Date: August 1, 2014

To: Participating Health Care Professionals Rochester, Finger Lakes and Southern Tier Region

From: Monroe Plan Provider Relations

Subject: Provider Billing Guidelines for Drug Screening Test

Monroe Plan for Medical Care’s billing guidelines for drug screening tests mirror those established by the Centers for Medicare & Medicaid Services and this notice is meant to clarify those guidelines.

Please follow the billing guidelines below when submitting claims for drug screening tests. These billing guidelines pertain to all Monroe Plan lines of business. Claims submissions that do not follow these billing guidelines will be denied. *(Asterisked test methods defined on the reverse side of this Bulletin)*

**G0434:** Use this code to bill a drug screen other than chromatographic, for any number of drug classes, by CLIA waived test** or moderately complex test*** per patient encounter. It is used for dipstick, cards, optically read and single or multiplexed assays. One unit should be billed per encounter. Use **G0434** instead of CPT 80104 when billing for these services.

**G0431:** Use this code to bill a qualitative drug screen for multiple drug classes by high complexity test* method (e.g., immunoassay, enzyme assay—testing done in a lab with complex equipment), per patient encounter. Use **G0431** instead of CPT 80100. Only one test per patient encounter should be billed.

80102 may be billed as a confirmatory test. This would typically be a moderate complexity test*** with automated clinical laboratory equipment, unlikely to be done in most offices, as opposed to a dipstick.

**CPT 80100, 80101 and 80104 should not be billed.** Claims submitted with 80100 series CPT codes may be denied, and will need to be resubmitted as directed.

Please do not hesitate to contact Monroe Plan at (585) 244-5550 or (800) 724-4658 with any questions you may have regarding this bulletin.

(continued on reverse side)
We anticipate that there will be changes to the codes for urine drug screening in 2015. As applicable, you will receive advance written notice of any updates to our billing policy based upon these 2015 CPT coding changes.

*High complexity tests* include those which require clinical laboratory expertise beyond normal automation to perform. If the output of the data requires some expertise, these would also be highly complex. Examples include cytology, immunohistochemistry, peripheral smears, flow cytometry, gel electrophoresis, and most molecular diagnostic tests including RT-PCR, gene chip arrays, multiplexed analyses, dot blots, viral loads, expression assays, CGH arrays, etc.

**Waived tests** are simple to perform, but the results do not carry a great deal of clinical significance (although waived rapid HIV tests are available). Many of these tests are available for sale over the counter for consumer use. Examples include pregnancy tests, drug abuse testing, step tests, dipsticks and glucometers. All of these tests are approved by the U.S. Food and Drug Administration and are not likely to be applicable for lab-derived tests.

***Moderately complex tests*** are usually those which are available on automated clinical laboratory equipment, such as electrolyte profiles, chemistry profiles, complete blood count, urinalysis, urine drug screen and automated immunoassays.