

TO: All Providers

FROM: CareFirst of Maryland, Inc., Medicare Medical Review

DATE: January 31, 2002

SUBJECT: Appropriate ICD-9-CM (DIAGNOSIS) Coding Laboratory Services

Medical Review has identified global trends in the omission of all applicable ICD-9 coding on claims billed to the Fiscal Intermediary involving laboratory services resulting in denials of medically necessary services. These omissions have resulted in unnecessary volume of both denials and appeals due to improper coding. It is imperative that the electronic claim be fully representative of the patient's clinical status in the medical record. CareFirst of Maryland, Inc., Maryland Medicare Part A Local Medical Review Policies (LMRP's) are available online at www.marylandmedicare.com and www.lmrp.net.

The following scenarios were identified most frequently during the course of both pre-payment and appeal review:

1. Prothrombin Time (HCPCS 85610)

- Use of aspirin or other anticoagulation therapies would justify coverage (V5861)

***Please note routine pre operative testing of Prothrombin Time does not meet coverage criteria**

2. Blood Counts (HCPCS 85007-85009, 85013-85014, 85018, 85021-85025, 85027, 85031)

- Use of aspirin or other anticoagulation therapies would justify coverage (V5861)
- Abdominal pain (78900 is typically reported which is non specific and not covered); the policy states sites that are specific to abdominal pain
- Symptoms involving respiratory system and other chest symptoms, chest pain unspecified (78650) has been frequently reported with HCPCS 78651 (pericardial pain) and HCPCS 78659 (chest pain other) that are not covered
- Elevated temperature is frequently not coded as Fever (7806)
- Outpatient psychiatric claims for monitoring psychotropic medication {e.g. Clozaril} are frequently not coded to support necessity for blood count (V5869)

3. Digoxin Level (HCPC 80162)

- Often billed without the appropriate medical diagnosis such as cardiac dysrhythmias or congestive heart failure

4. Tumor Marker CA-125 (HCPC 86304)

- HCPCS 86316 (CA-50, 72-4, 549) is billed instead of revised HCPCS 86304

***As of 1/1/01 86316 is considered experimental and therefore non-covered**

5. Glycated Hemoglobin (HCPC 83036) and Blood Glucose (HCPC 82947)

- Often billed without the appropriate medical diagnosis such as diabetes (25000)

6. Prostate Specific Antigen (HCPCS 84152-84154)

- Often billed without the appropriate medical diagnosis such as Benign Prostatic Hypertrophy (185)

***Note the above range of codes are not appropriate for use in billing Prostate Cancer Screening tests (see transmittal AB-99-77)**

In order to ensure appropriate payment for medically necessary services it is essential that clinicians and coders work collaboratively to reflect all appropriate diagnoses applicable to the patient's clinical presentation.

(Sources: WWW.MARYLANDMEDICARE.COM and www.lmrp.net

Original and All revisions to Local Medical Review Policies

Transmittal AB-99-77.)

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE AT NO COST FROM OUR WEBSITE AT WWW.MARYLANDMEDICARE.COM.

Please contact Provider Relations at 1-866-488-0545 regarding billing questions and Dorothy Sewell at 410-561-4108 regarding Medical Review issues.