

Lab Billing Codes for Qualitative Confirmation – Commercial Payers

Issue: Which CPT code should be used to bill commercial payers for confirmation testing of a urine sample using an immunoassay analyzer that produces a qualitative result?

Rule: Commercial payers use a series of codes to reimburse for qualitative urine drug screening: 80100, 80101, 80102, and 80104.

80100 Drug screen, qualitative; multiple drug classes chromatographic method, each procedure¹ – This code is reserved for qualitative testing of each drug class using a chromatographic method that includes a stationary phase and a mobile phase.^{2 3} Anthem Blue Cross Blue Shield provides the following commentary regarding CPT 80100:

In **80100**, the screening test must be performed by a chromatographic technique that has good sensitivity, although it may not be as specific as a confirmatory test. Thin-layer chromatography is a common chromatographic technique for drug screening tests. It is performed by applying a thin layer adsorbent to a rectangular plate in the stationary phase. The specimen is applied to the plate and the end of the plate is placed in a solvent. As the solvent rises along the adsorbent on the plate, the different components of the specimen are carried along at varying rates and deposited along the plate. The different components can be separately visualized and analyzed.⁴

80101 Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class⁵ – This code is used for qualitative urine drug testing with immunoassay or enzyme assay. The code can be used for each single drug class method/class tested and reported.^{6 7} Anthem Blue Cross Blue Shield provides the following commentary regarding CPT 80101:

The screening test should be performed by a technique that has good sensitivity, although it may not be as specific as a confirmatory test. A number of different methods are available to screen for single drugs or drug classes, including simple drug screening kits that rely on immunoassay for detection of a single specific drug or drug class. For example, Placidyl (aka ethchlorvynol) can be screened in urine with a very simple colorimetric test where equal parts of urine and a single reagent are mixed and observed for a visual color change. This would be reported with **80101**. Positive tests are always confirmed with a second method.⁸

¹ American Medical Association Current Procedural Terminology 2012.

² Codapedia, *CPT Codes 80100-80101, 80102*, http://codapedia.com/article_585_CPT-Codes-80100-80101-

² Codapedia, *CPT Codes 80100-80101, 80102*, http://codapedia.com/article_585_CPT-Codes-80100-80101-80102.cfm (last accessed April 12, 2013).

³ CMS Manual System, Pub 100-20 One-Time Notification, *Transmittal 653*, March 19, 2010.

⁴ Anthem Blue Cross Blue Shield, *Testing*, <http://www.anthem.com/painmanagement/testing.html> (last accessed April 12, 2013).

⁵ American Medical Association Current Procedural Terminology 2012.

⁶ Codapedia.

⁷ CMS Manual System, *Transmittal 653*.

⁸ Anthem Blue Cross Blue Shield.

In 2011, Medicare replaced 80101 with G0431, Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), each specimen.⁹ In MLN Matters Number SE1105, CMS clarified, “G0431 may only be reported when tests are performed using instrumented systems (i.e., durable systems capable of withstanding repeated use).”¹⁰

80102 Drug confirmation, each procedure¹¹ – This code is used for qualitative confirmation of drug testing and is billed for each procedure necessary for confirmation.¹² Anthem Blue Cross Blue Shield provides the following commentary on the use of 80102:

This test may be requested as drug screen confirmation. It is performed when the initial drug screen (**80100 - 80101**) is positive. Confirmatory tests must be both sensitive and specific and involve a different technique than the initial screen. For example, if the initial screen is performed by thin layer chromatography identifying a spot on the chromatogram that is the right color and in the right place to be consistent with a particular drug, it is confirmed with a more specific method, like high performance liquid chromatography (HPLC), gas chromatography-mass spectrometry (GC-MS), or immunoassay. If the drug suspected is a barbiturate, for example, a confirmatory HPLC method might be done to prove that the compound had the correct retention time, etc., and to identify it exactly as a particular barbiturate. This would be reported with **80102**.¹³

Includes: Qualitative test for drugs or drug classes such as those listed above

Novitas Solutions published a local coverage determination, LCD L32050 – Qualitative Drug Testing, in which it included a similar, but slightly modified, criteria for the use of 80102:

Confirmation of drug testing (80102) is indicated when the result of the drug test is different than that suggested by the patient's medical history, clinical presentation or patient's own statement AND there is a positive inconsistent finding from the previously performed qualitative test. This test may also be used, when the coverage criteria of the policy are met AND there is no qualitative test available, locally and/or commercially, as may be the case for certain synthetic or semi-synthetic opioids. Frequent use of this code will be monitored for appropriateness.¹⁴

Codapedia provides the following similar description on the use of 80102:

Confirmation of drug testing (80102) is indicated when (1) the results of the qualitative screen are presumptively positive or (2) results of the qualitative screen are negative and this negative finding is inconsistent with the patient's medical history. This test may also

⁹ Centers for Medicare & Medicaid Services, *New Clinical Laboratory Fee Schedule Test Codes And Preliminary Payment Determinations*, 2011.

¹⁰ Centers for Medicare & Medicaid Services, *MLN Matters Number: SE1105*.

