



Connecticut Medical Assistance Program

Policy Transmittal 2015-24

Policy Bulletin 2015-48

July 2015

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2015

Contact: Edith Atwerebour @ (860) 424-5671

TO: General Hospitals

RE: Quantity Modifications for Laboratory Procedure Codes

The purpose of this policy transmittal is to inform all hospital providers that, effective July 1, 2015, the maximum units for select laboratory codes are being modified.

Modifications Mandated by the National Correct Coding Initiative (NCCI)

In anticipation of the adoption of the Ambulatory Payment Classification (APC) methodology for outpatient hospitals in 2016, the Department is modifying the maximum allowed units for laboratory codes to be fully in compliance with the NCCI limit. Up until now, hospitals were exempt from NCCI edits because they were not paid under an Outpatient Prospective Payment System. For more information concerning the National Correct Coding Initiative (NCCI) edits, please refer to PB 2010-57, "CMS National Correct Coding Initiative (NCCI)", which is available on the www.ctdssmap.com website.

At the same time, the Department is aligning the maximum allowed units for laboratory codes when billed by hospitals, independent labs and practitioners.

Drug Testing

In addition, it has come to the attention of the Department that hospitals have been billing multiple units of the laboratory procedure code G0431, "Drug screen, qualitative; multiple drug classes by high complexity test method [e.g., immunoassay, enzyme assay] per patient encounter". Billing multiple units of

this code is inappropriate, since the current procedural terminology description clearly states, "Per patient encounter".

Effective for dates of service on January 1, 2015 and forward, the maximum units allowed for code G0431 is reduced to one, to reflect the description of this code. HP will identify and systematically reprocess paid claims for code G0431 retroactive to January 1, 2015, reducing the paid units to one. When the reprocessing of these claims has been completed within the first cycle in August, the Explanation of Benefits (EOB) code 9991, "BILLED UNITS HAVE BEEN CUTBACK TO CONTRACT MAXIMUM" will appear on the remittance advice.

For additional questions concerning billing, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP.

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