approved indications, Medicare will pay for the dosage administered at the allowed amount of the lower-priced medication for each group. Patients that are receiving and responding well to triptorelin pamoate (J3315) before the

effective date of this LCD will not be subject to the LCA policy defined in the LCD. A patient that begins treatment with triptorelin pamoate (J3315) on or after the effective date of this LCD will be subject to the LCA policy defined in the LCD.

This LCD was revised based on reconsideration requests and data analysis for procedure codes J1950, J9217, J9218, J9219, J9202, J3315 and J9225. In addition to the new procedure codes added and the new LCA policy defined in the LCD, new ICD-9-CM codes were added:

J9217	Added-175.0-175.9; 218.0-218.9; 233.0; 233.4; 280.0; 285.1; 617.0-617.9; V10.3; V10.46
J9219	Added-233.4; V10.46
J9202	Added- 174.0-174.9; 175.0-175.9; 185; 218.0-218.9; 233.0; 233.4; 280.0; 285.1; 617.0-617.9; V10.3; V10.46
J3315	Added- 185; 233.4; V10.46
J9225	Added- 185; 233.4; V10.46
J9218	This code is self administered and therefore, noncovered. For the indications for this drug the following ICD-9-CM codes are noncovered: 185; 233.4; V10.46

Indications and Limitations, Utilization Guidelines, documentation requirements and a coding guideline were incorporated into this LCD.

Effective Date

This LCD will be effective for services rendered on or after August 7, 2006. The full-text of this LCD is available through our provider education website at <http://www.floridamedicare.com> on or after this effective date.

83970: Parathormone (Parathyroid Hormone) — LCD Revision

The local coverage determination (LCD) for parathormone (parathyroid hormone) was last revised October 1, 2005.

Parathyroid hormone (PTH), a polypeptide hormone produced in the parathyroid gland, along with vitamin D, are principal regulators of calcium and phosphorus homeostasis.

Abnormally elevated PTH values may indicate primary, secondary, or tertiary hyperparathyroidism. Abnormally low PTH levels may result from hypoparathyroidism. PTH is also used in assessing vitamin D therapy in patients with chronic kidney disease.

Data for paid dates March 1, 2005 through August 31, 2005, obtained for CPT code 83970, revealed a Florida to nation ratio of 4.50* partly explained by specialty lab services for patients with chronic kidney disease. Analysis of the data shows that the top diagnoses billed were:

585	Chronic kidney disease
588.8	Other specified disorders resulting from impaired renal function, and
275.49	Other disorders of calcium metabolism.

Top performing specialties were clinical laboratory, endocrinology and internal medicine.

This LCD is being revised to include Kidney/Dialysis Outcomes Quality Initiative (K/DOQI) clinical practice guidelines regarding utilization of PTH for a given patient.

Effective Date

This revision is effective for services rendered on or after August 7, 2006. The full-text of this LCD is available through our provider education website at <http://www.floridamedicare.com> on or after this effective date.

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90847: Family Psychotherapy — LCD Revision

Psychotherapy is the treatment of mental illness and behavior disturbances in which the provider establishes a professional contact with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development or accept losses, especially related to aging and coping with such. Family psychotherapy is a specialized therapeutic technique for treating the identified patient's mental illness by intervening in a family system in such a way as to modify the family structure, dynamics and interactions that exert influence on the patient's emotions and behaviors. Since it involves psychotherapy it must be led by a person, authorized by state statute to perform this service.

This local coverage determination (LCD) was last revised on February 22, 2005. Since that time, the LCD has been updated for clarification and revision in the following sections:

- Indications and Limitations of Coverage and/or Medical Necessity
- CPT/HCPCS Codes updated, including removal of CPT code 90849
- ICD-9 Codes that Support Medical Necessity- Added ICD-9-CM codes 318.2 and 331.0
- Documentation Requirements
- Utilization Guidelines
- Sources of Information and Basis for Decision

Effective Date

This LCD was presented to the carrier advisory committee February 11, 2006. It will be effective for services rendered on or after August 7, 2006. The full-text of this LCD is available through our provider education website at <http://www.floridamedicare.com> on or after this effective date.

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93875: Non-invasive Extracranial Arterial Studies — LCD Revision

The latest revision for local coverage determination (LCD) non-invasive extracranial arterial studies was effective September 20, 2005. The following sections of this LCD have been updated and revised:

- Indications and Limitations of Coverage and/or Medical Necessity
- ICD-9 Codes that Support Medical Necessity
- Documentation Requirements
- Utilization Guidelines
- Sources of Information and Basis for Decision
- Coding Guidelines

Revisions include the provision of credentialing requirements and utilization parameters and the addition of ICD-9-CM codes 362.30 - 362.37, 368.11, 368.12, 377.41, 443.21, 443.24, 446.5, 780.2, 784.2 and V72.83 to the "ICD-9 Codes that Support Medical Necessity" section.

