Reimbursement Policy: Drug and Alcohol Testing (Commercial)

POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
R20180007	4/01/2019	Reimbursement Policy Committee (RPC)

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY:

ConnectiCare has policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. ConnectiCare will inform you of new policies or changes in policies through updates to the Provider Manual and/or provider news. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in ConnectiCare's policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by ConnectiCare due to programming or other constraints; however, ConnectiCare strives to minimize these variations.

ConnectiCare follows coding edits that are based on industry sources, including, but not limited to; CPT guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. ConnectiCare uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how ConnectiCare handles specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, ConnectiCare may deny the claim and/or recoup claim payment.

Overview

This policy defines the daily and annual limits for presumptive drug testing and definitive drug testing and also addresses Specimen Validity Testing.

This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals. ConnectiCare does not reimburse for drug testing when billed by an entity that did not perform the service. This policy applies to testing performed for assessing both medical and behavioral conditions, and claims for outpatient services reported using the 1500 Health Insurance Claim Form (CMS-1500), its electronic equivalent or its successor form.

This policy is only applicable to routine outpatient service as urine drug tests (UDTs) are one of many services that are included in the bundled-daily rate for facility-based care (IP, Rehab, Partial Hospital Programs, and Intensive Outpatient Programs).

For complete Medical Necessity Criteria, please see our Drug/Alcohol Testing Medical Policy.

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DEFINITIONS	
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA-ACCREDITED)	A national program that regulates laboratories which perform testing on patient specimens in order to ensure accurate and reliable test results.
CHROMATOGRAPHY	A high-complexity method of drug testing which involves passing a mixture that's dissolved in a mobile phase through to a stationary phase. This process isolates different molecules by type, after which each type can identified and measured. This type of test should be performed in a CLIA accredited laboratory
DEFINITIVE DRUG TEST	A drug test designed to determine how much (the quantity) of a drug or metabolite is present in a specimen. Laboratory method to identify the presence or absence of a specific drug or metabolite; detecting substances only when they are present above a predetermined thresholds. May be quantitative, qualitative or a combination of both.
HIGH-COMPLEXITY TEST	A test used to confirm results of a presumptive test using very specific chromatography or spectrometry techniques. This type of test should be performed in a CLIA-accredited laboratory which follows consistent quality control standards for testing and interpretation. The complexity of a test is designated by the US Food and Drug Administration.
POINT-OF-CARE TEST	A drug test conducted at the collection site, such as a health care provider's office that uses dipsticks, cups, cards, cartridges or instrumented test systems, such as discrete multichannel chemistry analyzers utilizing immune- or enzyme assay. These tests are simple and have a low-risk of incorrect results.
PRESUMPTIVE DRUG TEST	Positive or negative results from a qualitative drug analysis which classifies substances as either present or absent in a specimen based on a predetermined cutoff.
SPECIMEN VALIDITY TEST	Urine specimen testing to ensure that urine is consistent with normal human urine and has not been adulterated or substituted; may include, but is not limited to, pH, specific gravity, oxidants and creatinine.
SPECTROMETRY	A type of high-complexity test used to measure the quantity of a substance in a specimen. This type of testing should be performed in a CLIA-accredited laboratory

Policy statement

Presumptive drug testing (see applicable procedure codes) not to exceed one (1) unit per date of service up to 18 units per year (12 months), submitted by the same or different provider, is covered when there is a suspicion of drug misuse by the individual being tested, and ALL of the following criteria are met:

- The diagnosis, history and physical examination and/or behavior of the individual being tested support the need for the specific drug testing being requested
- The results of testing will impact treatment planning
- Testing is performed in a physician-supervised treatment setting

Definitive drug testing (see applicable codes) not to exceed one (1) unit per date of service up to 18 units per year (12 months), submitted by the same or different provider, is covered when there is a suspicion of drug misuse by the individual being tested, and EITHER of the following criteria are met:

- Presumptive test results are inconsistent with the individual's condition, history and examination
- Presumptive drug test is not available for the drug for which there is a suspicion of abuse or misuse and ALL of the following criteria are met:
  1. The diagnosis, history and physical examination and/or behavior of the individual being tested support the need for the specific drug testing being requested
  2. Results of testing will impact treatment planning
  3. Testing is performed in a physician-supervised treatment setting

A high-complexity laboratory drug test is considered covered when it is performed in a Clinical Laboratory Improvement Amendment ([CLIA]-CMS certification)-approved laboratory and the above criteria are met. Proof of current CLIA accreditation is required for payment and evidence may be requested. Laboratory reimbursements may be subject to the in-office laboratory policy.

