

PROVIDER BULLETIN

PROVIDER INFORMATION



April 1, 2021

New Reimbursement Policy for Minnesota Health Care Programs Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing

On April 1, 2021, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will publish Reimbursement Policy **Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing**. This policy will be effective immediately as it memorializes the current process as documented in the Blue Plus Provider Manual.

The reimbursement policy does not allow pass-through billing for lab services. Claims appended with Modifier 90 and an office place of service will be denied unless provider, state, federal or the Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements indicate otherwise.

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.

Modifier 90 is defined as 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.

Products impacted:

- Families and Children (F&C)
- Minnesota Senior Care Plus (MSC+)
- Minnesota Senior Health Options (MSHO)
- MinnesotaCare (MNCare)

Questions?

If you have questions, please contact provider services at **1-866-518-8448**.