



May 10, 2019

Web Announcement 1891

## Prior Authorization to be Required to Exceed Drug Screen Limitations

Update to [Web Announcement 1713](#): Effective with claims with dates of service on or after August 1, 2018, and submitted on or after May 20, 2019, claims for the following Current Procedural Terminology (CPT) and Healthcare Common Procedural Coding System (HCPCS) drug screen codes that exceed limitations without a prior authorization will be denied as specified below.

Provider types 12 (Hospital, Outpatient), 17 (Special Clinics - specialties 166, 169, 171, 174, 179, 183, 188, 195, 198 and 215), 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse), 43 (Laboratory, Pathology Clinical), 60 (School Based), 74 (Nurse Midwife) and 77 (Physician's Assistant) will receive error code 5640 (1 unit allowed per day) or error code 5697 (20 units per 12 rolling months – PA override) if limitation is exceeded for the following CPT codes. These provider types will receive error code 5640 (1 unit allowed per day) if the 1 unit per day limitation is exceeded for the following CPT codes; prior authorization is not allowed to exceed this limitation.

Drug Code	Drug Code Description	Limitations
CPT code 80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only	Only one (1) presumptive test performed by direct observation or instrument assisted direct observation may be billed per recipient per day. (No PA is allowed.)
CPT code 80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by instrument assisted direct optical observation	
CPT code 80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by instrument chemistry analyzers	A maximum of twenty (20) presumptive tests are allowed per 12 rolling months. (PA is required to exceed this limitation.)

Provider types 12, 17 (specialties 174, 183, 188, 195), 20, 24, 43, 72 and 77 will receive error code 5698 (3 units per 12 rolling months – PA override) if limitation is exceeded for the following HCPCS codes.

Drug Code	Drug Code Description	Limitations
HCPCS code G0480	Drug test(s), definitive, 1-7 drug classes	Only three (3) definitive drug tests are permitted per recipient per 12 rolling months. (PA is required to exceed this limitation.)*
HCPCS code G0481	Drug test(s), definitive, 8-14 drug classes	
HCPCS code G0482	Drug test(s), definitive, 15-21 drug classes	
HCPCS code G0483	Drug test(s), definitive, 22 or more drug classes	

\*Please note: The limitation of 1 unit allowed per day remains in effect for these provider types billing these HCPCS codes. Prior authorization is not allowed to exceed this limitation. These provider types will receive error code 5640 (1 unit allowed per day) if the 1 unit per day limitation is exceeded.