

DECLARATION OF EMERGENCY

Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

Laboratory and X-ray Billing Services

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following rule as authorized by R.S. 46:153(G) and pursuant to Title XIX of the Social Security Act. This emergency rule is in accordance with the Administrative Procedure Act and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the rule whichever occurs first.

The Bureau of Health Services Financing reimburses clinical laboratory services on the basis of the lowest of billed charges, state maximum amount, or the Medicare fee schedule amount (however Medicaid payment cannot exceed the Medicare fee schedule). Effective July 7, 1995 this amount was reduced by 15 percent (*Louisiana Register*, Volume 21, Number 7). Claims for these services are processed for payment through the bureau's fiscal intermediary for automated billing and reimbursement. The fiscal intermediary's automated system includes edits to assure that automated chemistry tests are properly bundled. The department has determined that it is necessary to revise the edits governing the payment of clinical laboratory services in order to ensure that these edits are sufficient to detect and prevent payment for tests that are not properly bundled and or duplicated as well as to assure that hematology and urinalysis tests are properly bundled. The following emergency rule has been adopted to ensure proper management of the automated reimbursement system and to avoid the potential for sanctions and penalties from the federal government due to any overpayments in the Medicaid program. This emergency rule revises the edits which regulate reimbursement for laboratory services for automated, multichannel tests, hematology, prenatal lab panels and urinalysis. It is anticipated that implementation of this emergency rule will reduce expenditures for state fiscal year 1996 by approximately \$1,079,129.

Emergency Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following requirements for the reimbursement of clinical laboratory services.

I. Automated, Multichannel Tests and Panels

A. Procedure code 84478 (Triglycerides) is included in the list of automated, multichannel tests enumerated under the heading "Automated, Multichannel Tests" in the 1995 issuance of the Physicians' Current Procedural Terminology.

B. A panel code (80002-80019) must be billed after the performance of the first, rather than the second, automated, multichannel test.

C. If more than one of the codes listed below is billed by the same billing provider for the same recipient for the same date of service, the first billing will be paid and the second will be denied with the message "Multiblood tests billed; to be combined to panel".

82040	82250	82251	82310	82315	82320
82325	82330	82374	82435	82465	82565
82947	83615	83620	84060	84075	84100
84132	84155	84295	84450	84455	84460
84465	84520	84525	84550	83624	83610
82555	84478	82550	84160		

II. Hepatic Function Panel and General Health Panel

A. If individual tests and panel codes are billed for the same recipient for the same date of service by the same billing provider, the first billing will be paid and the second billing will be denied with the message "Blood component billed with panel code".

B. The panel codes begin with 80002 and extend through 80019 and include panel codes 80050 and 80058. The individual codes included in this edit are the ones listed under C above.

III. Hematology

A. Incorrect billings of hematology components, indices and profiles will be denied with the message "Hematology components/Indices/Profiles billed incorrectly".

B. Only one of codes 85021 through 85027 shall be paid to the same billing provider for the same recipient for the same date of service. A second billing of any of these codes on the same date of service for the same recipient by the same billing provider will be denied. Code 85021 should be billed by itself OR one of 85022, 85023, 85024, 85025 or 85027 should be billed.

C. The billing of more than two of the hematology component codes (85007, 85014, 85018, 85041, 85048, 85595) by the same billing provider for the same recipient for the same date of service will result in

denial of the third code in this group as a profile code should be billed if more than two tests in this group are performed.

D. The billing of one of the above profile codes (85021-85027) and one or more of the component codes 85014, 85018, 85041 or 85048 by the same billing provider for the same recipient for the same date of service will result in payment of the first billing and denial of the second as the component codes are included in the profile codes.

E. The billing of code 85007 and codes 85022 and or 85023 on the same date of service for the same recipient by the same billing provider will result in payment of the first claim and denial of the second. Procedure Code 85007 is included in codes 85022 and 85023.

F. A billing of code 85595 and codes 85023, 85024, 85025 and or 85027 by the same billing provider for the same recipient for the same date of service will result in payment of the first claim and denial of the second claim. Procedure code 85595 is included in codes 85023, 85024, 85025 and 85027.

IV. Panel Codes

A billing of more than one panel code (80002-80019, 80050 and 80058) on the same date of service for the same recipient by the same billing provider will result in denial of the second billing with the message "Max allowed. One panel per day per billing provider".

V. Prenatal Lab Panels

A. A billing of more than one prenatal lab panel code (Z9001, Z9002, Z9003) on the same date of service for the same recipient by the same billing provider will result in denial of the second billing with the message "One prenatal panel per pregnancy payable".

B. Only one prenatal lab panel code is to be paid per pregnancy. Therefore, a second billing of Z9001, Z9002 or Z9003 within a 270-day period by the same billing provider for the same recipient will be denied with the message "Max allowed. Only one payable per pregnancy".

C. Procedure code 80055 (Obstetric panel) will be placed in non-pay status as the Louisiana Medicaid Program has locally-assigned codes for prenatal lab panels.

D. Providers who have been reimbursed for a Z9001, Z9002 or Z9003 on a recipient will not be reimbursed also for codes 85018, 85022, 85025, 86592, 86762, 86900, 86901 or 86850 on that same recipient.

E. Only one claim for code 81000 will be reimbursed per recipient per pregnancy (270 days) per billing provider.

VI. Urinalysis

A. A billing of code 81000 and one or more of 81002, 81003, or 81015 by the same billing provider for the same recipient for the same date of service will result in denial of the second billing with the message "Urinalysis billed incorrectly" because 81002, 81003 and 81015 are inappropriate with 81000.

B. A billing of code 81002 and 81003 on the same date of service for the same recipient by the same billing provider will result in denial of the second claim with the same message because the descriptions of the two codes are contradictory.

C. A billing of code 81001 and 81002, 81003 or 81015 on the same date of service for the same recipient by the same billing provider will result in denial of the second claim as the descriptions of the latter three codes are contradictory to that of code 81001.

D. A billing of code 81000 and 81001 on the same date of service for the same recipient by the same billing provider will result in denial of the second claim as the two codes have contradictory descriptions.

VII. Panels and Component Codes within Panels

A. A billing of panel code 80050 and component codes 80012-80019, 85022, 85025 and/or 84443 by the same billing provider on the same date of service for the same recipient will result in denial of the second claim with the message "Billed panel and individual code within panel".

B. A billing of panel code 80058 and component codes 82040, 82250, 84075, 84450 and/or 84460 by the same billing provider on the same date of service for the same recipient will result in denial of the second billing with the same message.

C. If panel code 80059 is paid, component codes 86287, 86291, 86289, 86296, and 86302 will not also be paid on the same date of service for the same recipient to the same billing provider.

D. The above rule also applies to panel codes 80061, 80072, 80090, 80091, 80092 and their components.

Interested persons may submit written comments to: Thomas D. Collins, Office of the Secretary, Bureau of Health Services Financing, Box 91030, Baton Rouge, LA. He is responsible for responding to inquires regarding this emergency rule and providing information on this emergency rule. A copy of this emergency rule is available at Parish Medicaid Offices for review by interested parties.

Rose V. Forrest
Secretary