# Internal Medicine Coding Alert

## Let 3 Tips Earn You Deserved Pay for Cardio Blood Tests

**Bonus: Why you still need ABNs despite new coverage**

You can sidestep pesky Medicare denials this year for your internist's cardiovascular screening tests if you assign the correct lab and ICD-9 codes, and understand the frequency guidelines.

On Jan. 1, Medicare began covering cardiovascular screening blood tests (80061, 82465, 83718, 84478), thanks to the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), says **Sheldrian LeFlore, CPC,** senior consultant with Gates, Moore & Company in Atlanta. Previously, Medicare did not reimburse for the screenings.

**1. Know When 1 Code Covers 3 Tests**

Your internist may use cardiovascular screenings to assess whether patients with increased low-density or high-density cholesterol are more likely to develop coronary artery disease and peripheral arterial disease, says **Jim Collins, CPC, ACS-CA, CHCC,** the CEO of Cardiology Coalition and president of Compliant MD in Matthews, N.C.

When the internist screens these patients, Medicare covers only the following cardiovascular screening blood tests every five years:

1. Total cholesterol (82465, Cholesterol, serum or whole blood, total)
2. Cholesterol test for high-density lipoproteins (83718, Lipoprotein, direct measurement; high-density cholesterol [HDL cholesterol])
3. Triglycerides (84478, Triglycerides).

If your physician performs all three tests on the same day, you should use 80061 (Lipid panel) because this lipid panel code includes the tests.

**Special note:** Codes 80061, 82465, 83718 and 84478 represent waived-status tests. That means as long as your internist has a "waived status" Clinical Laboratory Improvement Amendments (CLIA) certification, he can perform the tests in the office. Just remember to attach modifier -QW (CLIA waived test) to the codes, LeFlore says.

**Heads-up:** If your internist doesn't perform the lab test or doesn't have the CLIA certification, you cannot report the lab codes. Instead, you'll have to use the appropriate E/M codes (99201-99215) as long as the documentation supports billing an office visit, Collins says.

**2. Tie In the Correct ICD-9 Codes**

Because these are screening tests, you should use screening V codes as your primary diagnoses, Medicare says. Be sure to use the following approved codes:

4. V81.0 - Special screening for ischemic heart disease
5. V81.1 - ... for hypertension
6. V81.2 - ... for other and unspecified cardio-vascular conditions.

**How it works:** Suppose your internist orders the cholesterol test for high-density lipoproteins to screen for hypertension. In that case, you would link V81.1 to 83718.

**3. Don't Throw Away That ABN**

Although your office knows that Medicare will pay for the cardiovascular screenings only once every five years, your patients may forget. That means you should develop an advance beneficiary notice (ABN) process for your patients, Collins says.

**Example:** A physician checks a patient's cholesterol this year. Two years later, the patient sees your physician for a cardiovascular blood screening.

If the patient doesn't tell your physician about the previous screening, then you'll be unprepared for Medicare's denial and may have to write off charges for the lab tests.