

# Qualitative Drug Testing

## (J12 Mac LCD DL32050)

### CPT/HCPCS Codes

80102	DRUG CONFIRMATION, EACH PROCEDURE
G0431	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES BY HIGH COMPLEXITY TEST METHOD (E.G., IMMUNOASSAY, ENZYME ASSAY), PER PATIENT ENCOUNTER
G0434	DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA WAIVED TEST OR MODERATE COMPLEXITY TEST, PER PATIENT ENCOUNTER

### The following CPT codes are Non-Covered by Medicare

80100	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES CHROMATOGRAPHIC METHOD, EACH PROCEDURE
80101	DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (EG, IMMUNOASSAY, ENZYME ASSAY), EACH DRUG CLASS

### Original Determination Effective Date

11/11/2011

### Effective Date of this Version

11/11/2011

### ICD-9 Codes that Support Medical Necessity

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

NOTE: Report monitoring of patient compliance in a drug treatment program using V71.09 as the primary diagnosis and the specific drug dependence diagnosis as the secondary diagnosis.

Report monitoring of patients on methadone maintenance and monitoring of chronic pain patients with opioid dependence suspected of abusing other illicit drugs, using V58.69 as the primary diagnosis.

276.2	ACIDOSIS
345.10	GENERALIZED CONVULSIVE EPILEPSY WITHOUT

	INTRACTABLE EPILEPSY
345.11	GENERALIZED CONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY
345.3	GRAND MAL STATUS EPILEPTIC
345.90	EPILEPSY UNSPECIFIED WITHOUT INTRACTABLE EPILEPSY
345.91	EPILEPSY UNSPECIFIED WITH INTRACTABLE EPILEPSY
426.10	ATRIOVENTRICULAR BLOCK UNSPECIFIED
426.11	FIRST DEGREE ATRIOVENTRICULAR BLOCK
426.12	MOBITZ (TYPE) II ATRIOVENTRICULAR BLOCK
426.13	OTHER SECOND DEGREE ATRIOVENTRICULAR BLOCK
426.82	LONG QT SYNDROME
427.0	PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA
427.1	PAROXYSMAL VENTRICULAR TACHYCARDIA
780.01	COMA
780.09	ALTERATION OF CONSCIOUSNESS OTHER
780.1	HALLUCINATIONS
780.39	OTHER CONVULSIONS
963.0	POISONING BY ANTIALLERGIC AND ANTIEMETIC DRUGS
965.00	POISONING BY OPIUM (ALKALOIDS) UNSPECIFIED
965.01	POISONING BY HEROIN
965.02	POISONING BY METHADONE
965.09	POISONING BY OTHER OPIATES AND RELATED NARCOTICS
965.1	POISONING BY SALICYLATES
965.4	POISONING BY AROMATIC ANALGESICS NOT ELSEWHERE CLASSIFIED
965.5	POISONING BY PYRAZOLE DERIVATIVES
965.61	POISONING BY PROPIONIC ACID DERIVATIVES
966.1	POISONING BY HYDANTOIN DERIVATIVES

967.0	POISONING BY BARBITURATES
967.1	POISONING BY CHLORAL HYDRATE GROUP
967.2	POISONING BY PARALDEHYDE
967.3	POISONING BY BROMINE COMPOUNDS
967.4	POISONING BY METHAQUALONE COMPOUNDS
967.5	POISONING BY GLUTETHIMIDE GROUP
967.6	POISONING BY MIXED SEDATIVES NOT ELSEWHERE CLASSIFIED
967.8	POISONING BY OTHER SEDATIVES AND HYPNOTICS
967.9	POISONING BY UNSPECIFIED SEDATIVE OR HYPNOTIC
969.00	POISONING BY ANTIDEPRESSANT, UNSPECIFIED
969.01	POISONING BY MONOAMINE OXIDASE INHIBITORS
969.02	POISONING BY SELECTIVE SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS
969.03	POISONING BY SELECTIVE SEROTONIN REUPTAKE INHIBITORS
969.04	POISONING BY TETRACYCLIC ANTIDEPRESSANTS
969.05	POISONING BY TRICYCLIC ANTIDEPRESSANTS
969.09	POISONING BY OTHER ANTIDEPRESSANTS
969.1	POISONING BY PHENOTHIAZINE-BASED TRANQUILIZERS
969.2	POISONING BY BUTYROPHENONE-BASED TRANQUILIZERS
969.3	POISONING BY OTHER ANTIPSYCHOTICS NEUROLEPTICS AND MAJOR TRANQUILIZERS
969.4	POISONING BY BENZODIAZEPINE-BASED TRANQUILIZERS
969.5	POISONING BY OTHER TRANQUILIZERS
969.6	POISONING BY PSYCHODYSLEPTICS (HALLUCINOGENS)
969.70	POISONING BY PSYCHOSTIMULANT, UNSPECIFIED
969.71	POISONING BY CAFFEINE
969.72	POISONING BY AMPHETAMINES

969.73	POISONING BY METHYLPHENIDATE
969.79	POISONING BY OTHER PSYCHOSTIMULANTS
969.8	POISONING BY OTHER SPECIFIED PSYCHOTROPIC AGENTS
969.9	POISONING BY UNSPECIFIED PSYCHOTROPIC AGENT
970.81	POISONING BY COCAINE
970.89	POISONING BY OTHER CENTRAL NERVOUS SYSTEM STIMULANTS
972.1	POISONING BY CARDIOTONIC GLYCOSIDES AND DRUGS OF SIMILAR ACTION
977.9	POISONING BY UNSPECIFIED DRUG OR MEDICINAL SUBSTANCE

ICD codes appearing with (\*) will only be considered for coverage in an inpatient setting.

**Diagnoses that Support Medical Necessity**

Conditions that are listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

**ICD-9 Codes that DO NOT Support Medical Necessity**

All those not listed under the "ICD-9 Codes that Support Medical Necessity" section of this policy.

**ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

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Revised: 11/11