



Drug Screen Codes and New Medicare Modifiers

■ DAVID STERN, MD, CPC

Q. I was told that we can no longer use code 80100 for drug screens. We have several employers who send employees and potential employees to our urgent care center for pre-employment, random, and post-accident drug screens. What code should we use now?

A. Effective January 1, 2015, several drug-screen *Current Procedural Terminology* (CPT) codes were deleted by the American Medical Association:

- **80100:** “Drug screen, qualitative; multiple drug classes chromatographic method, each procedure”
- **80101:** “. . . single drug class method (e.g., immunoassay, enzyme assay), each drug class”
- **80104:** “. . . multiple drug classes other than chromatographic method, each procedure”
- **80102:** “Drug confirmation, each procedure”
- **80103:** “Tissue preparation for drug analysis”

Drug-screen procedures are now divided into three subsections: Therapeutic Drug Assay, Drug Assay, and Chemistry. Code selection depends on the purpose and type of result obtained.

Therapeutic drug assays are performed to monitor clinical response to a known, prescribed medication. The two major categories for drug testing in the Drug Assay subsection are

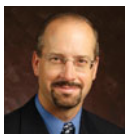
1. **Presumptive Drug Class procedures:** These are used to identify possible use or nonuse of a drug or drug class. A presumptive test may be followed by a definitive test to specifically identify drugs or metabolites.
2. **Definitive Drug Class procedures:** Qualitative or quantitative tests to identify possible use or nonuse of a drug. These tests identify specific drugs and associated metabo-

“The two major categories for drug testing in the Drug Assay subsection are Presumptive Drug Class procedures and Definitive Drug Class procedures.”

lites. A presumptive test is not required prior to a definitive drug test.

Drugs or classes of drugs may be commonly assayed first by a presumptive screening method (CPT codes 80300 through 80304) and followed by a definitive drug identification assessment. Drugs are divided into two classes, A and B (Table 1). Presumptive drug class procedure codes are as follows:

- **80300:** “Drug screen, any number of drug classes from Drug Class List A; any number of non-thin layer chromatography (TLC) devices or procedures (e.g., immunoassay) capable of being read by direct optical observation, including instrument-assisted when performed (e.g., dipsticks, cups, cards, cartridges), per date of service.”
- **80301:** “. . . single drug class method, by instrumented test systems (e.g., discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), per date of service.”
- **80302:** “Drug screen, presumptive, single drug class from Drug Class List B, by immunoassay (e.g., ELISA [enzyme-linked immunosorbent assay]) or non-TLC chromatography without mass spectrometry (e.g., GC [gas chromatography], HPLC [high-performance liquid chromatography]), each procedure.”
- **80303:** “Drug screen, any number of drug classes, presumptive, single or multiple drug class method; thin layer chromatography procedure(s) (TLC) (e.g., acid, neutral, alkaloid plate), per date of service.”



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Table 1. Drug Classes

A	B
Alcohol (ethanol)	Acetaminophen
Amphetamines	Carisoprodol/meprobamate
Barbiturates	Ethyl glucuronide
Benzodiazepines	Fentanyl
Buprenorphine	Ketamine
Cocaine metabolite	Meperidine
Heroin metabolite (6-monoacetylmorphine)	Methylphenidate
Methadone	Nicotine/cotinine
Methadone metabolite 2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (EDDP)	Salicylate
Methamphetamine	Synthetic cannabinoids
Methaqualone	Tapentadol
Methylenedioxyamphetamine (MDMA; street name: ecstasy)	Tramadol
Opiates	Zolpidem
Oxycodone	Not otherwise specified
Phencyclidine	
Propoxyphene	
Tetrahydrocannabinol (THC) metabolites (marijuana)	
Tricyclic antidepressants	

- **80304:** "... not otherwise specified presumptive procedure (e.g., TOF [time of flight], MALDI [matrix-assisted laser desorption/ionization], LDTD [laser diode thermal desorption], DESI [desorption electrospray ionization], DART [Drug and Alcohol Random Testing]), each procedure."

If a drug class does not appear in list A or list B and it is not performed by TLC, use code 80304 unless the specific analyte is listed in the Chemistry section (codes 82009 through 84830). See CPT codes 80320 through 80377 for definitive drug testing and CPT codes 80150 through 80299 for therapeutic drug assays. ■

Q. I was told that Medicare has new code modifiers in place of modifier -59. What are the new modifiers, and when should I start using them?

A. Effective January 1, 2015, Centers for Medicare & Medicaid Services (CMS) introduced four new Healthcare Common Procedure Coding System (HCPCS) modifiers that will further refine modifier -59, "distinct procedural service." According to

CMS, modifier -59 is the most widely used modifier and is used inappropriately in many cases.

The CPT mandates the use of modifier -59 when "under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M [non-evaluation and management] services performed on the same day." It is used in circumstances that identify services performed in different procedures and different anatomic sites on the same day by the same provider. Thus, CMS decided to establish the new modifiers to define specific subsets of the -59 modifier referred to collectively as -X{EPSU} modifiers:

- **XE separate encounter:** A service that is distinct because it occurred during a separate encounter
- **XS separate structure:** A service that is distinct because it was performed on a separate organ or structure
- **XP separate practitioner:** A service that is distinct because it was performed by a different practitioner
- **XU unusual non-overlapping service:** The use of a service that is distinct because it does not overlap usual components of the main service

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These new modifiers took effect January 1, 2015; however, as of the time this column was written, CMS was not *requiring* use of these modifiers. Instead, CMS is encouraging providers to make a "rapid migration" to the new modifiers. CMS can be expected to require a specific -X modifier for certain code pairs. Unfortunately, it has not provided more specific guidance with case examples. CMS is allowing its contractors to edit for and require more selective modifiers in lieu of modifier -59. I encourage you to contact your local Medicare administrative contractors (MACs) with specific examples. To see the official instructions issued to your MAC regarding this change, download the document at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1422OTN.pdf> from the CMS website. ■

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