The following **indications** have been added to the "Indications and Limitations of Coverage" and/or "Medical Necessity" section:

- To evaluate a patient with syncope that is strongly suggestive of vertebrobasilar or bilateral carotid artery disease in etiology, as suggested by medical history.
- To evaluate a patient with suspected dissection.
- To evaluate a patient with vasculitis involving the extracranial carotid arteries.
- To evaluate a patient with carotid bruit(s).
- To evaluate a patient with proven carotid disease on medical management in whom cerebrovascular symptoms become recurrent.
- Preoperative evaluation of patients scheduled for major cardiovascular surgical procedures when there is evidence of systemic atherosclerosis.

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93875: Non-invasive Extracranial Arterial Studies, continued

The following **limitations** have been added to the 'Indications and Limitations of Coverage and/or Medical Necessity' section:

- Dizziness is not a typical indication unless associated with other localizing signs or symptoms. However, episodic dizziness with symptom characteristics typical of transient ischemic attacks may indicate medical necessity, especially when other more common sources (eg, postural hypotension, arrhythmia or transiently decreased cardiac output as demonstrated by cardiac events monitoring) have been previously excluded.
- When reporting syncope as an indication for this service, it is necessary to document that other, more common causes have been ruled out.
- CPT code 93875 is of limited usefulness and should be reimbursed only when medical necessity is documented. It would be expected that a service billed with code 93880 would be used as the initial non-invasive diagnostic test. In rare instances where the service billed with code 93880 is not available, the code 93875 service may be performed where it is reasonable and necessary. Otherwise, 93875 should be substituted with 93880, which has a higher accuracy rate. EXCEPTION is as follows:
 - Ocular pneumoplethysmography (OPG-GEE), CPT code 93875, may be allowed in evaluating a patient with ischemic optic neuropathy.
- It is usually unnecessary to perform more than one type of physiological study on the same anatomic area. When an uninterpretable study results in performing another type of study, only the successful study should be billed.
- Non-invasive studies are reasonable and necessary only if the outcome will potentially impact the clinical course of the patient. For example, the studies are unnecessary when the patient is (or is not) proceeding on to other diagnostic and/or therapeutic procedures regardless of the outcome of the non-invasive studies. If it is obvious from the findings of the history and physical examination that the patient is going to proceed to angiography, then non-invasive vascular studies are not medically necessary.

Methods Not Acceptable For Reimbursement:

- Pulse delay oculoplethysmography
- Carotid phonoangiography and other forms of bruit analysis are covered services, but are included in the reimbursement for the office visit
- Periorbital photoplethysmography
- Thermography
- Light reflection rheography
- *Photoelectric plethysmograph,*
- *Mechanical oscillometry*
- *Inductance plethysmography*
- *Capitance plethysmography*

The use of a simple hand-held or other Doppler device that does not produce hard copy output, or that produces a record that does not permit analysis of bidirectional vascular flow, is considered part of the physical examination of the vascular system and is not separately reported. The appropriate assignment of a specific ultrasound CPT code is not solely determined by the weight, size, or portability of the equipment, but rather by the extent, quality, and documentation of the procedure. If an examination is performed with hand-carried equipment, the quality of the exam, printout, and report must be in keeping with accepted national standards. Since, the standard for the above indications is a color-duplex scan, portable equipment must be able to produce combined anatomic and spectral flow measurements.

Effective Date

These revisions will be effective for services rendered on or after August 7, 2006. The full-text of this LCD is available through our provider education website at <http://www.floridamedicare.com> on or after this effective date.

**CONNECTICUT
MEDICARE PART B
MAIL DIRECTORY**

Connecticut Medicare Part B welcomes any questions that you may have regarding the Medicare Part B program. Always be sure to clearly explain your question or concern. This will help our staff to know exactly what issues to address when developing a response to your inquiry.

Please submit your questions to the appropriate department. This will ensure that your concerns are handled in a proper and timely manner. This can be achieved by including an Attention Line below the address on the envelope. Listed below is a directory of departments that includes the issues that you would address to their attention.

