

## Part B Insider (Multispecialty) Coding Alert

## COVERAGE: Stable Angina Patients Could Soon Have Access To ECP Therapy

## And one carrier medical director weighs in for tumor assay

If you've got something to say about Medicare coverage of External Counterpulsation (ECP) therapy or Immunoassay CA-125, now's your chance to share your thoughts with the nation.

The **Centers for Medicare and Medicaid Services** just started accepting comments on both of those issues, and you can comment by going to <a href="www.cms.hhs.gov/coverage">www.cms.hhs.gov/coverage</a> and clicking on "tracking sheets."

The **Food and Drug Administration** approved using ECP devices for treating patients with unstable and stable angina pectoris, acute myocardial infarction, congestive heart failure and cardiogenic shock as an alternative to surgery or angioplasty. CMS currently covers uses for patients diagnosed with inoperable, disabling angina who are risky candidates for surgery.

Westbury, NY-based **Vasomedical, Inc**. asked CMS to consider expanding ECP coverage to patients with Class II angina and **New York Heart Association** Class II/III stable heart failure symptoms within an ejection fraction less than or equal to 35 percent.

Commenters urged CMS to go even further in covering ECP. Heart failure patients who continue to have symptoms after optimal medical therapy need ECP because they don't have a lot of other options, according to comments submitted by Minneapolis, MN cardiologist **Bradley Bart**. "ECP is an incredibly effective treatment for both heart failure and angina," writes Beverly Hills, CA cardiologist **Norman Lepor.** 

Meanwhile, CMS also is considering whether to cover the CA-125 immunoassay for primary peritoneal adenocarcinoma, which follows a path similar to epithelial ovarian cancer. CMS already covers CA-125 for ovarian carcinoma.

"These tumors are treated like ovarian cancer," Charlotte, NC OB-Gyn **Robert Higgins** says in early comments. "Following CA-125 levels during their therapy is helpful in determining their response to chemotherapy," and also can help track patients who appear to be in remission.

One early commenter on this issue may carry some extra influence: **Alton Wagnon**, carrier medical director with **Regence Blue Cross/Blue Shield of Utah**, was a practicing oncologist for 25 years and notes that the CA-125 test was useful in tracking primary peritoneal carcinoma.