### Coverage

Coverage of any service is determined by a member’s eligibility, benefit limits for the service or services rendered and the application of the Plan’s Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the Plan’s professional services claims coding policies. Reimbursement is restricted to the provider’s scope of practice as well as the fee schedule applicable to that provider.

### Purpose

To define when the Plan recognizes services appended with Modifier 90.

### Scope

Applies to all Company lines of business and products with the exception of Medicare Advantage.

### Policy

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.

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.

Laboratory services must be submitted directly to the Plan by the provider who actually performed the laboratory test. Reimbursement will be made directly to the laboratory that performed the service(s), for those laboratory services covered by the member’s benefits.

### Violations of Policy

Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan’s sole discretion.

Violations of this policy may be grounds for corrective action, up to and including termination of employment.

### Exceptions

The Plan reserves the right to make exceptions based on business needs.

Medicare Advantage products follow the policies and guidelines as established by the Centers for Medicare and Medicaid Services (CMS) regarding the use of Modifier 90.

### Laws, Regulations & Standards

None

### References

- Premera Blue Cross Laboratory provider contracts
Policy Owner Review
Provider Billing Integrity Oversight Committee

Contact
Any questions regarding the contents of this policy or its application should be directed to the Payment Policy Department.

Annual Review Dates
08/27/18; 05/28/18; 02/06/18; 03/13/17; 03/14/16; 03/15/15; 03/16/14; 12/15/13; 01/26/12; 01/27/11; 02/12/10; 03/24/09; 06/16/08; 05/13/07; 04/11/06; 08/29/05; 10/21/04

Version History
02/06/18 Annual review; no changes
05/28/18 Revised Policy statement to indicate lab services must be billed by the provider who performed/analyzed the test; revised Exceptions to clarify that the listed exceptions are unique to Alaska providers only
08/27/18 Clarification of Exceptions