CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 408 **Date: DECEMBER 17, 2004**

CHANGE REQUEST 3411

SUBJECT: Cardiovascular Disease Screening

I. SUMMARY OF CHANGES: Expanded Medicare coverage of cardiovascular disease screening is mandated by section 612 of the Medicare Prescription Drug Improvement and Modernization Act of 2003. This section provides guidance and clarification of the new rules for cardiovascular disease screening effective for services performed on or after January 1, 2005. See 42 CFR 410.17, added by 69 FR 66236, 66420 (November 15, 2004).

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2005
IMPLEMENTATION DATE: January 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:
(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N	18/100/Cardiovascular Disease Screening
N	18/100.1/HCPCS Coding for Cardiovascular Screening
N	18/100.2/Carrier Billing Requirements
N	18/100.3/Fiscal Intermediary Billing Requirements
N	18/100.4/Diagnosis Code Reporting
N	18/100.5/Medicare Summary Notices
N	18/100.6/Remittance Advice Remark Codes
N	18/100.7/Claims Adjustment Reason Codes

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	**Business Requirements**
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 408	Date: December 17, 2004	Change Request 3411

SUBJECT: Cardiovascular Disease Screening

I. GENERAL INFORMATION

A. Background: Pursuant to final regulations published on November 15, 2004 (see 42 CFR 410.17 added by 69 FR 66236, 66420), and section 612 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), we amended 42 CFR sections 411.15(a)(1) and 411.15(k)(11) to expand Medicare coverage of cardiovascular disease screening tests, effective for services furnished on or after January 1, 2005, for beneficiaries at risk for cardiovascular disease.

B. Policy: 42 CFR 410.17 provides for Medicare coverage of cardiovascular screening blood tests (tests for the early detection of cardiovascular disease or abnormalities associated with an elevated risk for that disease) effective with services performed on or after January 1, 2005. MMA requires coverage of tests for cholesterol and other lipid or triglycerides levels for this purpose. The Secretary is authorized to approve coverage of other screening blood tests for other indications associated with cardiovascular disease or an elevated risk for that disease, including indications measured by noninvasive testing. Additional blood tests may only be covered for a particular indication if the United States Preventive Services Task Force (USPSTF) recommends them for that purpose and they are determined appropriate through a subsequent national coverage determination.

Coverage is provided for the following 3 screening blood tests:

Total Cholesterol Test;
Cholesterol Test for High Density Lipoproteins; and,
Triglycerides Test.

These 3 tests should be performed as part of a panel and only following a 12-hour fast. Each of these 3 tests under this benefit are permitted once every 5 years. Providers and suppliers that bill for the cardiovascular screening benefit must point the screening diagnosis codes (V81.0, V81.1, V81.2) to the line item service.

Medicare will pay for the 3 tests under the Medicare Clinical Laboratory Fee Schedule. While the tests should be performed as a panel, they are also available as individual tests. However, the frequency limit of once every 5 years for each screening test applies regardless of the ordering pattern. To facilitate claims processing, the laboratory must include in the diagnosis section of the claim the diagnosis code that provides the highest degree of accuracy and completeness in describing the diagnosis.

Other cardiovascular screening blood tests for which CMS has not specifically indicated national coverage continue to be noncovered.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3411.1	Contractors shall accept, 80061 Lipid Panel when the diagnosis code reported is one of the following: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions	X		X						
3411.2	Contractors shall accept, 82465 Cholesterol, serum or whole blood, total when the diagnosis code reported is one of the following: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions	X		X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3411.3	Contractors shall accept, 83718 Lipoprotein, director measurement; high density cholesterol (HDL cholesterol) when the diagnosis code reported is one of the following: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions	X		X						
3411.4	Contractors shall accept, 84478 Triglycerides when the diagnosis code reported is one of the following: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions	X		X						
3411.5	The NCD Edit Module for Clinical Diagnostic Laboratory Services shall be revised. CPT Codes 80061, 82465, 83718 and 8447 when billed with one of the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions shall be listed as a covered ICD-9 code.									NCD Edit Module
3411.6	Contractors shall pay for cardiovascular screening tests only when the services are submitted on one of the following types of bill (TOB): 12X, 13X, 14X, 22X, 23X, 85X.	X				X				
3411.7	Contractors shall pay for TOBs 12X, 13X, 14X, 22X, 23X under the clinical laboratory fee schedule.	X				X				

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3411.8	The Outpatient Code Editor shall be revised to permit payment for 80061, 82465, 83718 and 84478 when billed with the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular condition									Outpatient Code Editor
3411.9	CWF shall reject claims with procedure code 80061 billed with the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions when there is an auxiliary file with 80061 for the beneficiary within 60 months billed with one of the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions								X	
3411.10	Contractors shall deny claims for 80061 with one of the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions, when rejected by CWF and provide the appropriate remittance advice message.	X		X						

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3411.11	CWF shall reject claims for 82465, 84478 or 83718 billed with one of the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions, when there is an auxiliary file for 80061 for the beneficiary within 60 months.								X	
3411.12	Contractors shall deny claims 82465, 84478 or 83718 billed with one of the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions, when rejected by CWF and provide the appropriate remittance advice message.	X		X						
3411.13	CWF shall reject claims for 80061 billed with one of the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions, when there is already an auxiliary file in CWF for 82465, 84478 or 83718 with diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions								X	

