

Part B Insider (Multispecialty) Coding Alert

READER QUESTION: Know How to Report Repeat Lab Test

Question: A physician ordered an electrolyte panel for a 72 year-old female patient experiencing post-surgical headache, nausea, and weakness. Finding hyponatremia, the physician began hypertonic saline infusions and ordered a blood sodium test three more times that same day. Can we report the subsequent sodium tests even though sodium is part of the panel?

Answer: Yes, you can report both the electrolyte panel and the follow-up sodium tests, which the physician ordered for a medically-necessary diagnosis of 276.1 (Hyposmolality and/or hyponatremia).

Bill the initial panel test using 80051 (Electrolyte panel; This panel must include the following: Carbon dioxide [bicarbonate] [82374], Chloride [82435], Potassium [84132], Sodium [84295]).

You can also bill each follow-up sodium test using 84295 (Sodium; serum, plasma or whole blood).

Roadblock: Because 84295 is a component of the 80051 panel, there's a Correct Coding Initiative (CCI) edit that restricts reporting the two tests together.

Solution: Because the physician orders the medically necessary subsequent tests, you can bill the each sodium test (84295) with modifier 91 (Repeat clinical diagnostic laboratory test) to indicate that you've repeated the test and that you aren't unbundling a charge from the original panel code. Although less common, some payers may direct you to use a different modifier, such as 59 (Distinct procedural service) or 76 (Repeat procedure or service by same physician or other qualified health care professional).