

CPT and HCPCS Codes for Drug Testing

Current CMS Guidance on Qualitative Drug Testing

On March 19, the Centers for Medicare and Medicaid Services (CMS) issued Transmittal 653, Change Request 6852, providing special instructions for billing Qualitative drug tests using the following specific HCPCS codes:

*80100 – Drug screen, qualitative; multiple drug classes chromatographic method, each procedure**

This CPT code remains unchanged and is to be used to report all multiple drug class assays employing **chromatographic methods**. It can be reported once for each procedure (i.e. unique combination of stationary and mobile phase) employed.

Medicare reimbursement will continue to be \$20.83.

80101 – Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class

This CPT code will no longer be covered by Medicare after April 1, 2010, but will remain available for use by non-government payers.

80101QW – Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class, CLIA waived test.

This code was deleted from the Medicare Laboratory Fee Schedule effective April 1, 2010 and can no longer be used to submit Medicare claims.

G0430 – Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure

This HCPCS code must be used when reporting any **qualitative, non-chromatographic, multiple drug class assays**. The code is reported only once per procedure.

Medicare reimbursement for G0430 will continue to be \$20.83. Urine cups, test cards, test strips or other point-of-care devices which provide results for more than one class of drug are reimbursed only \$20.83 no matter how many drug classes are determined.

G0430QW – Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure, CLIA waived test

This new HCPCS code became effective April 1, 2010, and must be used when reporting **qualitative, non-chromatographic, multiple drug class assays classified as “CLIA waived” by the FDA.**

Medicare reimbursement for G0430QW is \$20.83.

G0431 – *Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class*

This HCPCS code must be used when reporting any **qualitative single drug or drug class assay**. This includes individual drug or drug class assays performed using CLIA moderate or high complexity instruments as well as point of care devices which produce results for only one drug or class of drugs.

Medicare reimbursement for G0431 is \$19.72.

G0431QW – *Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class, CLIA waived test*

This new HCPCS code will become effective April 1, 2010, and must be used when reporting **qualitative, single drug class assays classified as “CLIA waived” by the FDA.**

Medicare reimbursement for G0431QW is \$19.72.

A key difference between codes G0430 and G0431 is that G0430 is reported *per procedure*, while G0431 is reported for *each drug class*. Also, G0430 applies only to non-chromatographic methods, while G0431 can be used for any method.

The definition of a *procedure* is typically a single device (such as a test cup, test strip or card) or a separate set of reagents used with an instrument to produce one or more test results. Thus, G0431 would be used to report individual drugs or drug classes determined using immunoassay instruments employing discrete reagent sets. The code would be reported once for each drug or drug class determined.

Likewise, if more than one point-of-care test device for a single drug or single drug class is employed, the test results from each device would be separately reported using G0431.

At present CMS has assigned no frequency limits for G0430 and G0431. Since these are new codes, they have not yet been assigned Correct Coding Initiative frequency limits (MUEs). It is expected that, in the near future, G0430 will be assigned an MUE value of 1 since CMS would not expect the code to be reported more than one time for each date of service. G0431 will probably be assigned a higher, but unpublished, frequency limit. It is CMS policy to keep frequency limits they believe may be abused confidential.

Medically necessary services that exceed MUE frequency limits may be reported as separate line items using an appropriate modifier such as 59 (separate and distinct

service) or 91 (repeat clinical test) to identify them as medically necessary. Since each line of a claim is individually adjudicated, this allows the MUE edit to be bypassed and all medically necessary codes to be paid. However, excessive use of the 59 modifier to bypass MUE edits has been targeted by the Office of Inspector General as a possibly abusive practice. Thus, care should be taken to document medical necessity of such tests in the patient record.

HCPCS codes G0430QW and G0431QW may be used to report any test cleared by the FDA as "waived". Any correctly coded, medically necessary assay currently cleared by the FDA should be reimbursed by Medicare/Medicaid.

Exhibit 1 summarizes the coding and 2010 Medicare reimbursement for qualitative drug tests.

Confirmation vs. Quantitative Drug Testing

Because of the serious consequences of a positive test for illegal drugs, a separate code for confirmation (80102, Drug confirmation, each procedure) may be reported. Confirmation may be performed by either qualitative or quantitative technique.

