

Provider Memorandum

Use of Modifier 90 for Hospital Outpatient Claims

Molina Healthcare of Illinois (Molina) will soon require hospitals to identify outpatient lab services that are performed at a reference laboratory by utilizing modifier 90 – Reference (Outside) Laboratory in conjunction with the procedure code when filing claims. The new requirement goes into effect March 1, 2018.

The addition of modifier 90 as a requirement for claims submissions will allow Molina to track services performed at reference laboratories and help prevent potential duplication of payment.

Please note that current Molina policy states that if a reference laboratory has a financial agreement with a hospital to provide services for that hospital, then the hospital is entitled to bill for both the professional and technical components of the service rendered at the lab for outpatient services. The hospital cannot bill for laboratory services done by a reference laboratory during an inpatient stay or when there is a billable Ambulatory Procedures Listing (APL) service.

If a reference laboratory is not utilized, hospitals are limited to billing the technical component only of an ordered laboratory service. The professional component must be billed under the name and National Provider Identifier (NPI) of the pathologist.

Providers who have questions may contact their Provider Network Manager, the Network Management Department at (630) 203-3965, or email us at IllinoisProviders@MolinaHealthcare.com.