

Modifier Coding Alert

Reader Question: Make QW Part of All Your CLIA-Waived Claims

Question: Our physician recently performed a cardiovascular blood screening for an established Medicare patient. Our practice has CLIA (Clinical Laboratory Improvement Amendments) certification. The patient met all of Medicare's eligibility rules (age, time elapsed since last screening, etc.). Encounter notes indicate that the provider performed "lipid panel tests." How do I code this scenario?

Oregon Subscriber

Answer: You'll need more information from the notes, or the provider, to correctly code this claim. No matter how you code the encounter, however, you're going to need modifier help.

A full lipid panel consists of three tests:

- Cholesterol, serum, or whole blood (82465)
- Lipoprotein (83718)
- Triglycerides (84478)

Do this: Check with the provider to see if she performed all three of the aforementioned tests. If the provider performed all three of blood tests on the same patient during the same encounter, code the encounter with 80061 (Lipid panel) with modifier QW (CLIA-waived test) appended to show that your practice has CLIA certification.

Caveat: The provider might have only ordered one or two of the three tests. Though it's a rare occurrence, the entire lipid panel is not necessary in certain specific situations.

Let's say you ask the provider if she performed a full lipid panel and she says she only performed cholesterol and lipoprotein panels, you would report 82465 (Cholesterol, serum or whole blood, total) with modifier QW appended for the cholesterol panel, and 83718-QW (Lipoprotein, direct measurement; high density cholesterol [HDL cholesterol]) for the lipoprotein panel.