

North Carolina Medicaid Special Bulletin

An Information Service of the
Division of Medical Assistance

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June 2016

**Attention:
All Providers**

Urine Drug Screening Update

*Providers are responsible for informing their billing agency of information in this bulletin.
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As noted in the March 2016 Special Medicaid Bulletin, [*Changes to Drug Screening and Testing Codes*](#), and the May 2016 Special Medicaid Bulletin, [*Urine Drug Screening*](#), the N.C. Division of Medical Assistance (DMA) is in the process of updating NCTracks to add the new HCPCS urine drug screening codes. The system changes are still in development; however, in an effort to avoid further financial hardship to our providers, DMA implemented the rates into the system. Claims previously submitted have been released and will begin to pay beginning with the June 14, 2016, checkwrite.

Note: Once the system changes are completed, providers may notice a change in the claim processing for these codes.

The presumptive test limitation of 20 per fiscal year is scheduled to take effect July 1, 2016, and is based on the state fiscal year of July 1 through June 30. Once the 20 test limit has been reached, further presumptive testing reimbursement will be denied.

Per the definition of G0477-G0483, validity testing is included when a urine drug test is performed and is not separately reimbursable. Procedure codes currently used for validity testing will be denied or recouped if billed by the same provider on the same date of service as a urine drug test. Presumptive and definitive testing are each limited to one test per date of service, per beneficiary, regardless of testing method or number of tests performed.

As of July 1, 2016, presumptive testing (G0477, G0478, or G0479) **must** be performed and a claim submitted to NCTracks by the same or different provider before any definitive test (G0480-G0483) is reimbursed. The only exception will be when a specific drug needs to be tested for based on clinical findings and cannot be detected with presumptive testing methods. Documentation to support performing the definitive test including the unavailability of a presumptive test will need to be uploaded with the claim. For codes G0481, G0482, and G0483, the presumptive drug screen result and any other supporting documentation will need to be uploaded with the claim clearly demonstrating that the number of drug classes producing an unanticipated result match the definition of the service performed. If documentation supplied and procedure code billed do not match, the claim will deny.

Providers may bill with CPT codes 80300-80377 through the end of June 2016. Beginning with dates of service July 1, 2016, providers will need to select the most appropriate HCPCS code for the service rendered as these CPT codes will be end-dated.

DMA will issue additional information regarding implementation and reimbursement of G0477-G0483 as it becomes available.

Clinical Policy and Programs
DMA, 919-855-4260

Sandra Terrell, MS, RN
Director of Clinical
Division of Medical Assistance
Department of Health and Human Services

Paul Guthery
Executive Account Director
CSRA