

## Internal Medicine Coding Alert

### Reader Question: Use Modifier 91 to Separate Repeat Tests

Question: A patient with controlled type II diabetes reports to the internist saying he feels very weak. The internist performs a stat glucose test, which reveals hypoglycemia. After giving the patient some glucose supplements, the internist retests him 30 minutes later. The second test shows the patient's glucose levels returned to normal. How should I report this scenario?

Kansas Subscriber

Answer: You should report the glucose test twice, with the repeat lab test modifier-appended.

On the claim, report the following:

- 82947 (Glucose; quantitative, blood) for the first glucose test
- 82947 for the second test
- modifier 91 (Repeat clinical diagnostic laboratory test) linked to the second 82947 to show that you are billing again for the same test
- 250.80 (Diabetes with other specified manifestations; type II or unspecified type, not stated as uncontrolled) linked to 82947 and 82947-91 to represent the patient's hypoglycemia.

Warning: Failure to use modifier 91 for this encounter will likely result in a denial. This modifier lets the payer know that the tests you are billing are not duplicates. You should not use the modifier to code for repeat tests due to problems with patients, specimens or equipment. Because your internist performed the retest to check the patient's glucose levels again, including modifier 91 is appropriate.