Both a qualitative confirmation (80102) and a quantification of the same drug by another method (for example, GC/MS) may not be considered medically necessary by payers since the quantification serves as a confirmation as well. However, if conflicting results are obtained for the initial qualitative screen and the confirmation test, a third more rigorous analysis by a quantitative method might be appropriate and payable.

2011 Coding Changes for Qualitative Drug Testing

New 2011 CPT codes:

The following new code will be included in the 2011 CPT, it will presumably replace existing CPT code 80101.

801XX Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure (THIS CPT CODE TAKES THE PLACE OF G0430)

Payment for this new code is expected to be the same as existing PCT code 80101, but could be changed based on input from stakeholders at the July 22nd CMS Laboratory Fee Schedule Meeting.

The 2011 Medicare Laboratory Fee Schedule is expected to decrease by approximately 1% from 2010 levels.

Exhibit 2 summarizes the proposed coding for qualitative drug tests.

Palmetto GBA guidance on G0430 and G0431

The following guidance has been proposed by Palmetto GBA in South Carolina. Although it only would only apply to SC at present, it is reasonable to assume that similar clarification of national policy may occur and be incorporated into the 2011 Laboratory Fee Schedule Rule.

G0430 and G0431 Billing/Coding Guidelines for Physicians

Effective 6/30/2010, CMS will not recognize ©CPT code 80101 services for reimbursement. To describe qualitative drug screening assays, CMS has activated HCPCS codes G0430 and G0431. Tests described by the new codes are usually performed by point of care (POC) physicians and nonphysician practitioners (NPP) for one or more drug screens provided by a collection/testing item including but not limited to:

- Cups
- Strips
- Swabs
- Cubes
- Dip cards
- Cassettes

*Modifier QW identifies a CLIA-waived facility. Tests coded/billed with code G0430-QW and G0431-QW are non-instrumented assays and must be billed with a quantity of ONE per episode of care regardless of the number of collection/testing items used, the number of procedures, and the drug classes screened. Only one test per episode of care will be allowed because **Palmetto GBA does NOT consider multiple tests to be medically necessary when a single test to screen for all drug classes is available.** (Tests coded/billed with G0431 without the QW modifier are instrumented immunoassays or enzyme assays usually performed in hospital or reference laboratories.)*

Although specific tests may be marketed for home use, Medicare will only reimburse tests performed by or under the direct supervision of the POC physician and NPP. These codes do NOT describe the complex assays typically performed by large reference labs.

Providers are responsible for the following:

- *submit a quantity of service of ONE (1) per episode of care*
- *append appropriate code with the QW modifier*
- *for the CLIA-waived test listing, reference CR#6800, Date: 2/5/2010, Subject: New Waived Tests @ CMS.gov*

Physicians and NPPs who bill Medicare are responsible for the correct coding of services. If you purchase a new test, please review applicable code descriptions. If you question the recommended service procedure, send your inquiry and the device description to the following Email or address listed below:

Email: B.Policy@PalmettoGBA.com

Mail: Elaine Jeter, MD

Medicare Medical Director, AG-300

Palmetto GBA

POB 100190

NOTE: POC physicians and NPP who submit multiple G0431 and G0430 services per episode are at risk of RAC and anti-fraud contractor review.

Coding Quantitative Drugs of Abuse Tests

Codes for quantitative drug tests are found under the Therapeutic Drug Assays subsection and scattered throughout the Chemistry subsection of the Pathology and Chemistry section of the CPT.

When a specific drug not otherwise listed is determined, one uses either 80299, (Quantitation of drug, not otherwise specified) or an appropriate method code to report the test.

There is no limit on the number of different individual drugs that can be tested on the same date of service, so long as all are medically necessary and so documented in the patient's medical record.

