Modifier -90 Reference (Outside) Laboratory

Policy Reimb-022

Origination Date: 06/01/2020

Reviewed/Revised Date: 05/26/2021

Next Review Date: 05/26/2022

Current Effective Date: 05/26/2021

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.

Description:

CPT modifiers (also referred to as Level I modifiers) are used to supplement information or adjust care descriptions to provide extra details concerning a procedure or service provided by a physician. Code modifiers help further describe a procedure code without changing its definition. When laboratory procedures are performed by a third party, other than the treating or reporting physician or other qualified health care professional, the procedure may be identified by adding modifier 90 to the usual procedure number. This is an indication of pass though billing. All entities billing for laboratory services should append identifying modifiers (e.g., 90), when appropriate, in accordance with correct coding.

Policy Statement and Criteria

1. Commercial Plans

U of U Health Plans will NOT reimburse laboratory tests billed by a party other than the performing laboratory (POS 81), nor tests submitted with modifier 90 appended to the laboratory test procedure code.

U of U Health Plans does NOT permit pass though billing, therefore balance billing of such services to our members is not allowed.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: http://health.utah.gov/medicaid/manuals/directory.php or the Utah Medicaid code Look-Up tool

3. **Medicare Plans**
   Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicare policies and coverage, please visit their search website at: http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp& or the manual website

Clinical Rationale

Use of modifier 90 indicates that a laboratory test was performed by a party other than the treating or reporting physician or other qualified health care professional. Laboratory services must be submitted directly to the Plan by the provider who actually performed the laboratory test. The Plan will no longer reimburse laboratory tests billed by a party other than the performing laboratory nor tests submitted with modifier 90 appended to the laboratory test procedure code. Reimbursement will be made directly to the laboratory that performed the service(s), for those laboratory services covered by the member's benefits.

Applicable Coding

Modifier 90 Reference (Outside) Laboratory

References:

1. American Medical Association (AMA), Current Procedural Terminology (CPT©) and associated publications and services. Last accessed May 8, 2020.
2. Centers for Medicare and Medicaid Services (CMS). "Place of Service Code Set-Place of Service Codes for Professional Claims". Database last updated October 2019. Accessed April 17, 2020. Available at: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
3. Centers for Medicare and Medicaid Services (CMS). Regulations and Guidance; Guidance; Manuals. "Medicare Claims Processing Manual Chapter 16 - Laboratory Services". Accessed April 16, 2020. Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf
4. Clinical Laboratory Improvement Amendments (CLIA) program billing guidelines. Accessed May 8, 2020. Available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CLIABrochure.pdf
5. CMS Healthcare Common Procedure Coding System (HCPCS) code set.
6. Optum360'. EncoderPro.com for Payers Professional. "Modifier 90". Last accessed April 16, 2020. Available at: https://www.encoderprofp.com/epro4payers/modifiersHandler.do?_k=3036*90*1065*4&_a=viewModCodes