

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

September 16, 2010

Hosp

MEDICAID BULLETIN

TO: Providers Indicated

SUBJECT: Clinical Lab Reimbursement Methodology

In order to comply with Title XIX of the Social Security Act, Section 1903(i)(7), Medicaid reimbursement for clinical lab services must not exceed the rates established by Medicare. Therefore, effective with dates of service on or after October 1, 2010, the South Carolina Department of Health and Human Services (SCDHHS) will modify the pricing methodology as follows for all outpatient hospital claims submitted with clinical lab procedures:

Rates for clinical lab procedures, as identified by CMS, will be equal to the January 1, 2010 Medicare Fee Schedule rates. The Medicaid Management Information Systems will identify Clinical Lab Panels (Table 1) and Individual Automated Tests (Table 2) and reimburse the amount based on the Automated Test Panel (ATP) pricing schedule (Table 3). The pricing logic will count each unique code from Tables 1 and 2 and apply a percentage of the total ATP price to each code. Clinical lab panels will only reimburse one unit per date of service. Claims with multiple units of the same clinical lab panel on the same date of service will be rejected.

Payment for each of the 3 outpatient reimbursement types (1, 4 & 5) will be affected by this change. For claims with both clinical lab and non-clinical lab services, the total claim's payment will equal the regular Medicaid fee schedule amount with the multiplier **plus** the clinical lab amount. Clinical lab services will not be subject to the outpatient hospital multiplier. Clinical lab services will not be subject to year end cost settlement, but cost settlement will remain for all other services. If there are no clinical lab services listed on the claim, the payment methodology will not change from it's current status and will equal the regular Medicaid fee schedule amount with multiplier.

If you have any questions concerning the above policy, please contact your program representative in the Division of Hospital Services at (803) 898-2665. Thank you for your continued support of the Medicaid program.

/S/
Emma Forkner
Director

Note: To receive Medicaid bulletins by email, please register at <http://bulletin.scdhhs.gov/>
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT) for instructions.

Table 1

Clinical Lab Panels	
80047	\$12.12
80048	\$12.12
80051	\$10.05
80053	\$13.69
80061	\$14.04
80069	\$12.43
80076	\$11.70

Table 2

Individual Automated Tests			
82040	\$ 7.09	82977	\$ 10.31
82247	\$ 7.19	83615	\$ 8.64
82248	\$ 7.19	84075	\$ 17.26
82310	\$ 17.39	84100	\$ 6.79
82330	\$ 19.57	84132	\$ 6.58
82374	\$ 6.66	84155	\$ 5.25
82435	\$ 5.88	84295	\$ 6.66
82465	\$ 6.24	84450	\$ 7.34
82550	\$ 8.84	84460	\$ 7.58
82565	\$ 7.34	84478	\$ 8.24
82947	\$ 5.62	84520	\$ 5.65
		84550	\$ 6.47

Table 3

Automated Test Panel Pricing Schedule					
ATP 01	\$ 2.31	ATP 08	\$ 12.12	ATP 19	\$ 15.85
ATP 02	\$ 2.31	ATP 09	\$ 12.43	ATP 20	\$ 16.35
ATP 03	\$ 9.52	ATP 10	\$ 12.43	ATP 21	\$ 16.86
ATP 04	\$ 10.05	ATP 11	\$ 12.65	ATP 22	\$ 17.38
ATP 05	\$ 11.20	ATP 12	\$ 12.94	ATP 23	\$ 17.38
ATP 06	\$ 11.24	ATP 16	\$ 13.69		
ATP 07	\$ 11.70	ATP 18	\$ 15.24		