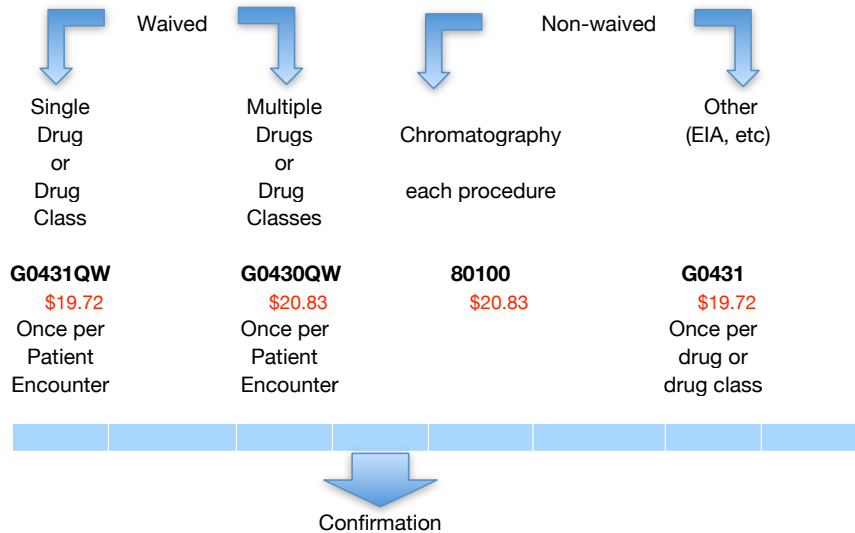
Exhibit 3 summarizes the coding and 2010 Medicare reimbursement for qualitative drug tests.

Exhibit 1: 2010 Coding Qualitative Drug Tests (through December 31, 2010)

Drug classes:

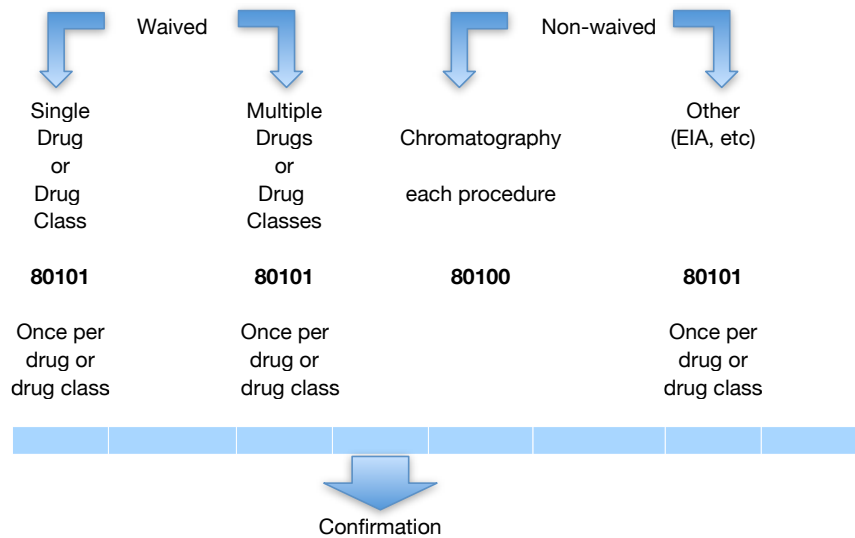
Alcohols	Methadones	Phenothiazines
Amphetamines	Methaqualones	Propoxyphenes
Barbiturates	Opiates	Tetrahydrocannabinoids
Benzodiazepines	Phencyclidines	Tricyclic antidepressants
Cocaine & metabolites		

Government Payers (Medicare, Medicaid etc.)



80102
\$18.97
Once per procedure

Non-government Payers



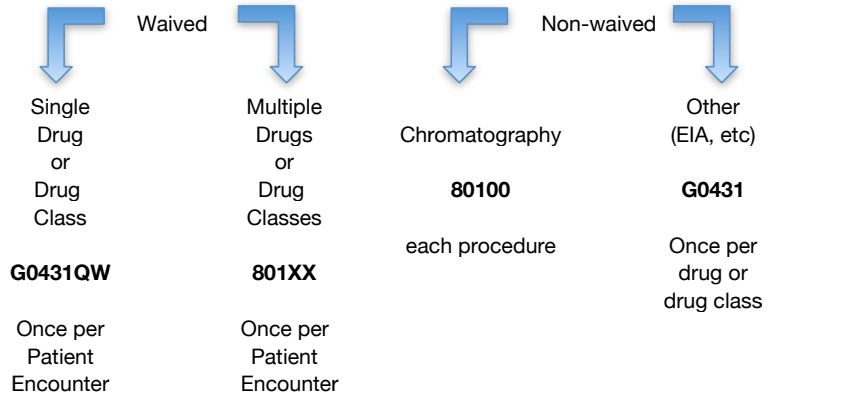
80102
Once per procedure

Exhibit 2: 2011 Coding for Qualitative Drug After January 1, 2011

Drug classes:

