

Notification:	HUM 6194
<u>Category:</u>	Correct Coding
<u>Topic:</u>	Louisiana Medicaid definitive drug testing frequency
What is changing? /	We limit reimbursement of charges for any laboratory or radiological
Change Description:	service code appended with professional component modifier 26
	or defined as a professional- component-only code to no more than 1
	charge per date of service.
Why is Humana making this change?	According to coding guidelines and CMS guidance, it is inappropriate
/ Change Reason:	for multiple providers to submit charges for the same professional
	components of a given code, unless the need for the second service is
	clearly indicated by an appropriate modifier.
<u>Language:</u>	<u>English</u>
Impacted Products:	Medicaid- Louisiana