

## Modifier 90 - Reference (Outside) Laboratory

Last Updated: 2/5/2025

Last Reviewed: 2/12/2025

Originally Effective: 1/1/2000

Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No

If yes, Texas Last Update Effective Date: n/a

Policy #: RPM045

### Scope

**Companies:** Moda Partners, Inc. and its subsidiaries & affiliates (All)

**Provider Contract Status:** Any

**Claim Forms:** CMS1500 & CMS1450 (paper and electronic versions)

**Claim Dates:** All

### Reimbursement Guidelines

#### A. General Policy Statement

Claims for laboratory tests and services are requested to be submitted by the laboratory performing the services.

Providers are strongly discouraged from submitting claims for lab tests sent to an outside reference laboratory by using modifier 90.

#### B. Bundling and Reimbursement

When outside reference laboratory services are billed using modifier 90:

1. Modifier 90 (reference laboratory) will not bypass clinical edits, subsets, bundling, etc.
2. If some of the blood and/or serum lab procedures are performed by the provider and others are sent to an outside lab and billed with modifier 90, CPT 36415 is not eligible for separate reimbursement.
3. CPT codes 99000 and 99001 (handling fees) are not eligible for separate reimbursement.

#### C. Invalid Use of Modifier 90

1. Modifier 90 is not considered valid for procedure codes describing venipuncture or other methods of obtaining blood samples or specimens.
2. Use of modifier 90 with these procedure codes (for example 36415-90) will be denied to provider write-off for invalid modifier combination.
3. Reason/rationale: A drawing fee or venipuncture cannot be referenced out to another laboratory, so it is incorrect to report modifier 90 with CPT code 36415 or other venipuncture procedure codes.

### Definitions

#### Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
CCI	Correct Coding Initiative (see "NCCI")
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
HCPCS	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
HIPAA	Health Insurance Portability and Accountability Act
MUE	Medically Unlikely Edits
NCCI	National Correct Coding Initiative (aka "CCI")
PTP	Procedure-To-Procedure (a type of CCI edit)
RPM	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)

## Modifier Definitions

Modifier	Modifier Description & Definition
Modifier 90	<b>Reference (Outside) Laboratory:</b> When laboratory procedures are performed by a 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.

## Related Policies

- [“Moda Health Reimbursement Policy Overview.”](#) Moda Health Reimbursement Policy Manual, RPM001.
- [“Routine Venipuncture.”](#) Moda Health Reimbursement Policy Manual, RPM012.
- [“Valid Modifier to Procedure Code Combinations.”](#) Moda Health Reimbursement Policy Manual, RPM019.

## Resources

- American Medical Association. “Modifiers, Modifiers, Modifiers: A Comprehensive Review.” *CPT Assistant*. May 1997: 1-3.
- American Medical Association. “Modifiers.” *CPT Assistant*. Spring 1991: 7.Item 3. Etcetera.

## Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to:

[https://www.modahealth.com/medical/policies\\_reimburse.shtml](https://www.modahealth.com/medical/policies_reimburse.shtml)

Date	Summary of Update
2/12/2025	Formatting updates. No policy changes.
2/14/2024	Title of Policy: Reworded to put modifier at beginning for ease of location in alphabetical list on external website(s) RPM page. Formatting updates. No policy changes.
10/12/2022	Formatting updates. Policy History entries prior to 2022 omitted (in archive storage). No policy changes.
5/8/2013	Policy document initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
Prior to 1/1/2000	Original Effective Date (with or without formal documentation). Policy based on administrative decision in response to multiple provider concerns related to bundling of lab procedure codes when outside labs are used for some of the lab services.