Alcohols	Methadones	Phenothiazines
Amphetamines	Methaqualones	Propoxyphenes
Barbiturates	Opiates	Tetrahydrocannabinoids
Benzodiazepines	Phencyclidines	Tricyclic antidepressants
Cocaine & metabolites		

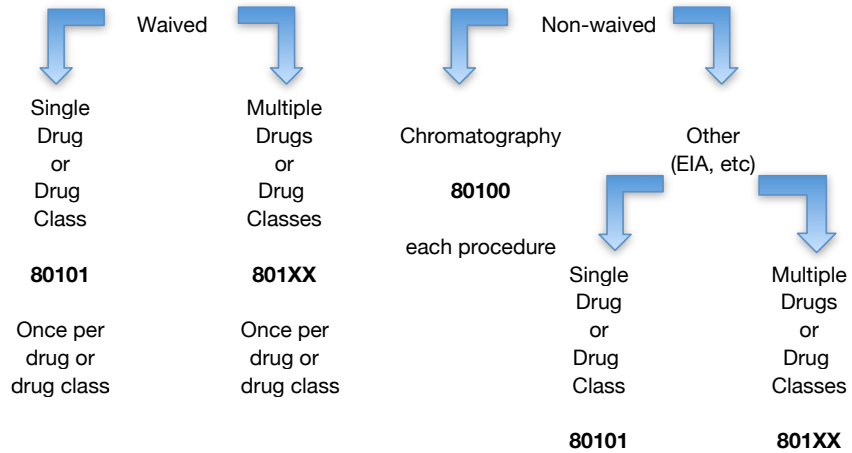
Government Payers (Medicare, Medicaid etc.)



80102

Once per procedure

Non-government Payers



80102

Once per procedure

Exhibit 3: Coding Quantitative Drug Tests

All Payers (2010 Medicare Fee shown)

Therapeutic Drug Assays		Other Drugs			
Specific drugs		Specific drugs			
Amitriptyline	80152	\$25.64	Acetaminophen	82003	\$28.99
Carbamazepine	80156	\$20.85	Alcohol (ethanol)	82055	\$15.47
Desipramine	80160	\$24.65	Amphetamine or Methamphetamine	82145	\$22.27
Valproic acid	80164	\$19.40	Cocaine or metabolites	82520	\$21.70
Lithium	80178	\$9.46	Dihydromorphinone (vicodin)	82646	\$29.58
Nortriptyline	80182	\$19.40	Dihydroxymorphinone	82649	\$36.82
Phenobarbital	80184	\$16.41	Phencyclidine (PCP)	83992	\$21.05
Salicylate	80196	\$10.16	Meprobamate	83805	\$25.25
			Methadone	83840	\$23.39
Drug classes		Drug classes			
Benzodiazepines	80154	\$26.49	Alkaloids (cocaine, morphine etc.)	82101	\$42.99
			Barbiturates, not otherwise specified	82205	\$16.41
			Opiates, drug and metabolites	83925	\$27.87
Drugs not otherwise specified		Drugs not otherwise specified			
Any method		GC, HPLC			
Quantitation of drug, not otherwise specified	80299	\$19.61	Chromatography, quantitative, column, single analyte not elsewhere specified	82491	\$25.64
			Chromatography, quantitative, column, multiple analytes not elsewhere specified	82492	\$25.86
			GC/MS		
			Column chromatography/mass spectrometry, analyte not otherwise specified, quantitative	82542	\$25.86
			GC/MS stable isotope dilution		
			Column chromatography/mass spectrometry, analyte not otherwise specified, quantitative, stable isotope dilution, single analyte	82543	\$25.86
			Column chromatography/mass spectrometry, analyte not otherwise specified, quantitative, stable isotope dilution, multiple analytes	82544	\$25.86
			EIA/ELISA		
			Immunoassay, other than infectious agent Ag or Ag, quantitative, not otherwise specified	83520	\$18.54