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3411.14	CWF shall reject services containing procedure 82465 billed with the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions when there is an auxiliary file with 82465 for the beneficiary within 60 months billed with one of the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions								X	
3411.15	CWF shall reject services containing procedure code 83718 billed with the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions when there is an auxiliary file with 83718 for the beneficiary within 60 months billed with one of the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions								X	

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3411.16	CWF shall reject services containing procedure code 84478 billed with the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions when there is an auxiliary file with 84478 for the beneficiary within 60 months billed with one of the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions								X	
3411.17	Contractors shall deny claims for 80061, 82465, 83718, and 84478 billed with one of the following diagnosis codes: V81.0 Special screening for ischemic heart disease V81.1 Special screening for hypertension V81.2 Special screening for other and unspecified cardiovascular conditions, when rejected by CWF and shall provide the appropriate remittance advice message.	X		X						
3411.18	Contractors should use claim adjustment reason code 119 "Benefit maximum for this time period has been reached" upon receipt of CWF rejects based upon requirements 3411.10, 3411.12 and 3411.17	X		X						
3411.19	Contractors shall pay for Cardiovascular Screening Blood Tests (80061, 82465, 83718, 84478) only when services are submitted on one of the following type bills: 12X, 13X, 14X, 22X, 23X, 85X.	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3411.20	Contractors shall pay for Cardiovascular Screening Blood Tests (80061, 82465, 83718, 84478) in Maryland Hospitals on a claims basis, according to the Maryland State Cost Containment Plan.	X				X				
3411.21	Contractors shall pay for Critical Access Hospitals TOB 85X on reasonable cost.	X				X				

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2005 **Implementation Date:** January 3, 2005 **Pre-Implementation Contact(s):** Joyce Eng (410) 786-4619 (Coverage), Joan Proctor-Young (410) 786-0949 (Carriers), Taneka Rivera (410) 786-9502 (FI) **Post-Implementation Contact(s):** Your regional office	**Medicare Contractors shall implement these instructions within their current operating budgets.**

***Unless otherwise specified, the effective date is the date of service.**

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

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(Rev. 408, 12-17-04)

Crosswalk to Old Manuals

100 – Cardiovascular Disease Screening

(Rev. 408, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

100.1 – HCPCS Coding for Cardiovascular Disease Screening

(Rev. 408, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

The following HCPCS codes are to be billed for Cardiovascular Disease Screening:

80061 – Lipid Panel

82465 – Cholesterol, serum or whole blood, total

83718 – Lipoprotein, direct measurement, high density cholesterol

84478 – Triglycerides

100.2 – Carrier Billing Requirements

(Rev. 408, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

Effective for dates of service, January 1, 2005, and later, carriers shall recognize the above HCPCS codes for Cardiovascular Disease Screening.

Carriers shall pay for Cardiovascular Disease Screening once every 60 months.

A claim that is submitted for Cardiovascular Disease Screening shall be submitted in the following manner:

The line item shall contain 80061, 82465, 83718 or 84478 with a diagnosis code of V81.0 – Special screening for ischemic heart disease, V81.1 – Special screening for hypertension or V81.2 – Special screening for other and unspecified cardiovascular conditions reported in the header and pointed to the line item.

100.3 – Fiscal Intermediary (FI) Billing Requirements

(Rev. 408, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

Effective for dates of service, January 1, 2005, and later, intermediaries shall recognize the above HCPCS codes for Cardiovascular Disease Screening.

FIs shall pay for Cardiovascular Disease Screening once every 60 months.

A claim that is submitted for Cardiovascular Disease Screening shall be submitted in the following manner:

The line item shall contain 80061, 82465, 83718 or 84478 with a diagnosis code of V81.0 – Special screening for ischemic heart disease, V81.1 – Special screening for hypertension or V81.2 – Special screening for other and unspecified cardiovascular conditions reported in the header and pointed to the line item.

100.4 – Diagnosis Code Reporting

(Rev. 408, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

A claim that is submitted for Cardiovascular Disease Screening shall be submitted with one or more of the following diagnosis codes in the header and pointed to the line item:

V81.0 – Special screening for ischemic heart disease,
V81.1 – Special screening for hypertension, or
V81.2 – Special screening for other and unspecified cardiovascular conditions

100.5 – Medicare Summary Notice

(Rev. 408, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

When denying claims for cardiovascular screening based upon a CWF reject for 80061, 82465, 83718, or 84478 billed with one or more the following diagnosis codes V81.0, V81.1 and V81.2, contractors shall use MSN 16.54 Medicare does not pay for this many services or supplies.

100.6 – Remittance Advice Remark Codes

(Rev. 408, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

Contractors shall use the appropriate remittance advice notice that appropriately explains the denial of payment.

100.7 – Claim Adjustment Reason Code

(Rev. 408, Issued: 12-17-04, Effective: 01-01-05, Implementation: 01-03-05)

Contractors shall use claims adjustment reason code 119 "Benefit maximum for this time period has been reached."