



Date: 08/19/10

Web Announcement 347

## **Attention Provider Types 12, 20, 24, 43 and 77: Appropriate Codes for Qualitative Drug Screening**

Healthcare Common Procedure Coding System (HCPCS) code G0430 (Drug screen, qualitative; multiple drug classes **other than chromatographic method**, each procedure) has been opened and effective immediately must be used for claims with dates of service on or after Jan. 1, 2010. Billing is limited to one time per procedure.

Claims for code G0430 with dates of service on or after Jan. 1, 2010, and on or before July 20, 2010, that denied for "code not on file" will be reprocessed at a later date.

Providers should continue to use Common Procedural Terminology (CPT) code 80100 to bill qualitative drug screening for multiple drug classes **using the chromatographic method**, each procedure.

For recipients eligible for Nevada Medicaid only, providers must continue to use CPT code 80101 to bill for qualitative, **single drug class method** drug screening (e.g., immunoassay, enzyme assay), each drug class. For Medicare/Medicaid dual-eligible recipients, providers must use HCPCS code G0431 to bill this test.