

Modifier 90 - Reference (Outside) Laboratory

Last Updated: 2/11/2026

Last Reviewed: 2/11/2026

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 expected to be billed by the laboratory that performs the testing. Providers are strongly discouraged from billing for lab tests sent to an outside reference laboratory using modifier 90.

B. Bundling and Reimbursement

When reference laboratory services are billed using modifier 90, the following rules apply:

1. Modifier 90 does not bypass clinical edits, bundling rules, or subset logic.
2. If a provider performs some blood/serum lab tests and sends others to an outside lab (billed with modifier 90), CPT 36415 (venipuncture) is not separately reimbursable.
3. CPT codes 99000 and 99001 (handling fees) are not separately reimbursable.

C. Invalid Use of Modifier 90

1. Modifier 90 is not valid when reported with procedure codes describing venipuncture or specimen collection, including but not limited to CPT 36415.
2. Claims submitted with an invalid modifier combination (for example 36415-90) will be denied to provider liability.
3. Rationale: Modifier 90 is intended to identify tests performed by a reference laboratory. Because specimen collection is performed by the billing provider. It is not eligible for modifier 90 reporting.

Definitions

Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
RPM	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)
TAC	Texas Administrative Code

Modifier Definitions

Modifier	Modifier Description & Definition
Modifier 90	Reference (Outside) Laboratory: 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

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

Resources

1. American Medical Association (AMA). “Modifiers, Modifiers, Modifiers: A Comprehensive Review.” *CPT Assistant*. May 1997: 1-3.
2. American Medical Association (AMA). “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

Date	Summary of Update
2/11/2026	Acronyms updated. Minor rewording. No policy changes.
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.