

Part B Insider (Multispecialty) Coding Alert

Clip and Save: Reference This List To Bill Medicare Screening Benefits

Cheat sheet makes coding Medicare diabetes, cardiovascular tests a snap

Don't let Medicare's coverage of diabetes and cardiovascular blood screenings slip through your fingers. Post this list or give it to your physician so you - and your patients - won't miss out on these important screening opportunities.

Background: As of Jan. 1, 2005, Medicare will pay for most diabetes and cardiovascular blood screenings.

Your diabetes-screening code choices:

82947 - Glucose; quantitative, blood (except reagent strip). You should assign this code when the physician or nurse takes the patient's blood to check for glucose after the patient has fasted for 12 hours.

82950 - ... post glucose dose (includes glucose). This code represents the post-glucose test, which the physician uses for blood glucose determinations following the patient's ingestion of a dose of glucose.

82951 - ... tolerance test (GTT), three specimens (includes glucose). Use this code when the nurse draws blood for a fasting glucose determination, and then following that, the patient ingests a glucose solution before having another blood draw at half-hour and one-hour intervals.

Medicare-approved primary diagnosis code:

[V77.1](#) - Special screening for diabetes mellitus. Because you can only report one of the above tests at a time, you can link this ICD-9 code to 82947, 82950 and 82951.

Your cardiovascular test code choices:

82465 - **Cholesterol, serum or whole blood, total.** Report this code when the physician checks the "total cholesterol" in the patient's blood.

83718 - Lipoprotein, direct measurement; high-density cholesterol (HDL cholesterol). You should use 83718 when the physician checks for high-density or "good" cholesterol levels.

84478 - Triglycerides. Use this code when the physician tests the patient's blood for triglyceride levels.

80061 - Lipid panel. When the physician orders all of the above tests on the same patient and on the same day, you should report 80061.

Modifiers to Remember:

-QW - CLIA waived test

-TS - Follow-up service

Medicare-approved ICD-9 codes:

V81.0 - Special screening for ischemic heart disease

V81.1 - ... for hypertension

V81.2 - ... for other and unspecified cardio-vascular conditions.