¹¹ American Medical Association *Current Procedural Terminology 2012*.

¹² Neighborhood Health Plan Provider Payment Guidelines, *Urine Drug Testing*, <http://www.nhp.org/PDFs/Providers/UrineDrugTestingPaymentGuidelines.pdf> (last accessed April 12, 2013).

¹³ Anthem Blue Cross Blue Shield.

¹⁴ Novitas Solutions, *LCD L32050 – Qualitative Drug Testing*, Nov. 11, 2011, <https://www.novitas-solutions.com/policy/mac-ab/l32050-r1.html> (last accessed April 12, 2013).

be used, when the coverage criteria of the policy are met AND there is no qualitative test available, locally and/or commercially, as may be the case for certain synthetic or semi-synthetic opioids.¹⁵

Unlike Anthem and Novitas Solutions, however, Codapedia distinguishes between a drug test and a drug screen, allowing greater discretion for confirmation of drug screens:

Confirmation of drug screens (80102) is indicated when the result of the drug screen is different than that suggested by the patient's medical history, clinical presentation or patient's own statement.

CPT 80104 Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure¹⁶ – This code is used to report a urine drug screen performed using a multiplexed method for 2-15 drugs or drug classes, e.g., a multi-drug screening kit. This code was implemented in 2011 and utilizes the “QW” modifier for CLIA-waived tests. These tests include multiplex screening kits, urine cups, test cards, test strips, etc.¹⁷ This code can be used once for each kit regardless of the number of drugs tested.^{18 19}

Anthem Blue Cross Blue Shield provided the following commentary on 80104:

In **80104**, a number of different methods are available to screen for qualitative, non-chromatographic, multiple drug class assays, including multiplexed screening kits, urine cups, test cards, or test strips. Positive tests are always confirmed with a second method. Specimen type varies.

Application: Based on the above-listed rules, when a qualitative test is performed on a sample for confirmation of a prior urine drug test result, CPT 80102 is indicated. To be valid, the confirmation test must be different than the initial test, and must be sensitive and specific enough to be able to produce a reliable result. The examples provided are high performance liquid chromatography, gas chromatography-mass spectrometry, or immunoassay.

The question of when confirmation testing is indicated varies based on the guidance. According to Codapedia, confirmation testing is indicated to confirm a positive result or to confirm a negative when the negative result is inconsistent with the patient's history. Similarly, on a urine drug screen, Codapedia's guidelines permit confirmation for any unexpected result. However, Anthem only indicates that confirmation is appropriate when the initial test result is positive, not distinguishing between a test and a screen. Similarly, Novitis Solutions indicates that confirmation is appropriate when the qualitative test, not screen, result is inconsistent with the

¹⁵ Codapedia.

¹⁶ American Medical Association Current Procedural Terminology 2012.

¹⁷ Practice Management Planz, LLC, *Medical Billing CPT Urine Screen Codes*, Saturday May 19, 2012.

<http://practicemanagementplanz.blogspot.com/2012/05/medical-billing-cpt-urine-screen-codes.html> (last accessed April 12, 2013).

¹⁸ Codapedia.

¹⁹ HealthPlan, *URINE DRUG TESTING (UDT) Coverage and Reimbursement Guidelines*, June 2012,

<http://www.healthplan.org/pdf/UrineDrugTesting.pdf> (last accessed April 12, 2013).

patient's history AND "there is a positive inconsistent finding from the previously performed qualitative test." Accordingly, the use of 80102 may be different based on the payer.

According to Novitas Solutions, another indication for CPT 80102 is when the preliminary test is not able to detect a specific drug. An example of this would be suboxone. However, other carriers may require CPT 80101 to be used for such tests because technically, this is an initial qualitative test, non-chromatographic, for the substance.

The stated indications for Anthem and Novitis are limited in a way that can negatively impact patient care. For example, limiting confirmation to positive results overlooks the possibility that the point of care test provided a false or unexpected negative report for specific drug. In some cases, a patient may have been prescribed a drug and the patient may report a recent intake of the drug but the qualitative test is negative for the drug. This could be due to an inaccurate report from the patient, false negative from the qualitative test, or other metabolic factors. In another example, a patient may have a recent history of taking a drug that is initially tested, but returns a negative result. In either example, the failure to perform confirmation testing could lead to a dangerous reliance on the initial qualitative negative test result and could lead to an inappropriate or hazardous action by the prescribing practitioner, such as discharge, or continuation or discontinuation of the prescribed medication. For that reason, the broader application of 80102 offered by Codapedia may be clinically indicated and more appropriate than the other interpretations.

Conclusion: Based on the available research, qualitative confirmation should be billed using 80102 for each test confirmed. The approved indication for confirmation testing may be limited by some payers. However, there may be medically necessary and clinically significant reasons for performing the confirmation test outside of the established indications. This would be supported by the Codapedia application of 80102. In such situations, therefore, if the documentation supports confirmation outside of the established indications, labs should consult the payer guidelines and/or request reconsideration from the payer on the basis that confirmation testing is medically necessary.