

Quandary

Dr. Jones is treating a patient with atherosclerotic heart disease and is considering the use of an ultrafast CT scan of the heart to determine whether the patient has evidence of coronary calcification. His patient asks whether Medicare will pay for the test. What resource is available to Dr. Jones to answer the question?

Answer

Coverage criteria for services reimbursed under the Medicare Program can be found in coverage determinations indexed at the following link: <http://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>.

There are two types of coverage determinations – national and local. National determinations (NCDs) are issued by the Centers for Medicare and Medicaid Services (CMS) and apply nationwide to all providers.

Local determinations (LCDs) are issued by contractors hired by CMS to administer Medicare benefits in defined geographic regions. The Medicare Contractor for Connecticut is National Government Services (NGS).

Coverage determinations contain the following information to guide providers;

- a. a listing of indications or medical conditions when Medicare would cover a service
- b. the effective date that Medicare began covering the service
- c. applicable bill types, revenue codes and CPT/HCPCS Codes to utilize when billing the service to Medicare
- d. documentations requirements
- e. utilization guidelines

In reviewing the Computed Tomography LCD, Dr. Jones finds that the test would not be covered by Medicare. The LCD states the following “Ultrafast CT scan of the heart (electron-beam computed tomography) used to demonstrate the presence of coronary calcification in patients with atherosclerotic heart disease is not a covered service. The greatest value of this test at the present time appears to be that of "screening" for the presence of atherosclerosis. Medicare does not cover screening

services in the absence of signs, symptoms, or complaints under section 1862 (a)(7) of the Social Security Act). Ultrafast CT is judged to be investigational in the treatment of symptomatic coronary artery disease and therefore not covered by Medicare under section 1862 (a)(1)(A) of the Social Security Act. “