MLN Matters®
Information for Medicare Fee-for-Service Health Care Professionals

News Flash – The revised Medicare Appeals Process brochure (January 2010), which provides an overview of the Medicare Part A and Part B administrative appeals process available to providers, physicians and other suppliers who provide services and supplies to Medicare beneficiaries, as well as details on where to obtain more information about this appeals process, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network at ***http://www.cms.hhs.gov/MLNProducts/downloads/MedicareAppealsProcess.pdf*** on the CMS website.

MLN Matters® Number: MM6852

Related Change Request (CR) #: 6852

Related CR Release Date: March 19, 2010

Effective Date: April 1, 2010

Related CR Transmittal #: R653OTN

Implementation Date: April 5, 2010

Clinical Laboratory Fee Schedule (CLFS) - Special Instructions for Specific Test Codes (CPT Code 80100, CPT Code 80101, CPT Code 80101QW, G0430, G0430QW, and G0431QW)

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 is based on Change Request (CR) 6852 which provides special instructions for the proper use of Current Procedural Terminology (CPT) Code 80100, CPT Code 80101, CPT Code 80101QW, G0430, G0430QW, G0431, and G0431QW as of April 1, 2010. Be sure your billing staffs are aware of the changes outlined in this article.

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 CPT committee and that will be covered by Medicare and paid based on the CLFS.

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During calendar year (CY) 2009, effective for January 1, 2010, two new G codes were established: G0430 and G0431. It had come to CMS' attention that some providers were incorrectly using CPT Code 80100 and CPT Code 80101. Therefore, CMS created two new G codes to operate in place of and alongside existing CPT Code 80100 and existing CPT Code 80101.

In addition, those clinical laboratories that require a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver had been utilizing CPT Code 80101QW. In order to ensure that clinical laboratories that require a CLIA certificate of waiver are also billing correctly whether the drug screen test performed is for a single drug class or multiple drug classes, effective April 1, 2010, two additional G codes were established – G0430QW and G0431QW.

Key Points of CR 6852

Each test code discussed in CR 6852 is currently described as follows by the American Medical Association (AMA) (CPT Codes) and CMS (G Codes):

- CPT Code 80100 – Drug screen, qualitative; multiple drug classes 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;
- G0430 – Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure;
- G0430QW – Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure;
- G0431 – Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class; and
- G0431QW – Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class.

For purposes of the CLFS, beginning with dates of service on or after April 1, 2010, when performing a qualitative drug screening test for multiple drug classes that uses 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 a clinical

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laboratory that does not require a CLIA certificate of waiver performs 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.

When a clinical laboratory that does require a CLIA certificate of waiver performs a qualitative drug screening test for multiple drug classes that does not use chromatographic methods, new test code G0430QW is the appropriate code to bill.

Remember: New test code G0431 is a direct replacement for CPT Code 80101. For purposes of the CLFS, effective with dates of service on or after April 1, 2010, new test code G0431 should be utilized by those clinical laboratories that do not require a CLIA certificate of waiver. Those clinical laboratories that do require a CLIA certificate of waiver should utilize new test code G0431QW. Effective April 1, 2010, CPT Code 80101 will no longer be covered by Medicare, and CPT Code 80101QW will be deleted.

Additional Information

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

The official instruction, CR6852, issued to your Medicare MAC, FI or carrier regarding this change may be viewed at *http://www.cms.hhs.gov/Transmittals/downloads/R653OTN.pdf* on the CMS website.

A related article, MM6657 which provides instructions for the CY 2010 clinical laboratory fee schedule, mapping for new codes for clinical laboratory tests, and updates for laboratory costs subject to the reasonable charge payment, may be reviewed at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6657.pdf* on the CMS website.

For additional information regarding the CY 2010 annual update for clinical laboratory fee schedule and laboratory services subject to reasonable charge payment see Special Edition (SE) 1001 at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE1001.pdf* on the CMS website.

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