



Date: January 15, 2015

To: Clinical laboratories

From: Don Ross, Manager
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Subject: Fee-for-service billing for drugs of abuse testing codes effective Jan. 1, 2015

The American Medical Association has published new 2015 Current Procedural Terminology (CPT) codes for testing drugs of abuse (*codes 80300 through 80377*). The Centers for Medicare and Medicaid Services (CMS) has decided to delay using the new codes. This letter is to let you know how to bill the Division of Medical Assistance Programs (DMAP) for services assigned to these codes.

Why is this happening?

DMAP clinical laboratory rates are set at 70 percent of Medicare's rates. Since Medicare has not priced the new 2015 CPT codes for testing drugs of abuse, DMAP cannot set rates for these codes.

For services that do not have a 2015 CPT code, Medicare is directing providers to bill as they did in 2014. Medicare has created alphanumeric G-codes to use in place of deleted CPT codes where necessary.

What should you do?

For 2015 services described by CPT codes 80300 through 80377, please bill DMAP the same as Medicare:

- Please do not bill using codes 80300 through 80377.
- For services best described by deleted 2014 CPT codes, bill using Medicare's new G-codes.

To learn more about Medicare billing requirements for these services, please review Medicare's [Clinical Laboratory Fee Schedule Final Determinations](#).

Questions?

If you have any questions about this announcement, contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016. We are available Monday through Friday, anytime between 8 a.m. to 5 p.m. (including lunch hours).

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