

## Part B Insider (Multispecialty) Coding Alert

### In other news

Although your CPT® manual may list every available modifier in it, that doesn't mean your Part B practice can report them all and get paid for their use. The reality is that some modifiers are site-specific.

Such is the case with modifier 90 (Reference [outside] laboratory), which is not billable in the outpatient practice setting, Part B MAC NGS Medicare reminded practices with a new article this week.

"Only independent billing clinical laboratories (specialty 69) can bill with the 90 modifier," the article says. "Sometimes a clinical diagnostic independent lab (POS 81) refers a specimen to another lab for testing, where a modifier 90 is appended."

The only codes payable using modifier 90 are those listed on the Clinical Lab Fee Schedule, NGS adds.

**Resource:** To read the entire article on modifier 90, visit [www.ngsmedicare.com](http://www.ngsmedicare.com).