MEDICAL POLICY
URINE DRUG SCREENS
Established: 1/1/2011
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- Effective 1/1/2011 all CLIA waived and moderate complexity drug screening tests should be billed under procedure code G0434.

- This code is payable per patient encounter – NOT PER DRUG TESTED.

I. Qualitative Drug Test

A qualitative drug test is a test that detects whether a particular drug is present in a sample. It will give a positive or negative result only. Effective for service dates after 1/1/2011 Medicare updated the procedure codes relating to Qualitative Drug Screens. The codes were updated in order to control improper billing and utilization of drug screening tests. The code changes are as follows:

A. CLIA waived and moderate complexity drug screening test
   - G0430 Deleted –

   G0430 (Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure).
   This code is deleted effective 1/1/2011. The replacement code is G0434.
   - 80104 CPT 2011 Code –

   80104 (Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure).

   The added 2011 CPT code - 80104 is not recognized or priced by Medicare because the descriptor does not accurately reflect the types of tests that need to be captured for accurate billing and payment.

   □G0434 New Code –

   G0434 (Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter).
CLIA waived and moderate complexity drug screening tests should be billed under procedure code G0434. This code is payable per patient encounter – not per drug tested.

**Reimbursement for waived and moderate complexity drug screens should be performed at the request of the prescribing/treating provider or Chesapeake Employers Insurance. Periodic peer reviews will be conducted to ensure drug screens are medically indicated and not over-utilized.**

B. Qualitative Drug Screen by high complexity test method.

☐ Old Code Descriptor

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

☐ Revised Code Descriptor

G0431 (Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter).

The code descriptor was revised to more accurately reflect the high complexity confirmatory drug screening tests performed in the laboratory setting. High complexity tests performed in the laboratory setting require more resources than the simple dipstick test kit tests performed outside the laboratory setting. It is also recognized that multiple drugs are often tested through one specimen. Reimbursement for the high complexity drug screening must be medically indicated and requested by the treating provider or Chesapeake Employers Insurance.

*PLEASE NOTE: Peer reviews will be conducted to verify the medical necessity of the higher level drug screen versus the instant or moderate complexity test.*

High complexity drug screening tests should be billed under procedure code G0431. This code is allowed once only. Separate reimbursement for each drug is no longer allowed. 3
II. Confirmation drug test
A confirmation test may be requested in follow up to an inconsistent qualitative instant or moderate complexity drug screen. Confirmation tests must be medically indicated and performed only for qualitative tests results that are inconsistent with the prescribed drugs. Test results must be documented in the medical record and only performed at the request of the treating physician or IWIF. Confirmation tests should be billed under code 80102 (Drug confirmation, each procedure). Total reimbursement for confirmation tests will not exceed the reimbursement for procedure G0431. Procedure 80102 is inclusive of procedure G0431.

** Periodic peer reviews will be conducted to ensure requested lab services are medically necessary.

III. Quantitative drug test
Quantitative drug tests give results expressing the specific numerical amount of a drug in the sample. They should be billed under the appropriate chemistry code. Quantitative drug tests must be:
- medically indicated and supported by appropriate medical record documentation,
- performed only for positive qualitative test results that are inconsistent with the prescribed drugs, and
- requested by the treating provider or IWIF.

** Periodic peer reviews will be conducted to ensure the requested lab services are medically necessary.