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## **Additional Information Regarding the Calendar Year (CY) 2010 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment**

### **Provider Types Affected**

This article is for clinical laboratories billing Medicare Carriers, Fiscal Intermediaries (FIs), or Part A/B Medicare Administrative Contractors (A/B MACs).

### **Provider Action Needed**

This article describes how clinical diagnostic laboratories should bill for certain types of tests that are covered under Medicare and paid based on the Clinical Laboratory Fee Schedule (CLFS). Specifically, the article addresses billing of four codes (G0430, G0431, 80100, and 80101) during the period of January 1, 2010 through March 31, 2010. Further information will be provided regarding billing after March 31, 2010. Be sure billing staff are aware of these changes.

### **Background**

Each year, the Centers for Medicare & Medicaid Services (CMS) hosts an Annual Public Meeting concerning new test codes that have been established by the Common Procedural Terminology (CPT) committee and that will be covered by Medicare and paid based on the CLFS.

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This year, two new G codes were established: G0430 and G0431. When these two new codes were introduced at the Annual Public Meeting during 2009, members of the laboratory industry expressed concern about how these two new codes would be described and when they should be billed. This article seeks to clarify these issues.

It came to CMS' attention that some companies were using questionable billing practices concerning CPT Code 80100 and CPT Code 80101. In addition, CPT Code 80100 describes only chromatographic testing for the presence of drugs, which left certain laboratories unable to bill accurately when this type of testing was performed, but the chromatographic method was not utilized. Therefore, CMS created two new G codes to operate in place of and alongside existing CPT Code 80100 and existing CPT Code 80101.

Following are the current definitions of all test codes addressed in this issue:

- CPT Code 80100 – Drug screen, qualitative; multiple drug classes chromatographic method, each procedure
- G0430 – Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure
- CPT Code 80101 – Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class
- CPT Code 80101QW – Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class
- G0431 – Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class

From January 1, 2010, through March 31, 2010, when performing a qualitative drug screening test for multiple drug classes using chromatographic methods, CPT Code 80100 is the appropriate code to bill. New test code G0430 was created to limit the billing to one time per procedure and to remove the limitation of the method (chromatographic) when this method is not being used in the performance of the test. As a result, when performing a qualitative drug screening test for multiple drug classes that does not use chromatographic methods, new test code G0430 is the appropriate code to bill.

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New test code G0431 is a direct replacement for CPT Code 80101. However, CMS is delaying this replacement until April 1, 2010.

Similarly, from January 1, 2010 through March 31, 2010, when performing a qualitative drug screening test for a single class of drugs, regardless of the testing methodology, those clinical laboratories that do not require a CLIA certificate of waiver should bill new test code G0431. Those clinical laboratories that do require a CLIA certificate of waiver should continue to utilize CPT Code 80101QW.

Further direction on this matter will be provided by April 1, 2010.

### Additional Information

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If you have questions, please contact your Medicare MAC, carrier, or FI at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website

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