

PRICING CORRECTIONS AND REVISIONS

2010 Medical Services Provider Manual				
South Carolina Workers' Compensation Commission				
Effective January 1, 2013				
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Evaluation & Management Sec 1				
MAP				
<u>Code</u>	<u>Office</u>	<u>Facility</u>		
99285	239.00	239.00		
99335	129.00	129.00		
99337	264.00	264.00		
99339	104.00	104.00		
99356	124.00	124.00		
99357	124.00	124.00		
99366	59.00	58.00		
99441	19.00	18.00		
Medicine & Injections Sec 6				
MAP				
<u>Code</u>	<u>Office</u>	<u>Facility</u>	<u>TC</u>	<u>PC</u>
92235	174.00	174.00	108.50	65.50
92504	41.00	14.00		
93278	39.00	39.00	21.50	17.50
93284	115.00	115.00	30.00	85.00
93285	53.50	53.50	18.00	35.50
93286	37.00	37.00	16.00	21.00
93287	48.50	48.50	17.00	31.50
93288	47.00	47.00	18.00	29.00
93289	84.50	84.50	22.00	62.50
93290	43.00	43.00	13.00	30.00
93291	46.00	46.00	16.00	30.00
93292	41.50	41.50	12.50	29.00
93293	66.50	66.50	45.00	21.50
93303	245.00	245.00	156.00	89.00
93304	163.00	163.00	112.00	51.00
93306	240.50	240.50	152.00	89.00
93307	141.00	141.00	78.00	63.00
93308	121.00	121.00	85.00	36.00
93320	58.00	58.00	32.00	26.00
93321	30.50	30.50	20.00	10.50
93325	25.00	25.00	15.00	10.00
93350	255.50	255.50	156.00	99.50

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Medicine & Injections Sec 6				
<u>Code</u>	<u>MAP</u>		<u>TC</u>	<u>PC</u>
	<u>Office</u>	<u>Facility</u>		
93351	296.00	296.00	177.00	119.00
93501	833.00	833.00	627.00	206.00
93505	983.00	983.00	680.00	303.00
93508	1247.00	1247.00	970.00	277.00
93510	1233.00	1233.00	939.00	294.00
93526	1567.00	1567.00	1160.00	407.00
93556	71.50	71.50	15.00	61.00
93642	496.50	496.50	164.50	332.00
93660	199.50	199.50	69.50	130.00
95803	163.50	163.50	95.50	68.00
95805	415.00	415.00	288.00	127.00
95806	273.00	273.00	160.00	113.00
95807	566.00	566.00	455.00	111.00
95808	953.50	953.50	772.00	181.50
95810	982.50	982.50	745.00	237.50
95811	1081.50	1081.50	827.00	254.50
95812	471.50	471.50	394.50	77.00
95813	536.00	536.00	412.50	123.50
95816	432.50	432.50	355.50	77.00
95819	492.00	492.00	415.00	77.00
95822	447.00	447.00	370.00	77.00
95827	908.00	908.00	831.00	77.00
95829	2102.00	2102.00	1661.50	440.50
95860	127.00	127.00	57.00	70.00
95861	188.00	188.00	76.00	112.00
95863	227.50	227.50	92.50	135.00
95864	243.50	243.50	100.00	144.00
95865	165.50	165.50	50.00	116.00
95866	150.00	150.00	61.00	89.00
95867	114.50	114.50	57.00	58.00
95868	154.50	154.50	69.50	85.00
95869	89.50	89.50	63.00	26.50
95870	86.50	86.50	60.00	27.00
95872	256.50	256.50	51.00	206.00
95873	87.00	87.00	59.00	28.00
95874	83.50	83.50	56.50	27.00
95903	96.00	96.00	53.00	43.00
95904	72.50	72.50	47.50	25.00
95905	105.50	105.50	101.50	4.00
95920	220.50	220.50	70.00	150.50

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Medicine & Injections Sec 6				
	MAP			
<u>Code</u>	<u>Office</u>	<u>Facility</u>	<u>TC</u>	<u>PC</u>
95921	110.00	110.00	47.50	50.00
95922	137.50	137.50	70.50	67.00
95923	207.00	207.00	143.00	64.00
95925	232.00	232.00	193.50	38.50
95926	225.00	225.00	186.50	38.50
95927	197.00	197.00	159.00	38.00
95928	342.50	342.50	234.50	108.00
95929	363.50	363.50	256.00	108.00
95930	189.00	189.00	163.00	26.00
95933	108.50	108.50	65.50	43.00
95934	82.50	82.50	45.50	37.00
95950	422.00	422.00	314.00	108.00
95953	689.00	689.00	452.00	237.00
95954	435.00	435.00	159.00	276.00
95955	240.00	240.00	168.00	72.00
95956	1078.00	1078.00	861.00	217.00
95957	509.00	509.00	367.00	142.00
95958	662.00	662.00	364.00	298.00
95961	361.00	361.00	147.00	214.00
95962	321.00	321.00	91.00	230.00
96542	139.00	57.50		
96567	159.00	159.00		
96902	30.00	29.00		
Physical Medicine Sec 7				
	MAP			
<u>Code</u>	<u>Office</u>	<u>Facility</u>		
97016	24.00	24.00		
97022	29.00	29.00		
97124	34.00	34.00		
97140	39.00	39.00		
97760	49.00	49.00		
97802	39.00	37.00		
97810	49.00	43.00		
97814	43.00	39.00		
98941	49.00	43.00		

PRICING CORRECTIONS AND REVISIONS

Section 5

Pathology and Laboratory Services

In accordance with standard billing procedures, the Centers for Medicare & Medicaid Services (CMS) established new mandated codes to be used when billing laboratory drug screens. These CPT codes were created in 2010 to enhance the billing of the codes 80100, 80101. Drug screening services must be reported using service codes G0431, G0434 and G0434 QW. The CMS updates and changes are available at

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1105.pdf>

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R776OTN.pdf>

The amounts given below are to be paid for these services:

CPT Code	MAP
G 0431	\$99.95
G 0434	\$19.99
G 0434 QW	\$19.99

- **Procedure 80100 Replaced By Procedure G0431:** Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter.

This code will be used to report more complex testing methods, such as multi-channel chemistry analyzers, where a more complex instrumented device is required to perform some or all of the screening tests for the patient.

- **Procedure 80101 Replaced By Procedure G0434:** Drug screen, other than chromatographic; any number of drug classes by CLIA waived test or moderate complexity test, per patient encounter.

This code will be used to report very simple testing methods, such as dipsticks, cups, cassettes, and cards, that are interpreted visually, with the assistance of a scanner, or are read utilizing a moderately complex reader device outside the instrumented laboratory setting (i.e., non-instrumented devices). This code is also used to report any other type of drug screen testing using test(s) that are classified as Clinical Laboratory Improvement Amendments (CLIA) moderate complexity test(s), keeping the following points in mind: G0434 includes qualitative drug screen tests that are waived under CLIA as well as dipsticks, cups, cards, cassettes, etc, that are not CLIA waived.

Drug classes for which testing is performed, should reflect only those likely to be present, based on the patient's medical history, current clinical presentation, and illicit drugs that are in common use. It is NOT medically necessary or reasonable to routinely test for substances (licit or illicit), which are not used in the patient treatment programing. Focused drug screens may be more useful for immediate or temporary clinical decision making to support continuation or discontinuation of a treatment plan.

Inquiries:

Insurance and Medical Services

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