



Better health through
laboratory medicine.

Topic: The Laboratory's Role in Drug Monitoring for Pain Management

Date: Wednesday, June 15, 2016

Q&A SESSION 10| Time: 5:00PM-5:10PM

Martin Abrams	Can a client send a POC cup to the lab and write on the requisition to confirm any positive results from the cup without ordering any specific test? So the lab would read the cup and then order confirmation on any positives....is this in compliance?
Kim Diehl	Is the Xpand Plus analyzer under the G0480-G0483 codes?
Peter Pouloupoulos	If frequency limits are reached for screening a patient. How do you bill additional screens, i.e. diagnosis change?
William Bennett	What does the provider need to document to bypass screening and directly place a confirmation order?
Charles Root	To Martin Abrams: Assuming that the client is using his own test cup, not one supplied free by the lab, this would be acceptable so long as the instructions to "confirm positives shown on cup" are clearly stated with the submission.
Charles Root	To William Bennett: Unless you are subject to coverage policy that requires screening before a confirmative test, you can go directly to confirmation based on patient indications.
Prakash Ramanathan	Appears Medicare is discouraging screening by MS. If you screen using LCMS and use G0479, should you report results qualitatively by class? And if the ordering physician requests 'confirmation', then report quantitatively by drug.
Robert Buco	Great Presentation Charles; thank you. I'm curious about your commentary on things that are not covered. You mentioned that blanket orders are not. Does this mean that a specific practice cannot use the same panel of drugs to screen patients on an initial and random basis? They have to use custom tailored screens based on the specific patient?

Francesca Boggio Mesnil	Thank you for the presentation Mr. Root. I am particularly interested in the coding and reimbursement of Drug of Abuse testing and Treatment Drug Monitoring with Mass Spectrometry. Which code would apply?
Charles Root	Peter Pouloupoulos: It will depend on whether the limit is an absolute "per date of service" limit of a line item limit. Line item limits can be overcome by adding the additional tests with a -59 modifier.
Charles Root	Francesca: All definitive test codes are assumed to apply primarily to HPLC/MS or pure MS methods.
Chetan Soni	On previous presentation presenter said lab. can charge for consultation, how this can be done?
Charles Root	Robert: The same panel could be used for an initial, baseline screen, however, subsequent testing must be tailored to the patient's needs. Frequent use of the same panel of tests will likely trigger audits or reviews.
Robert Bucu	Thanks Charles. As a follow up, we heard in an earlier presentation about using LCMS as a screening tool. Which code do you think is the right choice for a lab that is doing multi drug, multi class screening methods by LCMS?
Kathleen Kalinowski	Has the OIG stepped up their game reviewing clinicians who perform definitive testing on all presumptive tests?
Francesca Boggio Mesnil	Thank you
Carlos Martinez	Would a D/L amphetamine/methamphetamine analysis test count as one drug class test and use G0480? Could there be a separate reimbursement code for interpretation of the results?
Barbarajean Magnani	Chetan we bill for an 80502 clinical pathology consultation which requires additional testing interpretation
Charles Root	Prakash: Yes, report results of the screen by class (pos/neg), then report definitive, quantitative results requested by the physician using G0480-G0483 or CPT codes as appropriate.
Chetan Soni	Thank you Barbarajean.
Charles Root	Barbarajean: 80502 can only be used when result truly require interpretation by a pathologist, this is not usually the case for tests on the clinical lab fee schedule and there are usually CCI edits which prohibit the use of 80502 with lab codes.
Chetan Soni	Thanks Charles.

Barbarajean Magnani	Yes this is correct. I am a pathologist and review the medical record, conduct additional testing, provide interpretation per the request from the health care provider.
Charles Root	Carlos: Drug classes are counted using CPT rules, since there is a code for dyereoisomers, such a determination would count as one drug class. Interpretation is not generally paid separately.
Barbarajean Magnani	I would like to thank all of our speakers today, and all of the participants, for their lively exchange of questions and comments. Also special thanks to Lisa Dunay from the AACC for putting together this virtual conference.
Charles Root	Kathleen: I would guess that they will be doing so in the future.
Carlos Martinez	Thank you.
Timothy Amundsen	Kudos to Ms. Dunay!
Kathleen Kalinowski	Thanks, Dr. Root. I have heard of some very questionable practices regarding reflexing to definitive testing.
Charles Root	Kim, sorry I missed your question; I am not familiar with this analyzer, however, any instrument that provides definitive, drug specific result would be reported using G0480-G0483.
Kim Diehl	Thank you. That answers my question. I have very much enjoyed your presentations today. Thanks, again.