

April 24, 2000

Nancy-Ann DeParle, Administrator  
Health Care Financing Administration  
Hubert H. Humphrey Building, Room 314-G  
200 Independence Avenue, S.W.  
Washington, D.C 20201

Dear Ms DeParle:

The American College of Physicians–American Society of Internal Medicine (ACP–ASIM), representing more than 115,000 internists and medical students, is concerned with a coding edit in Version 6.1 of the Health Care Financing Administration’s (HCFA) Correct Coding Initiative (CCI). ACP–ASIM urges HCFA to allow separate payment for a screening digital rectal examination (DRE) provided on the same day as a medically necessary evaluation and management (E/M) service. HCFA should change the CCI modifier indicator to [1] to permit separate reimbursement with an appropriate modifier.

ACP–ASIM believes that the planned HCFA screening DRE payment policy is misguided. It is inappropriate to bundle payment for a screening DRE into payment for a medically necessary service. A screening DRE may be a separate, significantly identifiable service that requires interaction with the patient beyond what is provided during a typical medically necessary visit. For example, a physician would not typically perform a screening DRE on a patient who makes an office visit because of bronchitis.

A screening DRE requires separate patient counseling. The physician may want to have a discussion with the patient regarding the risk factors that can lead to prostate cancer and how to minimize the likelihood of being afflicted with it. The physician may also want to discuss the symptoms that may indicate a potential problem. The screening DRE and its related counseling would not be provided during the majority of medically necessary E/M services.

HCFA should recognize that a screening DRE is seldom provided during a medically necessary visit for an acute problem or for the monitoring of a chronic condition. HCFA has decided not to pay separately for a screening DRE furnished during a non-related, medically necessary visit but it will pay separately for a screening DRE provided during a comprehensive preventive examination. It is appropriate for Medicare to pay separately for a screening DRE provided during a preventive examination since the statute mandates coverage of the DRE and prohibits coverage of the preventive examination. However, HCFA should also pay separately for a screening DRE provided during a medically necessary visit.

Failure to pay separately for a screening DRE encourages the physician to have the beneficiary make a separate visit to the office to receive the preventive service. Physicians are likely to find it extremely difficult to persuade patients to make a visit to the office for the sole purpose of

receiving a screening DRE. This can delay detection of prostate cancers, or worse yet, it can cause prostate cancer to go undetected. The planned payment policy will function as a barrier that prevents beneficiaries from receiving a potentially life-saving screening DRE, as intended by Congress.

An analogous situation arose with respect to colorectal screening services. HCFA originally bundled payment for a screening flexible sigmoidoscopy and colonoscopy into the payment for an E/M service provided on the same day. HCFA reversed its decision after objections from ACP-ASIM and others and currently allows separate payment for colorectal cancer screening services and an E/M service with the appropriate modifier. We ask HCFA to be consistent in coverage and coding policy by providing separate payment for prostate cancer screening as it does for colorectal cancer screening.

We believe that HCFA can detect billing errors and potential abusive behavior while allowing separate payment for a screening DRE when the unrelated E/M service code is appended with a modifier. Carriers could search for diagnoses that indicate a medically necessary DRE was billed using the screening DRE code. For example, a carrier would not expect to receive a claim for a screening DRE and an E/M service if the E/M service was justified by a diagnosis of prostatitis. Physicians do not provide separate counseling when a medically necessary DRE is integral to an E/M service.

Please contact Brett Baker, Senior Associate, Third Party Relations and Regulatory Affairs, if you have any questions. You can reach Brett by phone at (202) 261-4533 or by e-mail at [bbaker@mail.acponline.org](mailto:bbaker@mail.acponline.org).

Sincerely,

Cecil B. Wilson, MD, FACP  
Chair, Medical Services Committee

Cc: Mary Cooper, Project Co-Coordinator, Correct Coding Initiative  
Health Care Financing Administration

Linda Dietz, Project Co-Coordinator, Correct Coding Initiative  
AdminaStar Federal