With the exception of Redeterminations and Medicare EDI, please submit all correspondence with the appropriate attention line to:

**Attention: (insert dept name)
Medicare Part B CT
P.O. Box 45010
Jacksonville, FL 32232-5010**

Attention: Correspondence

The Correspondence attention line is used for inquiries pertaining to general issues regarding Medicare Part B. Some examples of these issues are deductibles, assignment, and beneficiary address changes. Do not use words such as *REVIEW* or *RECHECK* when sending general correspondence.

Attention: Financial Services

Use this attention line to return duplicate payments or overpayment refunds.

Attention: Fraud and Abuse

If you encounter what you believe is suspected, potential, or possible fraud or abuse of the Medicare program, we encourage you to contact this department.

Attention: Freedom of Information (FOIA)

This department handles requests for information available under the Freedom of Information Act.

Attention: Medical Review

Questions regarding LMRPs/LCDs and correct documentation for evaluation and management services are handled by this department. Documentation for off-label chemotherapy use should also be submitted to the Medical Review Department.

Attention: MSP

Write to the Medicare Secondary Payer (MSP) department when submitting an Explanation of Benefits from a primary insurance, Exhaust letters from Auto Liability claims, and MSP calculation review requests.

**Attention: Pricing/
Provider Maintenance**

Address your envelope to this department to apply for a new provider number, change a business or billing address of a provider, or to make any changes in the status of a provider. This department also handles fee schedule requests and inquiries, participation requests, and UPIN requests.

Attention: Resolutions

Use the Resolutions attention line when inquiring or submitting information regarding dates of death, incorrect Medicare (HIC) numbers, incorrect beneficiary information, etc.

**MAILING ADDRESS
EXCEPTIONS**

We have established special P.O. boxes to use when mailing your redeterminations and hearings requests, paper claims, or to contact Medicare EDI:

Redeterminations/Appeals

Please mail only your requests for redeterminations to this P.O. Box. *DO NOT* send new claims, general correspondence, or other documents to this location; doing so will cause a delay in the processing of that item.

If you believe the payment or determination is incorrect and want a claim to be reconsidered, then send it to the attention of the review department. Requests for redeterminations must be made within 120 days of the date of the Medicare Summary Notice. These requests should not include redetermination requests on Medicare Secondary Pay calculations. Claims that are denied for return/reject need to be resubmitted and should **not** be sent as a redetermination. These resubmitted claims should be sent in as new claims.

Hearings

If you believe that your redetermination was incorrect and want it reviewed by a Hearing Officer, send your inquiry to the attention of the Hearing Department. A request for a hearing must be made within six months of the date of the Review Department determination and at least \$100.00 must remain in controversy from this decision.

Post Office Box for Appeals/Hearings:

**Medicare Part B CT Appeals/Hearings
First Coast Service Options, Inc.
P.O. Box 45041
Jacksonville, FL 32232-5041**

Electronic Media Claims/EDI

The Electronic Data Interchange department handles questions and provides information on electronic claims submission (EMC).

Post Office Box for EDI:

**Medicare Part B CT Medicare EDI
P.O. Box 44071
Jacksonville, FL 32231-4071**

Claims

The Health Insurance Portability and Accountability Act (HIPAA) requires electronic submission of most types of Medicare claims. We realize, however, that on occasion it is necessary to submit a paper claim. When this happens, submit your claims on the approved red-and-white Form CMS-1500 to:

**Medicare Part B CT Claims
P.O. Box 44234
Jacksonville, FL 32231-4234**

**CONNECTICUT
MEDICARE PHONE
NUMBERS**

**Provider Services
First Coast Service Options, Inc.
Medicare Part B
1-866-419-9455 (toll-free)**

**Beneficiary Services
1-800-MEDICARE (toll-free)
1-866-359-3614 (hearing impaired)**

**Electronic Data Interchange (EDI)
Enrollment**

1-203-639-3160, option 1

PC-ACE® PRO-32

1-203-639-3160, option 2

Marketing and Reject Report Issues

1-203-639-3160, option 4

Format, Testing, and Remittance Issues

1-203-639-3160, option 5

Electronic Funds Transfer Information

1-203-639-3219

Hospital Services

Empire Medicare Services
Medicare Part A
1-800-442-8430

Durable Medical Equipment

HealthNow NY
DMERC Medicare Part B
1-800-842-2052

Railroad Retirees

Palmetto GBA
Medicare Part B
1-877-288-7600

Quality of Care

Peer Review Organization
1-800-553-7590

**OTHER HELPFUL
NUMBERS**

Social Security Administration
1-800-772-1213

**American Association of Retired Persons
(AARP)**
1-800-523-5800

**To Report Lost or
Stolen Medicare Cards**
1-800-772-1213

Health Insurance Counseling Program
1-800-994-9422

Area Agency on Aging
1-800-994-9422

Department of Social Services/ConnMap
1-800-842-1508

**ConnPace/
Assistance with Prescription Drugs**
1-800-423-5026

**MEDICARE
WEBSITES**

**PROVIDER
Connecticut**
<http://www.connecticutmedicare.com>
**Centers for Medicare & Medicaid
Services**
<http://www.cms.hhs.gov>

