

A L E R T

September 15, 2017

TO: Laboratories, Physicians, Rural Health Clinics, and FQHCs

RE: Laboratory Assay Drug Testing- Definitive Drug Testing and Presumptive Drug Testing

Effective for dates of service on and after **October 1, 2017**, Alabama Medicaid will place limitations on Laboratory Assay Drug Testing, Definitive Drug Testing Presumptive Drug Testing. Medicaid will no longer cover Procedure codes within the range 80320 – 80377 for dates of service on or after October 1, 2017.

Which procedure codes will continue to be covered by Medicaid for the Definitive Drug Testing?

The following procedure codes listed below:

1. **G0480**
2. **G0481**
3. **G0482**
4. **G0483**

Which procedure codes will continue to be covered by Medicaid for the Presumptive Drug Testing?

The following procedure codes listed below:

1. **80305**
2. **80306**
3. **80307**

Note Providers with a valid CLIA certificate of waiver indicator may bill procedure 80305 with modifier QW.*

Which limits apply to the procedure codes?

The following limitations listed below:

1. Laboratory Assay Drug testing will have a benefit limit of 24 per calendar year.
 - Presumptive Testing 12 per calendar year
 - Definitive Testing 12 per calendar year
2. The procedure codes must be billed with a quantity of one per date of service regardless of the number of collective/testing items used, the number of procedures, and/or the drug testing screened.
3. Specimen validity testing is not eligible to be separately billed under any procedure code.

A L E R T

Note The procedure code descriptions indicate that this testing is included if it was performed.*

When might a provider's claim deny?

Below are some examples of when a Medicaid claim will be denied:

1. If Dr. A bills G0480 on 10/01/2017, and Dr. B bills G0483 on 10/01/2017, only one claim will be paid. If Dr. A bills G0482 or G0481 six (6) times and Dr. B bills G0483 seven (7) times by 12/31/2017, then one claim will be denied because the limit for these four codes is 12 per year.) One (1) presumptive drug test per day, per recipient not to exceed 12 per year will be allowed.
2. If Dr. A bills PC 80305 on 10 /01/2017, and Dr. B bills PC 80307 on 10/01/2017, only one claim will be paid. If Dr. A bills PC 80305 or 80307 six (6) times and Dr. B bills PC 80306 seven (7) times by 12/31/2017, then one claim will be denied because the limit for these three codes is 12 per year.

Medicaid will review and verify that requirements for the Laboratory Drug Assay are being met. Paid claims to providers that do not meet these requirements may be subject to recoupment.

Please direct questions regarding the Laboratory Program to Susan Watkins at susan.watkins@medicaid.alabama.gov or Russell Green at Russell.Green@medicaid.alabama.gov.