

Part B Insider (Multispecialty) Coding Alert

Reader Question: CPT® Does Not Include Every Lab Panel

Question: A physician ordered a urine "kidney stone risk panel" for a patient with serial kidney stones. I don't see the panel listed in CPT® -- how should we code the panel?

New Jersey Subscriber

Answer: CPT® does not provide a code for a "kidney stone risk panel," so you should individually report the tests that the lab performs.

For instance: The lab might test the patient's urine for citric acid, uric acid, oxalic acid, and perform a 24-hour calcium test to determine what components might be involved in repeated stone formation. If these are the tests in your panel, report the following codes:

- 82340 -- Calcium; urine quantitative, timed specimen
- 82507 -- Citrate
- 83945 -- Oxalate
- 84560 -- Uric acid; other source.

Understand panel coding: CPT® provides codes for "organ or disease-oriented panels" in the range 80047 (Basic metabolic panel [calcium ionized]) to 80076 (Hepatic function panel). These panels involve a number of chemistry tests - each with its own code -- that CPT® groups together "for coding purposes only." The CPT® panels "should not be interpreted as clinical parameters ... [and] are not intended to limit the performance of other tests," according to CPT® instruction. That means that a physician may order any group of tests that he deems useful for diagnostic purposes. The physician or the lab might designate a particular test grouping as a "panel," but the term is meaningless for coding purposes unless it is one of the 10 panels specifically identified by CPT®.

Do this: Always make sure you report every test the lab performs. That might mean reporting a single panel code (if the panel includes every test you perform, and no more), or reporting a panel code plus individual tests (if you perform all the tests in a panel, plus more tests). Or -- as in your example -- it might mean not reporting a panel code at all, but simply reporting each individual test.