

## Pathology: Drug Testing

This section contains information to assist providers in billing for pathology procedures related to drug testing services.

### Drug Screening Tests

Providers should use the following HCPCS and CPT-4 codes to bill drug screening tests:

- G0431 (drug screen, qualitative; multiple drug classes by high complexity method [e.g., immunoassay, enzyme assay], per patient encounter). This code is split-billable. When billing for both the professional and technical components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.
- G0434 (drug screen, qualitative; multiple drug classes other than chromatographic method, each patient encounter). This code is split-billable. When billing for both the professional and technical components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. When billing for only the technical component, use modifier TC.
- 80102 (drug confirmation, each procedure) is used to confirm each drug class. Bill this code with a quantity of one if a single screening analysis can confirm multiple drugs. If confirmation of multiple drugs by chromatography requires stationary or mobile phases, bill this code with a quantity reflecting the number of confirmed drug class procedures.

For more information regarding the use of drug screening method procedure codes and drug confirmation procedure codes, refer to the CPT-4 book.

### Billing Guidelines: Qualitative (Presence) Testing

Code 80102 is used to bill the testing for the presence (qualitative testing) of any drug, drug class or substance of abuse. This code is not restricted to any specific laboratory method or technology. Additional different testing is allowed, when necessary, to confirm a positive initial qualitative screening test.

**Note:** Only one procedure per claim line is allowed per recipient, per date of service.

Billing Guidelines: Quantitative  
(Amount) Testing

When billing quantitative tests (for the amount of a known drug) for a drug overdose patient or a comatose patient or for therapeutic drug monitoring, providers should use the code for the specific drug in question (therapeutic assay codes 80150 – 80299 and/or chemistry codes 82000 – 84999). Do not use code 80102 for these tests.

<u>CPT-4 Code</u>	<u>Description</u>
<u>80155</u>	<u>Caffeine</u>
<u>80159</u>	<u>Clozapine</u>
<u>80169</u>	<u>Everolimus</u>
<u>80171</u>	<u>Gabapentin</u>
<u>80175</u>	<u>Lamotrigine</u>
<u>80177</u>	<u>Levetiracetam</u>
<u>80180</u>	<u>Mycophenolate (mycophenolic acid)</u>
<u>80183</u>	<u>Oxcarbazepine</u>
<u>80199</u>	<u>Tiagabine</u>
<u>80203</u>	<u>Zonisamide</u>

Quantitative Determinations  
Of Drug Levels

The following CPT-4 codes are reimbursable only with documentation justifying quantitative determination of drug level rather than qualitative determination (screening).

<u>CPT-4 Code</u>	<u>Description</u>
82101	Alkaloids, urine, quantitative
82145	Amphetamine or methamphetamine
82205	Barbiturates, not elsewhere specified
82649	Dihydromorphinone
83840	Methadone
83925	Opiate(s), drug and metabolites, each procedure
83992	Phencyclidine (PCP)

Codes Not Split-Billable

The following CPT-4 codes are not split-billable and must not be billed with modifier 99, 26 or TC.

CPT-4

<u>Code</u>	<u>Description</u>
82044	Albumin; urine, microalbumin, semiquantitative (e.g., reagent strip assay)
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope
83014	<i>Helicobacter pylori</i> ; drug administration
83951 *	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (e.g., ADMTS-13), each analyte
87905	Infectious agent enzymatic activity other than virus (e.g., sialidase activity in vaginal fluid)

\* CPT-4 code 83951 must be billed with ICD-9-CM diagnosis codes 070.20 – 070.23, 150.0 – 155.2 and 570 – 571.9.

CLIA-Waived Test

CPT-4 code 87905 and HCPCS code G0434 are CLIA-waived tests when the provider uses a kit specified by the Centers for Medicare & Medicaid Services and the Food and Drug Administration (CMS/FDA) and the code is billed with modifier QW.

Screening Test Frequency

Medi-Cal considers a screening test frequency averaging once per week to be the maximum utilization. The most frequent use of this type of drug testing is for monitoring compliance in drug rehabilitation programs.

Narcotic Detoxification

Outpatient heroin (narcotic) detoxification programs may not bill for CPT-4 code 80102 since payment for screening tests is included in the Medi-Cal-per-visit allowance for these programs.