



**Re: Pass-through bills for laboratory services will be denied  
Effective May 18, 2019**

Dear Providers,

We routinely review our coverage, reimbursement, and administrative policies for potential updates. In that review, we take into consideration one or more of the following: Evidence-based medicine, professional society recommendations, Centers for Medicare & Medicaid Services (CMS) guidance, industry standards, and our other existing policies.

As a result of a recent review, we want to make you aware that for claims processed on or after May 18, 2019, we will deny bills for pass-through laboratory services. These are lab services submitted with modifier 90 in place of service (POS) 11 (office setting).

Pass-through billing occurs when providers bill for laboratory services they have not actually performed. For example, a provider draws blood in the office setting (POS 11), sends it to an outside laboratory for processing, and then bills Cigna for this service.

This change will affect all laboratory service codes billed with modifier 90 in POS 11. The processing laboratories should bill Cigna directly, and we will reimburse them according to a customer's benefit plan.

**Additional information**

This change will be reflected in the Laboratory Services (R17) reimbursement policy and the Modifier Reimbursement Guide (MRG) policy. You can view them by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Reimbursement and Payment Policies > Modifier and Reimbursement Policies).

If you are not a registered user, please register so you may log in and access all of our coverage, reimbursement, and administrative policies. Go to CignaforHCP.com and click "Register Now." If you do not have Internet access or would like additional information, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

Thank you for the care you provide our customers.

**At a glance**

- We will deny bills for pass-through lab services – those submitted with modifier 90 in POS 11 – on claims processed on or after May 18, 2019.
- These services were not performed by the provider submitting the bill.
- This will affect all lab service codes billed with modifier 90 in POS 11 (office setting).
- Processing labs should bill Cigna directly, and we will reimburse them according to a customer's benefit plan.
- We will update the Laboratory Services (R17) reimbursement policy and the Modifier Reimbursement Guide (MRG) policy to reflect this change. You can access these policies by logging in to CignaforHCP.com.