TO: Select Health Providers
FROM: Dr. Greg Barabell, Medical Director, Select Health of South Carolina
SUBJECT: Coding Considerations for Laboratory Testing

Summary: Select Health has noticed an increase of laboratory claims submitted with the CPT code, 87804 – infectious agent detection by immunoassay w/direct optical observation; influenza; with a 91 modifier and billed with multiple units on 1 claim line.

In an effort to decrease claims denials, this notice informs our providers of correct coding considerations when billing with a 59 modifier vs. a 91 modifier for the 87804 and other laboratory codes.

In accordance with the AMA CPT Assistant, May 2009: since the 87804 is the only CPT code that describes testing for influenza, it is used to test for influenza A and influenza B. If the testing provides two separate results (i.e., a result for influenza virus A and a result for influenza virus B) and the doctor documents both results, it is appropriate to report two units of code 87804. When two units of code 87804 are submitted, use modifier 59, Distinct Procedural Service, to indicate that the two results represent separate services (1st claim line - code 87804, 1 unit and 2nd claim line - 87804-59, 1unit).

As a matter of differentiation, modifier 91, Repeat Clinical Diagnostic Laboratory Test, is used when, in the course of treating a patient, it is necessary to repeat the same laboratory test on the same day to obtain subsequent test results.

However, modifier 91 is not used when the second test is from a different site or different strain. Modifier 91 may not be used when there is a HCPCS or CPT code that describes a series of results (e.g., 87951 - glucose tolerance test (GTT), 3 specimens). This modifier may not be used when tests are rerun to confirm initial results due to testing problems with specimens or equipment, or for any other reason when a normal, one-time reportable result is all that is required.

For questions or concerns, contact Medical Services at 1.888.559.1010.