

2012 BWC Policy Alert

2012 BWC Coding Clarification

Date: April 30, 2012

Clarification #04 -2012-01

Proper coding of qualitative drug screens using HCPCS Level II© codes G0431 and G0434

Purpose

This coding clarification explains the proper coding and reimbursement for the payment of qualitative drug screens.

Issue

BWC has adopted two HCPCS level II codes, G0431 and G0434, for billing qualitative drug screens done after Oct. 25, 2010.

Summary of supporting information

Physicians use qualitative drug screens to identify the presence or absence of a chemical substance in a specimen.

Code G0431:

- Is a **direct replacement for CPT©80101** and can be used for any number of drugs;
- Is reported for **high complexity test methods** (e.g. immunoassay, enzyme assay,) where a complex instrumented device is required to perform some of the screening or when **performing a qualitative drug screening test for a single class of drugs**;
- Is billed at **only one unit of service per patient** when a single testing item/mechanism is available to screen for multiple drug classes.

Code G0434:

- Is used for **CLIA waived or moderate complexity tests other than chromatography** (e.g. dipsticks, cups, cassettes and cards) that are interpreted outside the instrumented laboratory setting for any number of drug classes;
- **Is billed at only one unit of service per patient encounter regardless of the number of drug classes tested.**

Conclusion

Based on test complexity choose either G0431 or G0434 for billing qualitative drug screens. Regardless of the number of supplies used, the number of drug classes screened or the number of procedures, only one qualitative drug screen test is reimbursable per patient encounter.

Location: <http://www.ohiobwc.com/provider/services/FeeSchedules.asp>

References

2012 Expert *HCPCS Level II*

Ohio Administrative Code 4123-6-08 Bureau fee schedule

MLN Matters ® Number: SE1105