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

Background

The 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 became effective November 25th, 2002. Carrier software for matching lipid CPT codes to the covered ICD-9 codes was ready January 1, 2003.

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 4**) 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 3**). 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 3** to determine when Medicare will cover lipid testing. Note that ICD-9 codes must be present on the CMS 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 4**.

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.

Table 1. 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.

Table 2. Coverage For Specimen Collection

CPT Code	When to Use	Description	Fee Amount
G0001	Medicare claims	Venipuncture	$3.00
36415	All other insurance claims	Venipuncture	varies
36416	All other insurance claims	Capillary Blood Specimen (e.g. fingerstick, heal, earstick)	varies

Billing For Lipid Panel Including Office Visit and Specimen Collection – Medicare 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:

	CPT code	Venipuncture	Fingerstick
Non physician office visit	99211	$20.00	$20.00
Lipid Panel	80061QW	$18.72	$18.72
Venipuncture	G0001	$3.00	
Total		$41.72	$38.72

Example 2

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

	CPT code	Venipuncture	Fingerstick
Non physician office visit	99211	$20.00	$20.00
Total cholesterol	82465QW	$6.08	$6.08
Venipuncture	G0001	$3.00	
Total		$29.08	$26.08

A practitioner can test for total cholesterol several times a year (see **Table 3**) and file for this reimbursement.

Table 3. 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	$18.72
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	$18.72
Three times per year	After treatment goals have been achieved	272.8 Other disorders of lipoid metabolism. 272.9 Unspecified disorders of lipoid metabolism.	TC (10-986)	$3.95	82465QW	$6.08
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	$6.08 $8.04 $11.44
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	$6.08 $8.04 $11.44 $18.72

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

[2]Many 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.

[3]If 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 4. ICD-9 CM Codes Covered By Medicare For Lipid Testing

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

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