

## Internal Medicine Coding Alert

### You Be the Coder: Nix Overcoding Cardio Blood Tests

**Question:** An internist performs three cardiovascular screening blood tests on a Medicare patient. Should I use one code or three?

North Carolina Subscriber

**Answer:** You should probably assign one code for all three tests that assess whether patients with increased low-density or high-density cholesterol are more likely to develop coronary artery disease and peripheral arterial disease. Medicare covers only the following cardiovascular screening blood tests every five years:

- total cholesterol (82465, Cholesterol, serum or whole blood, total)
- cholesterol test for high-density lipoproteins (83718, Lipoprotein, direct measurement; high-density cholesterol [HDL cholesterol])
- triglycerides (84478, Triglycerides).

If your physician performs all three tests on the same day, you should use 80061 (Lipid panel ...). This lipid panel code includes 82465, 83718 and 84478. So you should roll the individual test codes into the composite panel.

Don't forget to attach modifier QW (CLIA-waived test) to 80061 or to 82465, 83718 and 84478 when performed individually or dually. Codes 80061, 82465, 83718 and 84478 represent waived-status tests. That means as long as your internist has a "waived status" Clinical Laboratory Improvement Amendments (CLIA) certification, he can perform the tests in the office.

**Warning:** If your internist doesn't perform the lab test or doesn't have the CLIA certification, do not report the lab codes. Instead, you should use the appropriate E/M codes (99201-99215) if the documentation supports billing an office visit.