

**Please be advised of the following revisions to the NYS Medicaid
Fee-for-Service Laboratory Provider Manual**

These changes are effective January 1, 2015 and should serve as a replacement to Rule 5A and 5B currently outlined in the Laboratory Procedure Code Manual located at the following link:

https://www.emedny.org/ProviderManuals/Laboratory/PDFS/Laboratory_Procedure_Codes.pdf

5A. Therapeutic drug monitoring is reimbursable when quantitative determination of blood concentration is clinically relevant as a part of a regimen designed to attain and sustain therapeutic effect by maintenance of blood level within a defined range. The intensity and probability of therapeutic or toxic effect must quantitatively correlate with blood concentration. In addition, one or more of the following criteria must be satisfied: (1) there is a narrow range between those concentrations giving the desired response and those producing toxicity, (2) readily assessed alternative endpoints (e.g., prothrombin time for oral anticoagulants) are lacking or (3) there is large inter individual variability in the absorption and disposition of the drug. Therapeutic monitoring is a covered service only when performed on specimens of blood. Use the drug specific codes 80150 through 80203. Code 80299 is to be used only for drugs, which meet the criteria for therapeutic monitoring, outlined above and are not listed by individual code. Codes 80299 is billable "By Report" and the drug(s) must be specified in the procedure description field on the Claim Form. Peak and trough (or predose and postdose) analyses, when clinically indicated (e.g., aminoglycosides), are reimbursable as two procedures.

5B. The fee for code 80300, 80301, 80303 or 80304 covers screening of one specimen for all drugs including but not limited to alcohol, amphetamines, barbiturates, benzodiazepines, cocaine and metabolites, methadone, methaqualones, opiates, phencyclidines, phenothiazine, propoxyphenes, quinine, tetrahydrocannabinoids (marijuana) and tricyclic antidepressants.

Screening by a broad-spectrum chromatographic procedure, which detects multiple drug classes, should be billed using code 80303 or 80304. Each step in the sequential development of a chromatograph is NOT considered a separate procedure. When an analytical condition, e.g., column temperature or flow rate, is changed such that additional controls must be run, subsequent analysis of the same specimen for additional drug(s) is considered a separate procedure for billing purposes.

Screening for any number of drug classes by devices capable of being read by direct optical observations (e.g. dipsticks, cups, cards or cartridges, without or without instrument assistance) should be billed using 80300. Report 80300 once, irrespective of the number of direct observation drug class procedures or results on any date of service.

Screening for drugs using immunoassay or enzyme assay using multichannel chemistry analyzers should be billed using code 80301. Use 80301 once to report single or multiple

procedures performed, irrespective of the number of procedures, classes, or results on any date of service.

Use code 80301 for the follow drugs/drug classes:

- Alcohol
- Amphetamines
- Barbiturates
- Benzodiazepines
- Buprenorphine
- Cocaine metabolites
- Heroin metabolites
- Methadone
- Methadone metabolites
- Methamphetamine
- Methaqualone
- Methylenedioxymethamphetamine
- Opiates
- Oxycodone
- Phencylicine
- Propoxyphene
- Tetrahydrocannabinol (THC) metabolites (marijuana)
- Tricyclic Antidepressants.

Codes 80320 through 80367 are only billable when a presumptive positive drug screen is found using codes 80300, 80301, 80303 or 80304. For confirmation testing, bill the appropriate definitive drug code related to the drug/drug class. Use of these codes for drug testing without a presumptive positive screen is not reimbursable. For therapeutic monitoring of drugs included in these codes, use 80299.