

TITLE: Use of Modifier -91

POLICY/PURPOSE: To establish a procedure under which the Modifier -91 may be appended to a clinical laboratory procedure code.

Modifier -91 is appended to a clinical laboratory procedure code when it is necessary to obtain multiple results in the course of treatment.

DEFINITIONS:

Modifier -91: Repeat Clinical Diagnostic Laboratory Test

PROCEDURE:

1. Append Modifier -91 to indicate that the same clinical laboratory test was performed more than once on the same day for the same patient when necessary to obtain multiple results in the course of treatment.
2. Do **not** append Modifier -91 to the initial test but rather to all subsequent tests on the same day for the same patient that have the same procedure code.

Example:

Service Date: 09/30/2019

Arterial Blood Gas at 08:00 82803-26
Arterial Blood Gas at 09:00 82803-26, 91
Arterial Blood Gas at 10:00 82803-26, 91

When only the professional component of the laboratory test is performed, Modifier -26 (professional component only) should be entered in the first modifier position, when applicable, followed by Modifier -91.

3. It is not appropriate to report Modifier -91 when tests are rerun to confirm initial results; when tests are rerun due to testing problems with specimens and equipment; or for any other reason when a normal, one-time reportable result is all that is required.
4. It would not be appropriate to report Modifier -91 when there are other procedure codes available that describe a series of results (e.g., glucose tolerance tests, evocative/suppression testing, etc.).

REFERENCES:

CMS. Medicare Claims Processing Manual Pub. # 100-04, Ch. 16, § 100.5.1.
CMS. Medicare Claims Processing Manual Pub. # 100-04, Ch. 23, § 20.9.1.1 (C).
AMA. CPT Assistant. June 2002. "Modifier -59 vs Modifier -91."

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