	Reimbursement Policy	
Subject: Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing		
Effective Date: [XX/XX/XX]	**Committee Approval Obtained: [XX/XX/XX]**	**Section: Coding**
*******The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.healthybluela.com.*******		
These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana 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. 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 code(s) 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.** **Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles. System logic or setup 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 our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.**		
Policy	**Healthy Blue does not allow pass-through billing for lab services. Claims appended with Modifier 90 and an office place of service will be denied.** **Reimbursement will be made directly to the laboratory that performed the clinical diagnostic laboratory test based on 100% of the applicable fee schedule or contracted/negotiated rate.**	
History	• **Initial committee approval 11/25/20 and effective [XX/XX/XX]**	
References and Research Materials	**This policy has been developed through consideration of the following:** • **CMS** • **State Medicaid**	

	• **State contracts** • **American Medical Association, CPT 2020, Professional Edition** • **Optum 360 Encoder Pro for Payers Professional**
Definitions	• **Modifier 90: when laboratory procedures are performed by a party other than the treating or reporting physician or other qualified healthcare professional, the procedure may be identified by adding modifier 90 to the usual procedure number** • **General Reimbursement Policy Definitions**
Related Policies	• **Modifier Rules**
Related Materials	• **None**