Reminder: Coding for Qualitative and Semiquantitative Drug Testing for Services Rendered in the Office Setting

Information posted September 14, 2012

Providers must use the most appropriate procedure codes when submitting claims for drug monitoring services that monitor prescribed medications that can be abused when used for the treatment of chronic pain. These claims are subject to retrospective review. Claims may be reprocessed and recouped if they are submitted for these drug monitoring services in the office setting using a procedure code for a quantitative test rather than a qualitative or semiquantitative test.

An enzyme immunoassay (EIA) device can be used to provide preliminary qualitative or semiquantitative test results for point-of-care monitoring purposes. EIA devices and the reagents used to perform in-office drug testing are cleared by the Food and Drug Administration (FDA) only to obtain qualitative or semiquantitative initial screen or preliminary results.

Imunoassay and enzyme assay are tests that produce qualitative and semiquantitative results, so these tests must not be reported with a procedure code for a quantitative test. A qualitative or semiquantitative test is not a quantitative test and must not be billed as such.

The initial drug screen or preliminary result testing yields qualitative and semiquantitative results, which must be reported with an appropriate drug testing procedure code as categorized in the *Current Procedural Terminology* (CPT) manual as “Drug Testing.” Only those procedure codes that are a benefit of Texas Medicaid may be reimbursed.

CPT-categorized “Chemistry” and “Therapeutic Drug Assay” procedure codes are for quantitative tests and must not be reported for an initial screen or preliminary result that was performed in the point-of-care setting.

Refer to: The *CPT manual for drug testing, chemotherapy, and therapeutic drug assay procedure codes*, and to the Texas Medicaid fee schedules for procedure codes that may be reimbursed by Texas Medicaid.

Using procedure codes for quantitative tests to report preliminary qualitative or semiquantitative test results is considered systematic upcoding and may lead to administrative sanctions, civil monetary penalties, and criminal prosecution.

Providers may refer to the Centers for Medicare & Medicaid Services (CMS) website for additional information about laboratory tests that may be rendered in the office setting. For tests that require a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver, CMS publishes a list of all waived tests. The list is updated quarterly and includes the procedure code to use when billing a test.

Refunding Overpayments

Providers are encouraged to self-disclose any billings that may have occurred in error. Self-disclosure guidelines are available on the Office of Inspector General website at [http://oig.hhsc.state.tx.us/ProviderSelfReporting/Self_Reporting.aspx](http://oig.hhsc.state.tx.us/ProviderSelfReporting/Self_Reporting.aspx).

Providers have the option to refund payments by the following methods:

- Issuing a check to TMHP
• Submitting a paper request for recoupment that will be reflected as a reduction on the Remittance and Status (R&S) Report.

To submit a refund to TMHP, providers must use the Texas Medicaid Refund Information Form, which is available on this website.

Refer to: The current Texas Medicaid Provider Procedures Manual, Vol. 1.; General Information, subsection 7.2, “Refunds to TMHP.”

If the provider submits a check for the refund, the following information must be included on the form:

• Refunding provider's name and Texas Provider Identifier (TPI)
• Client's name and Medicaid ID number
• The date the medical service was rendered
• A copy of the R&S Report that shows the claim to which the refund is being applied
• The specific reason for the refund

Providers that submit the form to request a claim be reprocessed and the payment recouped should not include a refund check with the form. When the claim is reprocessed, any overpayment that was made may be deducted from future payments (i.e., recouped). Deductions will be reflected on R&S Reports.

For more information, call the TMHP Contact Center at 1-800-925-9126.