

## Reimbursement Policy

Subject: **Modifier 91**

Policy Number: **G-06020**

Policy Section: **Coding**

Last Approval Date: **12/27/2022**

Effective Date: **01/01/2021**

\*\*\*\* Visit our provider website for the most version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.healthybluemo.com>. \*\*\*\*

### Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Healthy Blue benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed codes are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These policies may be superseded by mandates in provider or state contracts, or state, federal, or CMS requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations.

Healthy Blue reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

### Policy

Healthy Blue allows reimbursement of claims for repeat clinical diagnostic laboratory tests appended with Modifier 91 unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross Blue Shield Association.  
MOHB-CD-RP-018111-23-CPN17188 March 2023

Reimbursement is based on 100% of the applicable fee schedule or contracted/negotiated rate of the clinical diagnostic laboratory test billed with Modifier 91.

Medical documentation may be requested to support the use of Modifier 91. It is inappropriate to use Modifier 91 when only a single test result is required.

Failure to use the modifier appropriately may result in denial of the repeated laboratory test as a duplicate service.

### Related Coding

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| Standard Correct Coding applies |
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### Policy History

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| 12/27/2022 | Review approved: removed the definition from the name of policy; policy template updated |
| 01/01/2021 | Initial policy approval and effective  |

### References and Research Materials

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| <p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• Optum EncodePro 2022</li> <li>• State Medicaid</li> <li>• State contracts</li> </ul> |
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### Definitions

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| Modifier 91 | <p>Used to indicate a clinical diagnostic laboratory test was repeated on the same day for the same member to obtain multiple test results. Modifier 91 may not be used in the following situations:</p> <ul style="list-style-type: none"> <li>• To repeat a test to confirm initial results</li> <li>• Because there was a problem with the specimen or equipment when performing the initial test</li> <li>• When other code(s) describe a series of test results</li> </ul> |
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| General Reimbursement Policy Definitions |
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### Related Policies and Materials

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| Duplicate or Subsequent Services on the Same Date of Service |
| Modifier Usage   |