**BENEFICIARIES
Centers for Medicare & Medicaid
Services**
<http://www.medicare.gov>

**FLORIDA MEDICARE
PART B MAIL
DIRECTORY**

CLAIMS SUBMISSIONS

Routine Paper Claims

Medicare Part B
P. O. Box 2525
Jacksonville, FL 32231-0019

Participating Providers

Medicare Part B Participating Providers
P. O. Box 44117
Jacksonville, FL 32231-4117

Chiropractic Claims

Medicare Part B Chiropractic Unit
P. O. Box 44067
Jacksonville, FL 32231-4067

Ambulance Claims

Medicare Part B Ambulance Dept.
P. O. Box 44099
Jacksonville, FL 32231-4099

Medicare Secondary Payer

Medicare Part B Secondary Payer Dept.
P. O. Box 44078
Jacksonville, FL 32231-4078

ESRD Claims

Medicare Part B ESRD Claims
P. O. Box 45236
Jacksonville, FL 32232-5236

COMMUNICATIONS

Redetermination Requests

Medicare Part B Claims Review
P. O. Box 2360
Jacksonville, FL 32231-0018

Fair Hearing Requests

Medicare Part B Fair Hearings
P. O. Box 45156
Jacksonville, FL 32232-5156

Administrative Law Judge Hearing

Administrative Law Judge Hearing
P. O. Box 45001
Jacksonville, FL 32231-5001

Status/General Inquiries

Medicare Part B Correspondence
P. O. Box 2360
Jacksonville, FL 32231-0018

Overpayments

Medicare Part B Financial Services
P. O. Box 44141
Jacksonville, FL 32231-4141

**DURABLE MEDICAL EQUIPMENT
(DME)**

DME, Orthotic or Prosthetic Claims

Palmetto GBA Medicare
DMERC Operations
P. O. Box 100141
Columbia, SC 29202-3141

ELECTRONIC MEDIA CLAIMS (EMC)

EMC Claims, Agreements and

Inquiries

Medicare EDI
P. O. Box 44071
Jacksonville, FL 32231-4071

**MEDICARE PART B ADDITIONAL
DEVELOPMENT**

Within 40 days of initial request:

Medicare Part B Claims
P. O. Box 2537
Jacksonville, FL 32231-0020

Over 40 days of initial request:

**Submit the charge(s) in question,
including information requested, as
you would a new claim, to:**

Medicare Part B Claims
P. O. Box 2525
Jacksonville, FL 32231-0019

MISCELLANEOUS

**Provider Participation and Group
Membership Issues; Written Requests for
UPINs, Profiles & Fee Schedules:**

Medicare Registration
P. O. Box 44021
Jacksonville, FL 32231-4021

Provider Change of Address:

Medicare Registration
P. O. Box 44021
Jacksonville, FL 32231-4021

and
Provider Registration Department
Blue Cross Blue Shield of Florida
P. O. Box 41109
Jacksonville, FL 32203-1109

Provider Education:

**For Educational Purposes and Review
of Customary/Prevailing Charges or
Fee Schedule:**

Medicare Part B
Medicare Communication and Education
P. O. Box 2078
Jacksonville, FL 32231-0048

For Seminar Registration:

Medicare Part B
Medicare Education and Outreach
P. O. Box 45157
Jacksonville, FL 32232-5157

Limiting Charge Issues:

For Processing Errors:

Medicare Part B
P. O. Box 2360
Jacksonville, FL 32231-0048

For Refund Verification:

Medicare Part B
Compliance Monitoring
P. O. Box 2078
Jacksonville, FL 32231-0048

Medicare Claims for Railroad

Retirees:

MetraHealth RRB Medicare
P. O. Box 10066
Augusta, GA 30999-0001

Fraud and Abuse

First Coast Service Options, Inc.
P. O. Box 45087
Jacksonville, FL 32232-5087

**FLORIDA
MEDICARE
PHONE NUMBERS**

BENEFICIARY

Toll-Free:

1-800-MEDICARE

Hearing Impaired:

1-800-754-7820

Note: The toll-free customer service lines are reserved for Medicare beneficiaries only. Use of this line by providers is not permitted and may be considered program abuse.

