



Connecticut Medical Assistance Program

Policy Transmittal 2015-46

PB 2015-96

December 2015

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2016

Contact: Edith Atwerebour @ 860-424-5671

TO: General Hospitals, Independent Laboratories, Physicians, Nurse Practitioners, Nurse-Midwives, Podiatrists and Optometrists

RE: Consolidated Laboratory Fee Schedule Update

Effective for dates of service January 1, 2016 and forward, the Department of Social Services will incorporate the 2016 HCPCS changes (additions, deletions and description changes) to its Consolidated Laboratory Fee Schedule. The Department is making these changes to ensure that its laboratory fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). These changes apply to the HUSKY Health programs which include HUSKY A, HUSKY B, HUSKY C and HUSKY D. Limits and cost sharing for HUSKY B clients remain as outlined in the benefit descriptions of these programs.

DRUG TESTING GUIDELINES

The American Medical Association (AMA) and Center for Medicare and Medicaid Services (CMS) have made significant changes to the drug testing HCPCS codes for 2016. Codes for many of the drug screens and drug assays in the G6030 to G6058 range, as well as codes G0431 and G0434 are being discontinued for 2016. Medicare decided to continue to not recognize CPT codes 80300 – 80377. CMS introduced three new presumptive drug testing codes (G0477, G0478, G0479) and four new definitive drug testing codes (G0480, G0481, G0482, G0483), effective January 1, 2016. DSS will proceed and adopt these same new codes for the upcoming year.

The following Level II HCPCS codes are being added for the use of drug testing, effective January 2016 and forward:

Presumptive Drug Testing

G0477 *Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.*

G0478 *Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.*

G0479 *Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (e.g., immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service.*

Definitive Drug Testing

G0480 *Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed.*

G0481 *Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed.*

G0482 *Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to*

GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed.)

G0483 *Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed.*

The Department of Social Services will mirror Medicare coverage policy on drug testing codes as follows:

- For presumptive drug testing, only one of the three presumptive codes may be billed per day.
- For definitive drug testing, only one of the four definitive codes may be billed per day.
- For definitive drug testing, the unit used to determine the appropriate definitive code to bill is “drug class.”
- Each drug class may only be used once per day in determining the appropriate definitive G code to bill.

Drug classes are listed below and are consistent with their usage in the AMA CPT Manual. The AMA CPT Manual may be consulted for examples of individual drugs within each class.

- Alcohol(s)
- Alcohol Biomarkers
- Alkaloids, not otherwise Specified
- Amphetamines
- Anabolic steroids
- Analgesics, non-opioid
- Antidepressants, serotonergic class
- Antidepressants, Tricyclic and other cyclicals
- Antidepressants, not otherwise specified
- Antiepileptics, not otherwise specified
- Antipsychotics, not otherwise specified
- Barbiturates

- Benzodiazepines
- Buprenorphine
- Cannabinoids, natural
- Cannabinoids, synthetic
- Cocaine
- Fentanyl
- Gabapentin, non-blood
- Heroin metabolites
- Ketamine and Norketamine
- Methadone
- Methylenedioxyamphetamines
- Methylphenidate
- Opiates
- Opioids and opiate analogs
- Oxycodone
- Phencyclidine
- Pregabalin
- Propoxyphene
- Sedative Hypnotics (nonbenzodiazepines)
- Skeletal muscle relaxants
- Stereoisomer (enantiomer) analysis
- Stimulants, synthetic
- Tapentadol
- Tramadol
- Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified

For additional clinical guidelines concerning drug testing, please refer to policy transmittal PB 2014-96, which is posted on the web site www.ctdssmap.com.

MOLECULAR PATHOLOGY CODES

The Department is also adding new molecular pathology codes 81162, 81170, 81218, 81219, 81272-81276, 81311, 81314, 81412-81493, 81525-81595 to the Laboratory fee schedule. A majority of the molecular pathology codes will require prior authorization (PA). Please check the fee schedule to determine whether the service being ordered or provided requires PA. Prior authorization must be requested prior to the date of service; services will not be authorized retroactively. Providers must submit an outpatient PA request to Community Health Network of Connecticut, Inc. (CHNCT) and obtain approval for the services prior to providing them to HUSKY Health members and billing the Department. For specific prior authorization information, please refer to the HUSKY Health Web site at www.huskyhealth.com. Click on “For providers” and then select “Benefit Grids” from the menu on the left hand side of the screen.

ACCESSING THE FEE SCHEDULE

The updated laboratory fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Website: www.ctdssmap.com. From this Web site, go to “Provider”, then to “Provider Fee Schedule Download”, then to the “Lab” fee schedule. To access the CSV file press the control key while clicking the CSV link, then select “Open”. The new CSV version will be posted the last week in December.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Hewlett Packard Enterprise.

Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Edith Atwerebour, Policy Consultant, Medical Policy at (860) 424-5671.

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