

A L E R T

September 14, 2015

TO: Physicians, Rural Health Clinics, and FQHCs

RE: Claims for Drug Testing Performed in Providers' Offices

Effective for claims with dates-of-service of January 1, 2015, and after, Alabama Medicaid will cover CMS HCPCS G-codes (G0434 and G6058). A QW modifier must be used for crossover claims. The coverage will permit payment of claims submitted by providers with a valid CLIA certificate.

- HCPCS code G0434 will cover one drug screen, regardless of the number of drugs or classes, procedure(s)/methodology (ies), any source(s), per appropriately billed date of service. (Only one claim per date of service will be paid regardless of the number of drug screens performed.)
- HCPCS code G6058 will cover drug one test (confirmatory and/or definitive, qualitative and quantitative), regardless of the number of drugs or drug classes, procedure(s)/methodology (ies), source(s), including sample validation. (Only one appropriately billed claim per date of service will be paid regardless of the number of confirmatory and/or definitive, qualitative and quantitative drug tests performed.)

These codes will remain in effect until CMS creates new G-codes, modifies and publishes its new drug test policy, or until notified otherwise. Providers may resubmit drug test screening claims which were denied in 2015 **for CLIA indicator reasons**. If any other reason exists for the denial either in part or as the entire reason, the claim may **not** be resubmitted. Resubmitted claims should use the appropriate G-code above (use the "QW" modifier with crossover claims only). If there are any questions concerning this matter, providers may contact Russell Green at (334) 242-5554, or (334) 353-5017, by email at Russell.Green@medicaid.alabama.gov.