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

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.