



Subject: Modifier 91

Effective Date: 3/2015

POLICY

Modifier 91 is used to report repeat laboratory tests or studies performed on the same day on the same patient. The Ohio State University Health Plan will allow one unit billed with modifier 91 and all others will deny.

DEFINITIONS

CPT Modifier 91 is defined as "Repeat clinical diagnostic laboratory test".

APPLICABILITY

The Health Plan intends for the above claim edit to apply to both professional and facility claims with the following codes being exempt from the guideline:

Code	Description
82565	Assay of creatinine
82784	Assay iga/igd/igg/igm each
82787	Igg 1 2 3 or 4 each
82947	Assay glucose blood quant
83970	Assay of parathormone
84484	Assay of troponin quant
85610	Prothrombin time
85730	Thromboplastin time partial

These codes will be exempt because they will likely be repeated multiple times for clinical reasons.

PROCEDURE

Modifier 91 is added only when additional test results are to be obtained subsequent to the initial administration or performance of the test(s) on the same day. It is not used when laboratory tests or studies are simply rerun because of specimen or equipment error or malfunction. Nor is it to be used when a test is repeated to confirm initial test results. Further, based on the definition of modifier 91, it should not be reported when the basic procedure code(s) indicate that a series of tests are to be obtained. CPT codes for use with modifier 91 are in the laboratory code range 80047-89398. Services with multiple units should be billed on one line with the appropriate units and modifier indicated.