



Lab Codes with Modifiers 59 and 91

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below

Policy Overview

Modifier 59 (distinct) and 91 (repeat) are applicable to most laboratory services and should be utilized when multiple laboratory services described by a single code are provided to a patient on the same day by the same provider. It is essential to apply the appropriate modifier for each situation.

For example, modifier 59 is used for reporting procedures that are distinct or independent, such as performing the same procedure (using the same procedure code) for testing a different specimen or strain. Modifier 59 should be used when separate results are reported for different species or strains described by the same CPT code.

On the other hand, modifier 91, Repeat Clinical Diagnostic Laboratory Test, is used when it is necessary to repeat the same laboratory test on the same day to obtain subsequent test results during the treatment of a patient. For instance, repeated blood testing for the same patient, using the same CPT code, performed at different intervals during the same day (e.g., initial and subsequent blood potassium levels), would require modifier 91.

Modifier 91 is applied when multiple, serial laboratory tests are needed during a patient's treatment (e.g., repeat blood glucose tests). It is used when a clinical laboratory test must be repeated on the same date of service and the results are needed to manage the patient's treatment.

CPT guidance throughout the laboratory code section indicates that modifier 59 should be used for "different species or strains reported by the same code" or for "multiple specimens or sites". According to CPT, it is not appropriate to append modifier 91 or modifier 59 to laboratory codes in the following circumstances:

- When rerunning a laboratory test to confirm results
- Due to issues with the specimen or equipment
- When another procedure code describes a series test
- When the procedure code describes a series of tests
- For any reason when a normal one-time result is required

Documentation History

Type	Date	Action
Effective Date	11/20/2020	New Policy
Revised Date	10/19/2022	Updated Links
Revised Date	08/16/2023	Verified links- TP
Revised Date	12/13/2024	Verified Links and updated Template



References

CPT Assistant noted in May 2009

[Proper Use of Modifier 91 - AAPC Knowledge Center](#)

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed

