



PROVIDER ALERT

SUBSTANCE USE DISORDER LABORATORY RATE UPDATE

FEBRUARY 22, 2018

Medicare annually reviews rates for laboratories, and issues new rates effective 1/1/2018. Accordingly, Medicaid has adjusted rates.

Beacon will adjust claims for any services paid at the 2017 rates. The fee schedule is being updated to the following:



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Drug Testing Codes				
Reminder: Labs may not bill Medicaid for drug tests ordered by providers that have lab costs included in their rate (Provider Types 32 and 54).				
Procedure Code	Service Description	Rate	Unit	Service Limits
Presumptive Drug Testing.				
80305	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	\$10.70	Per test	80305, 80306, and 80307 may be billed by CLIA waived providers with adequate equipment and laboratory classifications. Limit of one presumptive test per patient per day.
80306	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	\$14.28	Per test	
Procedure Code	Service Description	Rate	Unit	Service Limits
80307	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service	\$57.10	Per test	80305, 80306, and 80307 may be billed by CLIA waived providers with adequate equipment and laboratory classifications. Limit of one presumptive test per patient per day.
Definitive Drug Testing. Must be performed by Labs Only: Selection must reflect Medical necessity				
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 (eg, IA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative and quantitative, all sources, includes specimen validity testing, per day, per # of drug classes as listed below.				
Procedure Code	Service Description	Rate	Unit	Service Limits
G0480	Per day, 1-7 drug class(es), including metabolite(s) if performed.	\$90.97	Per test	These drug tests may only be billed by Provider Type 10, Laboratories. Limit of one definitive test per patient per day.
G0481	Per day, 8-14 drug class(es), including metabolite(s) if performed.	\$124.49	Per test	