Presumptive Drug Class Screening Changes

CPT® Assistant.

March 2017; Volume 27: Issue 3

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Important updates and revisions were made to the Pathology and Laboratory section of the Current Procedural Terminology (CPT®) 2017 code set. Because there is a significant amount of information to provide, this topic will be broken down into separate articles in 2017. In this first installment, we discuss the changes in the Presumptive Drug Class Screening (PDCS) code subsection. Future articles will discuss changes in the Multianalyte Assays with Algorithmic Analyses (MAAAs) subsection, changes to the molecular pathology sections of CPT, including changes in the Genomic Sequencing Procedures, and a discussion of the new Proprietary Laboratory Analysis (PLA) code set.

Presumptive Drug Class Screening

Five codes were deleted and three new codes were added to the PDCS subsection of the CPT® 2017 code set. Changes were also made to the guidelines. The five deleted codes (80300, 80301, 80302, 80303, 80304) separated the PDCS procedures into multiple types performed using simple direct optical observation (such as dipstick methods, cartridges), and instrumented immunoassay testing systems (such as discrete multichannel chemistry analyzers). Methodologies that typically required more resources than the drugs listed in Drug Class List A may include thin layer chromatography; and various procedures not otherwise specified (eg, Time of Flight [TOF], Laser Diode Thermal Desorption [LDTD]). Drug Class List B procedures may have also included drug class specific preanalytical sample preparation. This separation of codes was originally intended to differentiate simpler, less expensive methods of presumptive testing from more expensive or complex testing.

The new codes (80305, 80306, 80307) eliminate the need for multiple drug classes to identify the presumptive test. These new codes now represent all drugs or drug classes being tested by their respective methodologies on a date of service. In essence, each code identifies a different category or methodology. Code 80305 represents procedures that are performed using direct optical observation (eg, dipsticks, cups, cards, cartridges). Code 80306 represents those procedures in which a reader is used to determine the result of direct optical observation (eg, dipsticks, cards, or cartridges inserted into an instrument that determines the final reading). Code 80307 represents all presumptive procedures that require the use of instrumented chemistry analyzers (eg, enzyme immunoassay, immunoabsorbent assays, enzyme-linked immunoabsorbent assays, chromatography, mass spectrometry with or without chromatography) and other procedures that require more effort to perform than any of the optical observation methods. Importantly, these codes are to be reported only once per date of service, irrespective of the number of procedures performed or drugs tested. The new codes 80305, 80306 and 80307 also include sample validation when performed.

New Codes

(80300, 80301, 80302, 80303, 80304 have been deleted. To report, see 80305, 80306, 80307)

#80305
Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service

#80306
read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service

#80307
Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service.

Clinical Example (80305)

A 55-year-old male new patient with post-accident severe low-back pain requests continuation of morphine treatment; he has enough medication for three days. The patient scores negative on an opioid-risk evaluation, and there is no evidence of intravenous drug abuse. The state guidelines require a drug test and prescription drug monitoring program (PDMP) review prior to writing a new prescription for controlled pain medications.

Description of Procedure (80305)

A lateral-flow immunoassay multiplex strip (dipstick) analysis for three immunoassay drug classes (opiates, marijuana metabolite, and cocaine metabolite) is performed by direct optical observation with visual readout.

Clinical Example (80306)

A 43-year-old male new patient with post-accident severe low-back pain requests a continuation of morphine treatment; he has enough medication for three days. The patient scores positive on an opioid-risk evaluation and admits to past drug abuse (marijuana and cocaine). State guidelines require a drug test and PDMP review prior to writing a new prescription for controlled pain medications.

Description of Procedure (80306)

A lateral-flow immunoassay multiplex strip (dipstick) analysis for five drug classes is performed by direct optical-observation read using a strip reading scanner.

Clinical Example (80307)

A 41-year-old male new patient with failed back-syndrome pain requests continuation of buprenorphine transdermal treatment. The patient scores positive on an opioid-risk evaluation and admits to past drug abuse with multiple designer drugs. State guidelines require a drug test and PDMP review prior to writing a new prescription for controlled pain medications.

Description of Procedure (80307)

Twelve immunoassays are run multiplex in an automated chemistry analyzer.

