

Part B Insider (Multispecialty) Coding Alert

PART B MYTH BUSTER: One Wrong Digit Could Send Your 83037 Claims Into The Denial Pile

Check to make sure the FDA approved your test kit for home use

Myth: You can't report new hemoglobin A1C testing code 83037 if your physician tested your patients in the office.

Truth: 83037, introduced last year, is for home or office use.

Some coders may be confused by this new code's descriptor: Hemoglobin glycosylated A1C by device cleared by FDA for home use. But the -home use- part just means that you need to make sure your doctor is using one of the devices the **Food & Drug Administration** (FDA) approved for use at home, say experts.

Part B carrier **Noridian Medicare** put out a coverage notice saying you can bill both A1C testing codes, 83036 and 83037, in the doctor's office. The main difference between the two is that 83037 is for -devices cleared by the FDA for home use.- So you should be careful not to use 83037 if your doctor is using a -desk top analyzer- or other device that the FDA hasn't approved for use at home, Noridian says.

Good news: The **American Academy of Family Practice** says it won a battle to convince Medicare to pay a reasonable amount for 83037. In 2006, more than half the carriers were only paying \$13.56 for 83037, but in 2007 the code reimburses around \$21.06 nationwide.

Medicare won't cover patient self-testing for A1C, Noridian adds. Medicare will only cover the test from providers or laboratories certified under the Clinical Laboratory Improvement Act (CLIA).

Important: You should append the QW modifier to 83037 and make sure your physician office lab has its own CLIA certificate, says **Marie West** with **Medical Data Services** in Edmund, OK. You should refer to the CLIA Waived test list and make sure your particular test kit is okay to bill using this code, she adds.

The **American Diabetes Association** recommends that in addition to patients monitoring their blood glucose levels at home, they should receive hemoglobin A1C testing. The A1C test reveals the patient's average blood glucose level, or glycemic control, over the preceding four to eight weeks.

If your patients- diabetes is under control, you should only perform an A1C test once every three months, according to Medicare's national coverage determination. But for uncontrolled diabetes, you can test the patient more often.

Noridian says if you bill a -relatively high volume of A1C tests- and use 83037 for some of them, you may have to - produce invoices- to prove you used A1C test kits that the FDA had approved for home use.

-All the research studies use A1C as their endpoint as far as frequency of complications,- says Chico, CA diabetes educator **Beverly Dyck Thomassian**. -The closer to normal, the less likely they are to get microvascular complications.-

Important: If your doctor is performing A1C testing more than every three months, you need to document the reason, say experts. Your documentation should discuss the patient's lack of glycemic control. Pay attention to the fifth digit of your diagnosis coding because it specifies whether the patient's diabetes was controlled or uncontrolled.