Internal Medicine Coding Alert

Reader Question: Multiple Diagnostic Tests

Question: A diabetic patient presented to the office complaining of weakness, tremors and confusion. We performed a stat glucose, which revealed hypoglycemia with a value of 40. We gave the patient glucose tablets and retested him 15 minutes later. He was still hypoglycemic with a value of 55. We provided more glucose tablets and retested him 15 minutes later. His glucose was then normal and he reported relief of his symptoms, so we sent him home. When we billed the three blood glucose tests, (82947, Glucose; quantitative, blood) only one was paid. How can we get paid for all three tests?

Illinois Subscriber

Answer: The secret to getting paid for repetitive laboratory tests performed on the same day is modifier -91 (Repeat clinical diagnostic laboratory test). This modifier lets the payer know that the tests you are billing are not duplicates. The instructional notes in CPT caution that you should not use this modifier to bill for tests that must be repeated because of testing problems with specimens or equipment. It also is not to be used for codes that by definition require serial measurements. For instance, the code for glucose tolerance tests includes a number of measurements that are performed over a three-hour period. Modifier -91 is not intended to allow you to unbundle those tests and bill each one separately. This modifier was created for situations such as you describe, and it should solve your problem.