

# 2010 BWC Policy Alert

Managed Care Organization Policy Flash

October 2010

**Alert # 10-2010-01: Proper coding of qualitative drug screens using HCPCS**  
Level II codes G0430 and G0431

**Reference policy**  
**2010 Professional Provider medical Services Fee Schedule**  
**OAC 4123-6-08 Bureau fee schedule**

## Location

<http://www.ohiobwc.com/provider/services/FeeSchedules.asp>

## Purpose

This BWC Policy Alert explains the proper coding for the payment of qualitative drug screens using HCPCS Level II codes G0430 and G0431.

## Issue

BWC has adopted two new codes for billing qualitative drug screens. Physicians use qualitative drug screens to identify the presence or absence of a substance in a specimen. Per the 2010 Medical and Professional Provider Fee Schedule, BWC has adopted HCPCS Level II codes G0430 and G0431 for qualitative drug screens. A key difference between codes G0430 and G0431 is that G0430 is reported per procedure, while G0431 is reported for each drug class. Also, G0430 applies only to non-chromatographic methods, while physicians can use G0431 for any method. The codes are effective for dates of service **Oct. 25, 2010**, and after.

*The HCPCS Level II manual, defines code G0430 as: "Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure."*

Please see below for important billing and coding information for G0430.

- o This code describes non-chromatographic testing methods. Collection/testing methods described by G0430 include but are not limited to cassettes, cubes, cups, dip cards, strips and swabs.
- o This code is reported only once per procedure.
- o Each procedure may screen for the presence of one or more drug classes.
- o You should reimburse no more than one unit of service per encounter, regardless of the number of drug classes screened.
- o Providers eligible for reimbursement for this service include point-of-care physicians, non-physician practitioners (e.g., physician assistants) and laboratories.

The HCPCS Level II manual, defines code G0431 as: "Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class."

Please see below for important billing and coding information for G0431.

- o G0431 is a direct replacement for CPT 80101.
- o Report this code when performing a qualitative drug screening test for a single class of drugs, regardless of the testing method.
- o When performing a qualitative drug screening test for multiple drug classes, the number of reimbursable units of service is dependent on the testing methodology.
  - You must bill tests using **non-instrumented drug** screening assays (i.e., results produced through manual sampling and manual observation) with a quantity of **one unit** per episode of care, regardless of the number of collection/testing items used, the number of procedures, and the number of drug classes screened. BWC will only reimburse for one test per encounter. This is because we do not consider multiple individual tests to be medically necessary when a single testing item to screen for all drug classes is available.
  - For tests using **instrumented** drug screening assays (i.e., results produced by a machine), it may be appropriate to reimburse for multiple units if more than one drug class is screened. ***However, please note that we will only reimburse for one test per encounter when a single testing item/mechanism is available to screen for multiple drug classes.***