

Medicare Coding and Reimbursement for Lipid Testing on the Cholestech LDX[®] System

New National Coverage Decisions (NCDs) specify the frequency and the circumstances under which Medicare will reimburse for 23 common lab tests, including lipid testing. They replace the Local Medical Review Policies (LMRPs) that have been in effect until now. The new NCDs become effective November 25th, 2002. Carrier software for matching lipid CPT codes to the covered ICD-9 codes will not be ready until January 1, 2003, but providers are expected to comply with the new rules starting November 25th.

About 20% of all claims submitted to Medicare are denied on first submission. Often the denial is based on coding mistakes involving “medical necessity”, the use of an improper ICD-9 code. The NCDs provide a list of acceptable ICD-9 codes (see **Table 2**) that must be used on the Medicare claim form when filing for reimbursement. These are the only acceptable ICD-9 codes for lipid testing and are used across the country. This should significantly reduce denials.

Although the new Medicare policy puts limits on some forms of lipid testing, it also clarifies when lipid testing *should* be performed (see **Table 1**). The net impact is that medical practitioners can get reimbursed for testing more. This is primarily because most practitioners are not aware that lipid testing is medically indicated, and condoned by Medicare, under these circumstances. Cholestech Corporation offers a range of products for the Cholestech LDX System that enables practitioners to maximize medically necessary lipid testing.

Use **Table 1** to determine when Medicare will cover lipid testing. Note that ICD-9 codes must be present on the HCFA 1500 claim form in order to justify medical necessity for the test. Table 1 includes commonly used ICD-9 codes. A complete list of the acceptable ICD-9 codes is available in **Table 2**.

The ABC's of Part B Medicare Coverage

Three basic rules apply to receive reimbursement from Medicare for lipid testing:

- A. The service must be covered. For instance, Medicare will not cover lipid testing for routine screening purposes. In order to cover lipid testing, patients must have a disease that warrants testing for lipids. Medicare refers to this as “medical necessity.” ICD-9 codes are used to indicate a patient's disease or diagnosis.
- B. Practitioners can ask the patient to pay if they are confident that Medicare will not pay for a test because it is not covered. To do this, use an Advanced Beneficiary Notice (ABN), also called a Waiver of Liability.
- C. Practitioners can only bill Medicare for tests that they perform in their office. A practitioner cannot bill Medicare for tests that are sent out to a referral laboratory.

ABN: Advanced Beneficiary Notice, also called Waiver of Liability, is a form that a patient is asked to sign when the provider is relatively sure that Medicare will deny a claim due to the lack of medical necessity (e.g., a screening lipid panel when the patient has no history or risk factors). Patients who sign ABNs are personally responsible for payment, and practitioners can bill their usual and customary fees that are significantly higher than Medicare fees.

When to Bill For an Office Visit When Lipid Tests are Performed – E&M Codes

If the patient is seen by a physician or other non-physician practitioner and tested during the visit, an Evaluation and Management (E & M) code for the office visit (and the test) may be submitted to Medicare. Most patients who undergo lipid testing in physicians' offices are *established* patients. E & M codes for established patients range from 99211 (low level visit) to 99215 (high level visit). To maximize reimbursement it is important to document all aspects of the office visit.

The AMA CPT™ Codebook Describes the Following E & M Codes for *Established* Patients:

Established Patient E&M Code	99211	99212	99213	99214	99215
Physician involvement	No	Yes	Yes	Yes	Yes
Non-physician practitioner	Yes	Yes*	Yes*	Yes*	Yes*
Patient problem level	Minimal	Minor	Low to Mod.	Mod. to High	High
Usual time spent	5 minutes performing/supervising services	10 mins face-to face time	15 mins face-to face time	25 mins face-to face time	40 mins face-to face time
Average Medicare Reimbursement**	\$20	\$36	\$50	\$79	\$116

*Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs) and Physician’s Assistants (PAs) can be reimbursed for these services at about 85% of the allowable fee. This may vary from state to state.

** These amounts vary from state to state.

Reimbursement For Blood Specimen Collection

Medicare and most insurance companies reimburse for specimen collection. Note that Medicare does not cover fingerstick blood collection, but other insurance companies cover both fingerstick and venipuncture.

Coverage For Specimen Collection

CPT Code	When to Use	Description	Fee Amount
G0001	Medicare claims	Venipuncture	\$3.00
36415	All other insurance claims	Venipuncture and fingerstick	\$3.00

Billing For Lipid Panel Including Office Visit and Specimen Collection - EXAMPLES

Most lipid testing can justify both an office visit and a specimen collection fee.