PROVIDERS

Toll-Free

Customer Service:

1-866-454-9007

Interactive Voice Response (IVR):

1-877-847-4992

For Seminar Registration Only (not toll-free):

1-904-791-8103

EMC

Format Issues & Testing:

1-904-354-5977 option 4

Start-Up & Front-End Edits/Rejects:

1-904-791-8767 option 1

Electronic Funds Transfer

1-904-791-8016

Electronic Remittance Advice, Electronic

Claim Status, & Electronic Eligibility:

1-904-791-6895

PC-ACE Support:

1-904-355-0313

Marketing:

1-904-791-8767 option 1

New Installations:

(new electronic senders; change of address or phone number for senders):

1-904-791-8608

Help Desk:

(Confirmation/Transmission):

1-904-905-8880 option 1

OCR

Printer Specifications/Test Claims:

1-904-791-8132

DME, Orthotic or Prosthetic Claims

Palmetto GBA Medicare

1-866-270-4909

MEDICARE PART A

Toll-Free:

1-866-270-4909

Medicare Websites

PROVIDERS

Florida Medicare Contractor

www.floridamedicare.com

Centers for Medicare & Medicaid

Services

www.cms.hhs.gov

BENEFICIARIES

Centers for Medicare & Medicaid

Services

www.medicare.gov

ORDER FORM — 2006 PART B MATERIALS

The following materials are available for purchase. To order these items, please complete and **submit this form along with your check/money order** payable to BCBSFL – FCSO with the account number listed by each item.

Note: Payment for fee schedules cannot be combined with payment for other items; separate payments are required for purchases of items from different accounts.

QUANTITY	ITEM	ACCOUNT NUMBER	COST PER ITEM
<input type="checkbox"/>	<p>Medicare B Update! Subscription – The <i>Medicare B Update!</i> is available free of charge online at http://www.connecticutmedicare.com and http://www.floridamedicare.com. Hardcopy or CD-ROM distribution is limited to individual providers and professional association groups who billed at least one Part B claim (to either Connecticut or Florida Medicare) for processing during the twelve months prior to the release of each issue. Beginning with publications issued after June 1, 2003, providers who meet these criteria must register to receive the <i>Update!</i> in hardcopy or CD-ROM format. Qualifying providers will be eligible to receive one hardcopy or CD-ROM of each issue, if a valid reason can be shown why the electronic publication available free of charge on the Internet cannot be utilized. Nonprovider entities or providers who need additional copies may purchase an annual subscription. This subscription includes all issues published during calendar year 2006 (back issues will be sent upon receipt of order).</p>	700395	<p>\$25.00 (Hardcopy)</p> <p>\$20.00 (CD-ROM)</p>
<input type="checkbox"/>	<p>2006 Fee Schedule – The revised Medicare Part B Physician and Non-Physician Practitioner Fee Schedule, effective for services rendered January 1, 2006, through December 31, 2006, is available free of charge online at http://www.connecticutmedicare.com and http://www.floridamedicare.com. Providers who do not have Internet access may purchase a hardcopy or CD-ROM. The Fee Schedule contains calendar year 2006 payment rates for all localities. These items do not include the payment rates for injectable drugs, clinical lab services, mammography screening, or DMEPOS items. Note also that revisions to fees may occur; these revisions will be published in future editions of the <i>Medicare B Update!</i> Nonprovider entities or providers who need additional copies at other office locations may purchase additional copies.</p>	700400	<p>Hardcopy: \$5.00 (CT) \$10.00 (FL)</p> <p>CD-ROM: \$6.00 (Specify CT or FL)</p>

Please write legibly

Subtotal \$ _____
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 Total \$ _____

Mail this form with payment to:
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Medicare Publications
P.O. Box 45280
Jacksonville, FL 32232-5280

Contact Name: _____
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 Phone: _____ FAX Number: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____

Please make check/money order payable to: BCBSFL – FCSO Account # (fill in from above)
(CHECKS MADE TO "PURCHASE ORDERS" NOT ACCEPTED)
ALL ORDERS MUST BE PREPAID – DO NOT FAX – PLEASE PRINT



MEDICARE B UPDATE!

***FIRST COAST SERVICE OPTIONS, INC.
P.O. Box 2078 JACKSONVILLE, FL 32231-0048 (FLORIDA)
P.O. Box 44234 JACKSONVILLE, FL 32231-4234 (CONNECTICUT)***

*** ATTENTION BILLING MANAGER ***

