

**\*\*MEDICARE AUDIT – LIPID PROFILES – IMPORTANT PLEASE READ\*\***

Wisconsin Physician Services (WPS), Jurisdiction J5 Medicare Administrative Contractor (MAC), is conducting audits pertaining specifically to Lipid Testing. The purpose of the claim review is to ensure documentation supports the reasonable and necessary criteria of the services billed and follows Medicare rules and regulations. In order to fulfill the requirements of the audit Physicians Laboratory must reach out to all clients involved and request the following records:

- Practitioner orders for the Lipid panel
- Practitioner progress notes indicating the rationale for the lipid panel
- History and physical
- Medication list
- Documentation to support testing more frequently than once per year for monitoring long-term anti-lipid therapy and for patients with borderline high total or LDL cholesterol levels
- Advance Beneficiary Notice of Non-Coverage (ABN), if applicable
- Any additional documentation to support the requirements of National Coverage Determination (NCD) 190.23

**\*\*WHEN YOU RECEIVE A REQUEST FROM OUR OFFICE FOR THIS INFORMATION, WE NEED AN IMMEDIATE RESPONSE SO THAT WE CAN GET THIS INFORMATION TO MEDICARE IN A TIMELY MANNER\*\***

Please note that Lipid Testing falls under National Coverage Determination 190.23. The following is stated in this determination:

“When monitoring long term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels, **it may be reasonable to perform the lipid panel annually**. A lipid panel at a yearly interval will usually be adequate while measurement of the serum total cholesterol or a measured LDL should suffice for interim visits if the patient does not have hypertriglyceridemia.”

**Medicare will only cover Lipid testing once per year** for monitoring of long-term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels. If you order a Lipid test more frequently than once per year, you must provide a signed ABN and/or clinical notes showing why this testing was medically necessary. **\*\*THIS DOCUMENTATION MUST BE PROVIDED IN YOUR RESPONSE TO THE AUDIT REQUEST\*\***

If you have any additional questions, please reach out to Jamie Loch (402)933-5729.

**2024 CPT CODE UPDATES**

The following tests had CPT code updates effective 01/01/2024.

Test #	Test Name	Old CPT (2023)	New CPT (2024)
452	Acetylcholine Receptor Binding Antibody	83519	86041
10006	Acetylcholine Receptor Modulating Antibody	83516	86043
2417	Acetylcholine Receptor Blocking Antibody	86042	83516
8204	Anti-Mullerian Hormone	83520	82166
10260	Myasthenia Gravis Reflexive Panel	83519;83516	86041;86042
10396	Muscle-Specific Kinase (MuSK) Antibody	86255	86366