

Billing and Coding

Drug Testing

LCD ID
L34645

Coding Guidelines

One presumptive drug testing code may be billed once per patient per day as indicated by the code description and should only be billed at one unit regardless of the provider.

One definitive drug testing code may be billed once per patient per day as indicated by the code description and should only be billed at one unit regardless of the provider.

This LCD does not apply to acute inpatient claims.

Claims for drug screening services are payable under Medicare Part B in the following places of service: office (11), urgent care (20), independent clinic (49), federally qualified health center (freestanding) (50), rural health clinic (freestanding) (72), and independent laboratory (81).

All services/procedures performed on the same day for the same beneficiary by the physician/provider should be billed on the same claim.

All coverage criteria must be met before Medicare can reimburse this service.

Billing for these services in a non-covered situation (e.g., does not meet indications of the LCD) will generally require an Advance Beneficiary Notice (ABN) be obtained before the service is rendered.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare.

The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

Revision History

12/01/2017 Annual review completed 11/07/2017 with no changes in coverage.

01/01/2017: annual review 12/02/2016 no changes.

01/01/2016: HCPCS code updates for 2016: deleted codes G0431 and G0434. Removed general billing guidelines and updated information specific to this topic. Annual review.

04/01/2015 Under Part I, D-line 3 was deleted as information was incorrect. Format changes. Annual review 03/02/2015.

01/01/2015 Removed Qualitative from title and changed references from qualitative to qualitative/presumptive to reflect new reporting mechanisms in CPT for 2015.

05/01/2014 Annual review 03/26/2014, no change to policy coverage.