Mississippi Medicaid

Provider Reference Guide

For Part 219

Laboratory Services

_This is a companion document to the Mississippi Administrative Code Title 23 and must be utilized as a reference only._
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INDEPENDENT DIAGNOSTIC TESTING FACILITIES AND OTHER INDEPENDENT MOBILE DIAGNOSTIC UNITS

As a matter of health service policy, it is the experience of DOM that diagnostic services are best directed and managed by a patient’s physician, hospital, or clinic. The physician, hospital, or clinic is thus responsible for assuring the medical necessity of the tests and maintaining test results in the patient’s unified health record.

When a physician bills for the technical component (TC) for services by an Independent Diagnostic Testing Facility (IDTF) or other independent mobile diagnostic unit, the physician must check “Yes” in item #20 of the CMS 1500 claim form and also enter the charge amount for the contracted services. The name of the company with whom the physician contracted must be recorded in the physician’s records and be available upon request.

IDTFs and other independent mobile diagnostic units may not pay a fee to physicians for billing the technical charges.

For beneficiaries who are both Medicare and Medicaid eligible, DOM’s fiscal agent will process “crossover claims” under the provider’s Mississippi Medicaid Provider number.

QUALITATIVE DRUG SCREENING

A qualitative drug screen is used to detect the presence of a drug in the body. A blood or urine sample may be used. However, urine is the best specimen for broad qualitative screening, as blood is relatively insensitive for many common drugs, including psychotropic agents, opioids, and stimulants. Detection of a drug or its metabolite(s) in urine is evidence of prior use. It does not, by itself, indicate that the drug remains in the blood.

Current methods of drug analysis include chromatography, immunoassay, chemical (“spot”) tests, and spectrometry. Analysis is comparative, matching the properties or behavior of a substance with that of a valid reference compound (a laboratory must possess a valid reference agent for every substance that it identifies). Drugs or classes of drugs are commonly assayed by qualitative screen followed by confirmation with a second method.

Drugs or classes of drugs that are commonly assayed by qualitative screen, followed by confirmation with a second method, include the following:

- Alcohols,
- Amphetamines,
- Barbiturates,
- Benzodiazepines,
• Cocaine and Metabolites,
• Methadones,
• Methaqualones
• Opiates
• Phencyclidines
• Phenothiazines
• Tetrahydrocannabinoids
• Tricyclic Antidepressants

CPT AND ICD DIAGNOSIS CODES

The following CPT codes are applicable for services under the qualitative drug screening policy:

• 80100-Drug screen, qualitative; multiple drug classes, each procedure
• 80102-Drug confirmation, each procedure
• G0431-Drug screen, qualitative; multiple drug classes by high complexity test method, 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

Use the appropriate chemistry code (82000 – 84999) for quantitation of drugs screened and the appropriate therapeutic drug assay code (80150 – 80299) for therapeutic drug levels. ICD diagnosis codes must support medical necessity for one or more of the conditions listed in the coverage criteria.

TROFILE ASSAY

The “Trofile Assay” is a diagnostic laboratory blood test for patients who are HIV-positive. It is used to determine which co-receptor a person’s HIV strain uses to enter their T-cells. This blood test is available for beneficiaries with diagnosed Acquired Immune Deficiency Syndrome (AIDS) who have evidence of viral replication and HIV-1 strain resistance to multiple anti-retroviral agents. The results of this test will assist in determining which anti-retroviral medication to provide for treatment.