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Anthem Reimbursement Policy Updates

Anthem Blue Cross recently updated their reimbursement policy on modifier 90: Reference (outside) laboratory and pass-through billing. Anthem does not allow pass-through billing for lab tests and will not pay claims billed with a 90 modifier on office place of service claims unless otherwise required by state, federal, or CMS guidelines or provider contracts. Reimbursement will be made to the performing lab based on Anthem's contracted rate with that **performing** lab. Modifier 90 is appended when a procedure is performed by a party other than the billing or reporting provider.

In other Anthem news, beginning with dates of service on or after October 1, 2021 Anthem will implement a new reimbursement policy titled Non-Patient Laboratory Services. Per the policy guidelines, Anthem Blue Cross will no longer pay for *Non-Patient Laboratory Services* when billed on a UB-04 with bill type 014X (bill type for Non-Patient Laboratory Services). As noted in the above reimbursement policy change, all state, federal and CMS required guidelines would supersede this policy.

As always, APS will continue to monitor these topics and provide updates as they become available. Please contact your APS Practice Manager with further questions.