

Clinical Toxicology CPT Code Client Guidance

Mayo Clinic Labs (MCL) remains committed to providing customers with our opinion of the most appropriate CPT Coding of our laboratory services, based on American Medical Association (AMA) guidelines. At times, insurance plans will require specific coding outside of AMA guidelines to meet their coverage and reimbursement requirements. One such example is the prevalence of HCPCS coding (G-codes) for definitive drug testing among the majority of government and commercial insurance plans. To simplify the coding of MCL testing in this space and align with the high percentage of payor requirements, MCL will default its coding recommendations from AMA to HCPCS codes. It is advised that MCL customers continue to work directly with their insurance plans for coding requirements, medical necessity policies, and expectations.

Background

In 2016, CMS instituted the definitive drug testing G-codes of G0480–G0483. Definitive drug testing also sometimes referred to as confirmatory testing identifies and/or quantifies specific drugs and metabolites. The AMA codes beginning with 80320–80377 are for definitive testing and are specified by drug class (specified drug classes by AMA in the CPT Professional Book in the Definitive Drug Testing section). Using the AMA table to define the drug class(es) for the substances having definitive testing is the first step to determine not only the CPT code, but also the total number of drug classes (which is needed to assign the appropriate G-code). The “key” is drug classes—so knowing how many drug classes the substances that are being tested fall into is critical to use the appropriate G-code.

- The G-codes are based on the number of total drug classes and are to be used once per day.
 - G0480 is 1–7 drug classes
 - G0481 is 8–14 drug classes
 - G0482 is 15–21 drug classes
 - G0483 is 22 or more drug classes