# Reimbursement Policy for Labs Overlapping with Facility

## Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

## Reimbursement Guidelines

If both a facility and an Independent Laboratory or Reference Laboratory report the same service for the same member on the same day, Molina Healthcare will only reimburse the facility for laboratory services, excluding Modifier 26 and Anesthesia claims.

## State Exceptions

| State | Exception |
|---|---|
| ID | Does not apply to Idaho providers |

## Documentation History

| Type | Date | Action |
|---|---|---|
| Published | | |
| Revised Date | | |

## References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

| State/Agency | Document Name/Description | Link/Document |
|---|---|---|
| CMS | Section 40.3 When the hospital obtains laboratory tests for outpatients under arrangements with clinical laboratories or other hospital laboratories, only the hospital can bill for the arranged services. | https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c16.pdf |