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NGS and TEE: Your CAC Reps at Work!

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Medicare periodically publishes policies that determine coverage of various procedures. National policy is set by the Centers for Medicare & Medicaid Services (CMS) in the form of National Coverage Determinations (NCDs). Each of the regional Medicare Administrative Contractors (MACs) may also publish policies as Local Coverage Determinations (LCDs). Although national policy always takes precedent over regional policies, local policies are usually written in a manner that gives more detailed guidance to physicians and other health care providers than do the national policy statements. Not infrequently, LCDs in different regions may contain different coverage rules in which case the policy relevant to the provider is the one by the contractor to whom a claim is submitted.

The Medicare web site contains a search function that contains the full database of NCDs and all the regional LCDs. One can look up by keyword or CPT code and search for relevant coverage documents either nationally or by individual states or regional contractors.

National Government Services (NGS) is the MAC that covers Part B Medicare payment for ten Northeastern and upper Midwestern states (ME, NH, VT, MA, RI, CT, NY, MN, WI, IL). The NGS policy (LCD L27381 - retired) for coverage of transesophageal echocardiography (TEE) was first published in 2008. At that time, NGS was known by a different name and covered different states than it now does. In 2014, the NGS coverage area was established in the form in which it now exists. At that time, some states that had previously been in a different MAC were taken over by NGS. When such movement occurs, providers are required to follow the coverage policies of the new MAC.

When this happened, states that were not previously covered by NGS found themselves to be required to follow a TEE policy that was more restrictive than any other contractor. Specifically, NGS policy, as stated in the LCD, contained training requirements for submitting a claim for intraoperative TEE. These requirements included: board certification in Cardiovascular Disease, certification by the National Board of Echocardiography, or Level 2 training as defined in the ACC/AHA Clinical Competence Statement on Echocardiography. Put simply, for an anesthesiologist whose training pre-dated the advent of cardiac anesthesia fellowships and did not work in a clinical setting that allowed for sufficient time and cases to achieve such certification, meeting the requirements was almost impossible to achieve.

At that time, ASA Contractor Advisory Committee (CAC) members in the affected states engaged in a dialog on this subject with the NGS medical directors. A key point was that no other Medicare contractor had a policy for TEE with training requirements with these restrictions. Specifically, there were other LCDs by other contractors that also specified training requirements that included references to board certification or meeting other national standards. However, in all these instances there was an additional category that allowed inclusion of those who had an established practice in cardiac anesthesia but who did not meet the detailed board requirements. The NGS policy was unique in not including such a category.

Another concern raised with NGS was the differential treatment of anesthesiologists and cardiologists. The training requirements allowed inclusion of board certification in cardiology but not anesthesiology. This would allow a cardiologist whose practice did not include performance or interpretation of TEE or who even trained in the era before TEE to be considered as qualified under this policy. In contrast, these requirements excluded the ability of a board-certified anesthesiologist to be paid for TEE even if that anesthesiologist had a long-term, active practice in the field, unless the training requirements were met.

These and several other points were made in the discussions. After many in person meetings and conference calls NGS eventually decided to suspend enforcement of the policy in all their covered states until January 1, 2017 which would allow them to further consider the matter.

On that date, NGS published an updated LCD [*Local Coverage Determination (LCD): Transesophageal Echocardiography (TEE) L33579*] which added the following phrase to the section on training requirements: "…or has been credentialed for this procedure by the hospital where the physician performs this service."

The addition of that wording now allows a cardiac anesthesiologist to submit claims to NGS so long as TEE privileges are included in medical staff credentialing.

There is an interesting epilogue to this story. It is not uncommon for one MAC to copy policies from other MACs. During the time that the NGS TEE policy was in effect and before it was revised, another MAC published an LCD with the same restrictive language on training requirements. CGS Administrators is the MAC that covers Ohio and Kentucky. As of the date of posting of this document, the CGS version of this LCD remains with the original, restrictive language (LCD L34337). ASA will be reaching out to members in those states to encourage similar revisions as in the NGS updated policy.

We are very appreciative of the time and efforts of our members who serve on the NGS Contractor Advisory Committee and all the other CACs. The work they do is important to our specialty and to our patients.