Example 1

A patient who is taking medication and has a lipid panel performed would be coded as follows:

		Venipuncture	Fingerstick
Non physician office visit	99211	\$20.00	\$20.00
Lipid Panel	80061QW	\$18.51	\$18.51
Venipuncture	G0001	\$3.00	
Total		\$41.51	\$38.51

Example 2

A patient who was simply tested for total cholesterol would code as follows:

		Venipuncture	Fingerstick
Non physician office visit	99211	\$20.00	\$20.00
Total cholesterol	82465QW	\$6.02	\$6.02
Venipuncture	G0001	\$3.00	
Total		\$29.02	\$26.02

A practitioner can test for total cholesterol several times a year (see **Table 1**) and file for this reimbursement.

Table 1. When to Perform Lipid Testing per Medicare National Coverage Decision Policy

Frequency	Purpose	Medical Necessity (ICD-9 Codes ¹)	Cholestech Product	Product Cost	CPT Code	Medicare Fee Cap
Once per year	Monitoring long term anti-lipid dietary or drug therapy ² or following patients with borderline high total or LDL cholesterol levels	V58.69 Long term (current) use of other medications. 790.6 Other abnormal blood chemistry.	TC, HDL, TRG (Lipid Profile, 10-989)	\$10.25	80061QW	\$18.51
Twice per year	For evaluating non-specific chronic liver abnormalities	571.8 Other chronic non-alcoholic liver disease. 571.9 Unspecified chronic liver disease without mention of alcohol. 573.8 Other specified disorders of liver. 573.9 Unspecified disorders of liver. 790.4 Abnormal transaminase. 790.5 Abnormal alkaline phosphatase.	TC, HDL, TRG (Lipid Profile, 10-989)	\$10.25	80061QW	\$18.51
Three times per year	After treatment goals have been achieved	272.8 Other disorders of lipid metabolism. 272.9 Unspecified disorders of lipid metabolism.	TC (10-986)	\$3.95	82465QW	\$6.02
Six times per year	For monitoring dietary or drug therapy <u>during the first year</u>	V58.69 Long term (current) use of other medications.	TC (10-986) or TG (10-989) or HDL (10-987)	\$3.95 \$10.25 \$7.75	82465QW 84478QW 83718QW	\$6.02 \$7.95 \$11.31
Six times per year	For marked elevations or changes to anti-lipid therapy due to inadequate initial patient response to dietary or drug therapy	V58.69 Long term (current) use of other medications.	TC (10-986) or TG (10-989) or HDL (10-987) or TC, HDL, TRG (10-989) ³	\$3.95 \$10.25 \$7.75 \$10.25	82465QW 84478QW 83718QW 82465QW, 84478QW, 83718QW	\$6.02 \$7.95 \$11.31 \$18.51

¹Common ICD-9 codes are shown. A complete list is available in Table 2.

²Many common prescription drugs affect lipid metabolism, requiring that lipid panels be performed once per year. These include HMG CoA reductase inhibitors (statins), bile acid sequestrants, fibric acid derivatives, and nicotinic acid used for treating hyper- and dyslipidemia. Drugs used to treat diabetes mellitus can also affect lipid metabolism.

³If marked elevations or inadequate initial patient response occurs for all three tests (TC, TG, HDL), the Lipid Profile (10-989) is justified, but it will count as 3 of the 6 tests allowed for the year.

