
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 894

Date: MARCH 24, 2006

CHANGE REQUEST 4351

SUBJECT: Microvolt T-Wave Alternans (MTWA) Diagnostic Testing

I. SUMMARY OF CHANGES: Effective for dates of service on or after March 21, 2006, Microvolt t-Wave Alternans (MTWA) diagnostic testing is covered for the evaluation of patients at risk of sudden cardiac death, only when the spectral analysis method is used. Prior to this CR, MTWA was covered based on contractor discretion.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: March 21, 2006
IMPLEMENTATION DATE: April 3, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:
(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

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SUBJECT: Microvolt T-Wave Alternans (MTWA) Diagnostic Testing

I. GENERAL INFORMATION

A. Background: MTWA is a non-invasive diagnostic test that detects minute electrical activity in EKG T-wave. The test is performed by placing high-resolution electrodes on a patient’s chest prior to a period of controlled exercise. The electrodes detect microvolt beat-to-beat changes in T-wave. Spectral analysis, used to calculate these minute voltage changes, is a sensitive mathematical method of measuring and comparing time and EKG waveforms. Software then analyzes these microvolt changes and produces a report to be interpreted by a physician. Within patient groups that may be considered candidates for ICD therapy, published literature indicates that a negative MTWA test may be useful in identifying low-risk patients who are unlikely to benefit from, and who may experience worse outcomes from, ICD placement. Prior to this NCD, the decision to cover MTWA was left to contractor discretion.

B. Policy: Effective for services performed on or after March 21, 2006, MTWA diagnostic testing is nationally covered for the evaluation of patients at risk of sudden cardiac death, only when the spectral analytic method is used.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement
“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4351.1	Effective for services performed on or after March 21, 2006, contractor systems shall recognize as nationally payable CPT code 93025 - MTWA for assessment of ventricular arrhythmias. (Prior to March 21, 2006, CPT code 93025 was paid at local contractor discretion. No additional edits are necessary.)	X		X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4351.2	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: March 21, 2006</p> <p>Implementation Date: April 3, 2006</p> <p>Pre-Implementation Contact(s): Stuart Caplan, coverage, 410-786-8564, stuart.caplan@cms.hhs.gov, Diana Motsiopoulos, institutional claims, 410-786-3379, motsiopoulos@cms.hhs.gov</p> <p>Post-Implementation Contact(s):</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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