

## **Important Announcement for Laboratory Providers**

### **National Correct Coding Initiative (NCCI) Editing to Begin**

With the release of the 2010 FS Laboratory, providers will be subject to NCCI editing. The purpose of the NCCI edits is to prevent improper payment when incorrect code combinations are reported. NCCI associated modifiers are recognized for NCCI code pairs/related edits.

For Medicaid billing the only acceptable NCCI modifiers for Laboratories are;

- 59- Distinct procedural service

To be used when an analytical condition, e.g., column temperature or flow rate, is changed such that additional controls must be run, subsequent analysis of the same specimen for additional drug(s) is considered a separate procedure for billing purposes. Screening by immunoassay or a chromatographic method, which detects a single drug or drug class should be billed, per procedure, using code 80101.

- 91- Repeat clinical diagnostic laboratory test

To be used when an individual test result from a panel has to be repeated.

Please note; Repeat performance of a laboratory test or procedure required because of technical or professional error in the performance of the original test or interpretation of test results is not reimbursable. No payment will be made for tests or procedures repeated on the same specimen at the request of the ordering practitioner when the result of the original test or procedure is not consistent with the clinical findings.

For additional information on NCCI edits please refer to the CMS website:

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/>