

North Carolina Medicaid Special Bulletin

An Information Service of the
Division of Medical Assistance

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**Attention:
All Providers**

Changes to Drug Screening and Testing Codes

*Providers are responsible for informing their billing agency of information in this bulletin.
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Each year, the American Medical Association publishes new CPT codes at the beginning of October. The N.C. Division of Medical Assistance (DMA) reviews and researches these new codes to determine coverage and has until December 31 to make the necessary system changes.

DMA received the national code file indicating that there were two G codes (G0431 and G0434) that were end-dated. At that time, the codes available to N.C. providers were included in the 80300 – 80304 range of CPT codes.

On Dec. 2, 2015, Centers for Medicare & Medicaid Services (CMS) released 49 corrections to the 2016 HCPCS Level II code set (which includes the new drug testing codes). **This date was too late for publication in any 2016 HCPCS Level II code file** and too late for DMA consideration for its annual code update process. Those new codes included three new drug screening codes (G0477, G0478, and G0479) and four new definitive drug testing codes (G0480, G0481, G0482, and G0483).

DMA is now in the planning process of introducing the new codes into its system, with an effective date going back to Jan. 1, 2016 dates of service. This change will take time because DMA has to implement system changes to allow reimbursement for the new CMS codes.

Reimbursement rates for these services will be established in accordance with the methodology outlined in the N.C. Medicaid State Plan. Rates for the codes effective Jan. 1, 2016 are provided below:

Procedure Code	Facility	Non Facility
G0477	\$13.52	\$13.52
G0478	\$18.03	\$18.03
G0479	\$72.12	\$72.12
G0480	\$72.75	\$72.75
G0481	\$111.92	\$111.92
G0482	\$151.09	\$151.09
G0483	\$195.86	\$195.86

Previous announcements on Feb. 3, 2016 and March 8, 2015 notified providers that HCPCS codes G0431 and G0434 were end-dated effective Dec. 31, 2015, and advised providers to bill the most appropriate CPT code. Some providers billing CPT codes have received denials for:

Edit 00170 / EOB 00936 – CLIA CERT NOT VALID FOR DOS/LEVEL. IF YOU HAVE ONLY 1 CLIA #, CONTACT AGENCY THAT ISSUED CERTIFICATION. IF MULTI CLIA #, SEND COPY OF CERT/CLAIM \$ INQUIRY FORM TO CSC PROVIDER SERVICES.

This denial occurs because the CLIA certification on file for the provider is not appropriate for the procedure billed. For example, procedure code 80300 is not permitted with a CLIA certification level of 2 or 4.

At this time, providers should bill the most appropriate HCPCS/CPT code for the service rendered and submit claims to adhere with time limit requirements. DMA will issue additional information regarding reimbursement of G0477-G0483 and instructions if claim resubmission is required in a future bulletin article.

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