



Laboratory Modifiers 59 and 91: Correct Use and Coding Guidance

Community First Health Plans is providing clarification on the appropriate use of **laboratory modifiers 59 and 91**. These modifiers are valid for many laboratory services and may be required when multiple laboratory services described by a single CPT® code are performed for the same patient on the same date of service by the same provider.

Modifier 59 – Distinct Procedural Service

Modifier 59 is used to indicate that a laboratory service is separate and distinct from another laboratory service billed on the same date of service, even when the same CPT® code is reported.

Appropriate use includes situations such as:

- The same laboratory test performed on different specimens
- Testing performed on different species or strains
- Distinct laboratory services that produce separately reportable results

CPT® guidance notes that modifier 59 may be reported when the same procedure code is used for testing different specimens, species, or strains, and when separate results are reported for each.

Modifier 59 should not be used:

- When a more specific modifier is available
- To routinely bypass National Correct Coding Initiative (NCCI) edits
- When services are duplicative and not distinct

Think: Different service, Different circumstance.

Modifier 91 – Repeat Clinical Diagnostic Laboratory Test

Modifier 91 is used when the same laboratory test is repeated on the same patient, same date of service, to obtain subsequent results that are medically necessary for patient management.

Appropriate use applies only when all criteria are met:

- Same CPT® code
- Same patient
- Specimen collected more than once on the same day
- Repeat testing is medically necessary and clearly documented

Examples include repeated laboratory tests performed at different intervals during the same day for ongoing monitoring, such as serial blood glucose or electrolyte testing.

Think: Same test, repeated for a valid clinical reason.

When Modifiers 59 or 91 Should Not Be Used

According to CPT® guidance, modifiers 59 and 91 should not be appended to laboratory codes in the following circumstances:

- Reruns performed to confirm test results
- Testing repeated due to specimen or equipment issues
- When another procedure code describes a series or panel test
- When the procedure code itself represents a series of tests
- When a one time result is required and no subsequent result is clinically necessary

Documentation Requirements

For both modifiers, documentation must clearly support use of the modifier, including:

- Medical necessity
- Distinct specimens or collection times, when applicable
- Clinical rationale for distinct or repeat testing

Key Takeaway

- Modifier 59: Use for distinct laboratory services
- Modifier 91: Use for a medically necessary repeat of the same laboratory test

Modifiers should only be applied when documentation clearly supports their use.

Community First Resources

The [Community First Provider Resource page](#) offers additional tip sheets and resources to support your practice and help you stay current on state news and training opportunities.

Additional Resources

- The [National Correct Coding Initiative \(NCCI\) page](#) provides CMS guidance on correct coding methodologies, including procedure-to-procedure edits and modifier use.
- The [American Medical Association \(AMA\) Current Procedural Terminology \(CPT®\) page](#) offers official CPT® coding definitions, guidelines, and modifier instructions used across payers.
- The [American Academy of Professional Coders \(AAPC\) “What Are Medical Coding Modifiers” page](#) explains the purpose and appropriate use of modifiers to support accurate medical coding and claims submission.

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