



Danbury Hospital
Department of Pathology & Laboratory Medicine
Technically Speaking

C. S. Guidess, Editor

September, 2005

Issue #90

NEW MEDICARE COVERAGE FOR DIABETES AND CARDIOVASCULAR SCREENINGS

Medicare will now reimburse certain screening tests for diabetes and cardiovascular disease effective January 1, 2005. To enable doctors' offices and patients to take advantage of these new coverage benefits and ensure compliance with Medicare billing regulations, please keep in mind the following limitations and requirements of this coverage:

DIABETES SCREENINGS

For patients at risk for diabetes, Medicare will reimburse fasting blood glucose tests and post-glucose challenge tests, including "an oral glucose tolerance test with a glucose challenge of 75 grams of glucose for nonpregnant adults or a two-hour post-glucose challenge test alone".

CONDITIONS OF COVERAGE INCLUDE:

Eligible patients. Medicare beneficiaries not previously diagnosed with diabetes and at risk for diabetes are eligible for the covered tests. At-risk patients have any of the following risk factors:

- Hypertension
- Dyslipidemia
- Obesity (i.e., body mass index at or greater than 30kg/m²)
- Prior findings of impaired fasting glucose or glucose intolerance
- At least two of the following: body mass index more than 25 kg/m² but less than 30 kg/m², family with diabetes, prior gestational diabetes mellitus or delivery of a baby exceeding 9 lbs, age of 65 years or older.

Frequency of coverage. CMS will cover two screenings every 12 months for prediabetic patients. All other eligible patients are entitled to one screening per year. Prediabetic patients have a fasting glucose level of 100 mg/dL - 125 mg/dL or a two-hour post-glucose challenge level of 140 mg/dL-199 mg/dL. Prediabetes is defined as impaired fasting glucose and impaired glucose tolerance.

Reimbursement. Medicare pays for these tests under the clinical laboratory fee schedule. Use the following diabetes-related CPT© codes to indicate the test performed: 82947, 82950, or 82951. Use ICD-9 code V77.1 to indicate the test is a screening rather than a diagnostic test. For prediabetic patients, include modifier TS.

CARDIOVASCULAR SCREENINGS

Medicare will reimburse the following panel of blood tests for all Medicare patients who don't have signs or symptoms of cardiovascular disease: total cholesterol test, cholesterol test for high-density lipoproteins, and triglycerides test. Patients must fast for at least 12 hours before these tests are performed, according to CMS.

CONDITIONS OF COVERAGE INCLUDE:

Frequency of coverage. Medicare beneficiaries are eligible to receive each of the three tests named above once every five years.

Reimbursement. Medicare will pay for these screenings tests under the clinical laboratory fee schedule. Use the following CPT codes to indicate the test performed: 82465 (total cholesterol), 83718 (high-density lipoprotein cholesterol), 84478 (triglycerides), or 80061 (lipid panel). To indicate the test is a screening rather than a diagnostic test, use one of the following ICD-9 screening codes: V81.0 (ischemic heart disease), V81.1 (hypertension), or V81.2 (other cardiovascular conditions).

In addition to these requirements, please note that to qualify for coverage, the screening tests must also be medically justified and supported by the medical record. An advanced beneficiary notice must be obtained if one of these screening tests is ordered when it is known it will exceed the frequency limit or if it cannot be determined whether it will exceed the frequency limit. Finally, please provide the necessary diagnostic information for all test orders to support the medical necessity of the tests and to allow the laboratory to submit accurate and complete claims for services.

ONLINE RESOURCES FOR THE NEW SCREENING RULES

- The 2005 physician fee schedule is in the November 15, 2004, *Federal Register* at www.access.gpo.gov/su_docs/fedreg/a041115c.html (scroll down to the CMS heading).
- CMS' December 17, 2004, transmittal regarding cardiovascular screenings is at www.cms.hhs.gov/manuals/pm_trans/R408CP.pdf
- CMS's January 21, 2005, transmittal regarding diabetes screening is at www.cms.hhs.gov/manuals/pm_trans/R446CP.pdf (note that the January 21 transmittal replaced a December transmittal about diabetes screenings).
- CMS's January 28, 2005, transmittal clarifying the use of modifier TS to indicate testing for prediabetic patients is at www.cms.hhs.gov/manuals/pm_trans/R457CP.pdf.

LUBRICANTS INTERFERE WITH THINPREP PAP SPECIMENS

Kathleen Johnson-McDonough, MA, CT (ASCP) Technical Specialist - Cytology

In recent weeks, the Cytology staff has noticed a number of Thinprep pap specimens that are obscured by precipitated material on the slides, rendering the specimen unsatisfactory for testing. These cases tend to be on older women, where a lubricant is used to collect the pap. The Cytoc Corporation, supplier of Thinprep reagents used at Danbury Hospital, has evaluated various lubricants and found that the ones containing "carbomers" or "carbopol polymers" interfere with the liquid based pap test. The following list of lubricants, which is not all-inclusive, does not contain the interfering substance:

- KY Jelly (Johnson & Johnson)
- Surgilube (E. Fougera & Co.)
- Astroglide (Biofilm, Inc)
- Crystelle (Deltex Pharmaceuticals)

Questions may be directed to the Cytology section of the laboratory at 797-7846.

REFERENCE: Cytoc Corporation, 250 Campus Drive, Marlborough, MA 01752

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24 Hospital Ave., Danbury CT 06810
Client Services Rep: 797-7800. Specimen Pickup: 797-7306