

Part B Insider (Multispecialty) Coding Alert

Use the Right Diagnosis to Justify Frequent Lipid Testing

A national coverage determination from CMS (40-12) said in January that Medicare would normally cover lipid testing once per year. But Part B carrier **Cigna** says in its latest "frequently asked questions" list that testing could happen more often if "supported by clinical indication(s)."

Cigna doesn't go into any more detail, but it's frequently reasonable to perform screening tests such as lipids more often for patients who have symptoms of heart disease, liver disease, hyperlipidemia or other conditions, says **Kenneth Wolfgang**, director of coding and analysis with National Health Systems in Portland, Ore. (Similarly, you can perform mammograms or blood glucose tests more often for symptomatic patients.)

You can use a modifier to override these edits, as long as you report a diagnosis code such as [272.4](#) (other and unspecified hyperlipidemia) or 571.x (chronic liver disease and cirrhosis). Other diagnosis codes in the 272 family may be appropriate, Wolfgang says.

Cigna also allows that a patient may need a separate LDL along with a lipid panel (which includes LDL) if there are concerns that a high triglyceride level is affecting the assay. "I don't know any situation in which you would do two LDL tests unless one is done on a pre-centrifuge specimen and one is done on a post-centrifuge specimen," Wolfgang says.