

Drug Testing

Effective April 1, 2010, with implementation April 5, 2010, CMS provides special instructions for the proper use of the following CPT codes:

- 80100
- 80101
- 80101QW
- G0430
- G0430QW

- G0431
- G0431QW

For purposes of the Clinical Laboratory Fee Schedule (CLFS), beginning with dates of service on or after April 1, clinical laboratories should bill **CPT code 80100** when performing a qualitative drug screening test for multiple **drug classes that uses chromatographic methods.**

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Changes in Medicare Timely Filing Requirements

On March 23, 2010, President Obama signed into law the *Patient Protection and Affordable Care Act* (PPACA) which amended the time period for filing Medicare fee-for-service (FFS) claims as one of many provisions aimed at curbing fraud, waste and abuse in the Medicare Program.

PPACA amended the timely filing requirements to reduce the maximum time period for submission of all Medicare FFS claims to one calendar year after the date of service.

Under the new law, claims for services furnished on or after January 1, 2010, must be filed within one calendar year after the date of service. In

addition, section 6404 of the law, mandates that claims for services furnished before January 1, 2010, must be filed no later than December 31, 2010.

The following rules apply to claims with dates of service prior to January 1, 2010. Claims with dates of service before October 1, 2009, must follow the pre-PPACA timely filing rules. Claims with dates of service October 1, 2009, through December 31, 2009 must be submitted by December 31, 2010.

Proposals for exceptions will be specified in future proposed rule-making. ■

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New test code **G0430** was created to limit the billing to one time per procedure and to remove the limitation of the method (chromatographic) when this method is **not being used** in the performance of the drug screening test. Clinical laboratories performing a qualitative drug screening test for multiple **drug classes that does not use chromatographic methods** should:

- Report new test code G0430 when a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver is **not required**.

- Report new test code G0430QW when a CLIA certificate of waiver is **required**.

New test code **G0431** is a direct replacement for CPT code 80101. Effective April 1, 2010, CPT code 80101/80101QW will no longer be covered by Medicare. For purposes of the CLFS, effective with dates of service on or after April 1, 2010, clinical laboratories should:

- Report new test code G0431 when a CLIA certificate of waiver is **not required**
- Report new test code G0431QW when a CLIA certificate of waiver is **required**. ■

New Medicare Fee Schedule

The Centers for Medicare & Medicaid Services (CMS) is working with Congress, health care providers, and the beneficiary community to avoid disruption in the delivery of health care services and payment of claims for physicians, non-physician practitioners, and other providers of services paid under the Medicare Physician Fee Schedule (MPFS). As you are aware, the Temporary Extension Act of 2010, enacted on March 2, 2010, extended the zero percent (0%) update to the 2010 MPFS through March 31, 2010. CMS believes Con-

gress is working to avert the negative update that will take effect April 1. CMS has instructed its contractors to hold claims containing services paid under the MPF for the first 10 business days of April. This hold will only affect claims with dates of service April 1, 2010, and forward. **The hold should have minimum impact on provider cash flow because, under the current law, clean electronic claims are not paid any sooner than 14 calendar days** (29 for paper claims) after the date of receipt. ■