Table 2. ICD-9 CM Codes Covered By Medicare For Lipid Testing

ICD-9 Codes	ICD-9 CM Code Descriptor	ICD-9 Codes	ICD-9 CM Code Descriptor
242.00–245.9	Disorders of the thyroid gland with hormonal dysfunction.	414.9	Chronic ischemic heart disease, unspecified.
250.00–250.93	Diabetes mellitus.	428.0–428.9	Heart failure.
255.0	Cushing's syndrome.	429.2	Arteriosclerotic cardiovascular disease.
260	Kwashiorkor.	429.9	Heart disease NOS.
261	Nutritional marasmus.	431	Intracerebral hemorrhage.
262	Other severe, protein-calorie malnutrition.	433.00–433.91	Occlusion & stenosis of precerebral arteries.
263.0	Malnutrition of moderate degree.	434.00–434.91	Occlusion of cerebral arteries.
263.1	Malnutrition of mild degree.	435.0–435.9	Transient cerebral ischemia.
263.8	Other protein-calorie malnutrition.	437.0	Other & ill-defined cerebrovascular disease.
263.9	Unspecified protein-calorie malnutrition.	437.1	Other generalized ischemic cerebrovascular disease.
270.0	Disturbances of amino-acid transport.	437.5	Moyamoya disease.
271.1	Galactosemia.	438.0–438.9	Late effects of cerebrovascular disease.
272.0	Pure hypercholesterolemia.	440.0–440.9	Arteriosclerosis.
272.1	Hyperglyceridemia.	441.00–441.9	Aortic aneurysms.
272.2	Mixed hyperlipidemia (tuberous xanthoma).	442.0	Upper extremity aneurysm.
272.3	Hyperchylomicronemia.	442.1	Renal artery aneurysm.
272.4	Other and unspecified hyperlipidemia (unspecified xanthoma).	442.2	Iliac artery aneurysm.
272.5	Lipoprotein deficiencies.	444.0–444.9	Arterial embolism & thrombosis.
272.6	Lipodystrophy.	557.1	Chronic vascular insufficiency of intestine.
272.7	Lipidoses.	571.8	Other chronic non-alcoholic liver disease.
272.8	Other disorders of lipid metabolism.	571.9	Unspecified chronic liver disease without mention of alcohol.
272.9	Unspecified disorders of lipid metabolism.	573.8	Other specified disorders of liver.
277.3	Amyloidosis.	573.9	Unspecified disorders of liver.
278.00	Obesity.	577.0–577.9	Pancreatic disease.
278.01	Morbid obesity.	579.3	Other & unspecified postsurgical nonabsorption.
303.90–303.92	Alcoholism.	579.8	Other specified intestinal malabsorption.
362.10–362.16	Other background retinopathy and retinal vascular change.	581.0–581.9	Nephrotic syndrome.
362.30–362.34	Retinal vascular occlusion.	584.5	Acute renal failure with lesion of tubular necrosis.
362.82	Retinal exudates and deposits.	585	Chronic renal failure.
371.41	Corneal arcus, juvenile.	588.0	Renal osteodystrophy.
374.51	Xanthelasma.	588.1	Nephrogenic diabetes insipidus.
379.22	Crystalline deposits in vitreous.	588.8	Other specified disorders resulting from impaired renal function.
388.00	Degenerative & vascular disorder of ear, unspecified.	588.9	Unspecified disorder resulting from impaired renal function.
388.02	Transient ischemic deafness.	607.84	Impotence of organic origin, penis disorder.
401.0, 401.9	Essential hypertension	646.70–646.71	Liver disorders in pregnancy.
402.00–402.91	Hypertensive heart disease	646.73	Liver disorder antepartum.
403.00–403.91	Hypertensive renal disease	648.10–648.14	Thyroid dysfunction in pregnancy and the puerperium.
404.00–404.93	Hypertensive heart and renal disease	696.0	Psoriatic arthropathy.
405.01–405.99	Secondary hypertension	696.1	Other psoriasis.
410.00–410.92	Acute myocardial infarction.	751.61	Biliary atresia.
411.0–411.1	Other acute & subacute forms of ischemic heart disease.	764.10–764.19	“Light for dates” with signs of fetal malnutrition.
411.81	Coronary occlusion without myocardial infarction.	786.50	Chest pain unspecified.
411.89	Other acute and subacute ischemic heart disease.	786.51	Precordial pain.
412	Old myocardial infarction.	786.59	Chest pain, other.
413.0–413.1	Angina pectoris.	789.1	Hepatomegaly.
413.9	Other and unspecified angina pectoris.	790.4	Abnormal transaminase.
414.00–414.03	Coronary atherosclerosis.	790.5	Abnormal alkaline phosphatase.
414.04	Coronary athrsl-artery bypass graft.	790.6	Other abnormal blood chemistry.
414.05	Coronary athrsl-unspec graft.	793.4	Abnormal imaging study.
414.10	Aneurysm, heart (wall).	987.9	Toxic effect of unspecified gas or vapor.
414.11	Coronary vessel aneurysm.	996.81	Complication of transplanted organ, kidney
414.19	Other aneurysm of heart.	V42.0	Transplanted organ, kidney.
414.8	Other specified forms of chronic ischemic heart disease.	V42.7	Organ replacement by transplant, liver.
		V58.69	Long term (current) use of other medications.

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