Specimen Validity Testing (see applicable codes) to assure that a specimen has not been compromised or that a test has not been adulterated may be required. Specimen Validity Testing is included in the presumptive and definitive drug testing CPT and HCPCS code descriptions and is considered a quality control which is an integral part of the collection process and is not separately reimbursable. ConnectiCare will deny Specimen Validity Testing when performed by the same or different provider.

Place of Service Settings

POS:	DESCRIPTION
POS 11	Office Setting
POS 21	Inpatient
POS 22	On Campus – Outpatient Hospital
POS 23	Emergency Room
POS 33	Custodial care facility
POS 49	Independent Clinic
POS 50	FQHC
POS 51	Partial Psych Hospital
POS 53	Community Mental Health
POS 55	Residential Substance Abuse Treatment
POS 56	Psych Rehab Treatment
POS 57	Non-residential substance abuse center
POS 81	Independent Laboratory

Applicable Procedure Codes:

1. Presumptive Drug/Alcohol Testing

PROCEDURE CODE	DESCRIPTION
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

2. Definitive Drug/Alcohol Testing

PROCEDURE CODE	DESCRIPTION
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrixmatched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed **(Not Covered, may be appealed with documentation)**
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal

PROCEDURE CODE	DESCRIPTION
	strength), and (3) method or drug-specific calibration and matrixmatched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed **(Not Covered)**
G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed. **(Not Covered)**
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes

3. Specimen Validity Testing

PROCEDURE CODE	DESCRIPTION
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81005	Urinalysis; qualitative or semi-quantitative, except immunoassays
82570	Creatinine; other source
83986	pH; body fluid, not otherwise specified

Not Covered

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

- Drug testing by hair analysis (P2031) is considered experimental, investigational or unproven.
- Drug testing services that are determined to be court ordered and/or funded by a county, state or federal agency or other third parties will continue to be denied as non-covered services.
- Proprietary Laboratory Analysis (CPT codes 0006U, 0007U, or 0020U, 0011U) are not considered medically necessary and are not considered under the policy guidelines pertaining to definitive drug testing.
- 80320-80374 Drug test(s), individual types (Not reimbursed)
- 80375-80377 Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified (Not reimbursed)
- Definitive Quantitative Test or other Confirmation testing when there hasn't been a presumptive qualitative or proof that positive initial screening or initial screening is inconsistent with patient's history.
- Confirmation testing when there hasn't been an initial screen or confirmation testing conducted for drug classes other than the one(s) in question.
    - For this reason, G0482-G0483 are considered not covered. G0481 must be appealed with supporting documentation.

ConnectiCare may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

MEDICAL POLICY
ConnectiCare Drug and Alcohol Testing Medical Policy Effective 4/01/2019

Revision history

DATE	REVISION
12/2019	• Clarification added to HCPCS descriptions for G0481-G0483
09/2019	• Clarification added to exclusions section on definitive testing
1/2019	• New policy to include annual frequency limits of 18 dates of service for Presumptive Drug Testing and 18 dates of service for Definitive Drug Testing

References

1. American Society of Addiction Medicine (ASAM). (2010). Drug testing as a component of addiction treatment and monitoring programs and in other clinical settings. Accessed on August 16, 2018. Available at URL address: http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/publicpolicy-statements/2011/12/15/drug-testing-as-a-component-of-addiction-treatment-and-monitoringprograms-and-in-other-clinical-settings

2. American Society of Addiction Medicine. Drug testing: a white paper of the American Society of Addiction Medicine (ASAM). 2013 Oct 26. Accessed on August 16, 2018. Available at: http://www.asam.org/docs/default-source/publicy-policy-statements/-pdf-.pdf?sfvrsn=0.

3. American Society of Addiction Medicine (ASAM). Appropriate Use of Drug Testing in Clinical Addiction Medicine. Journal of Addition Medicine: May/June 2017-Volume11-Issue 3. Accessed on August 16, 2018. Available at URL address: https://journals.lww.com/journaladdictionmedicine/Fulltext/2017/06000/Appropriate_Use_of_Drug_Testing_in_Clinical.1.aspx

4. Centers for Disease Control and Prevention (CDC). Clinical Laboratory Improvement Amendments (CLIA). 2017 Oct 20. Accessed on August 16, 2018. Available at URL address: http://wwwn.cdc.gov/clia/Resources/TestComplexities.aspx

5. Centers for Medicare and Medicaid Services. Clinical Laboratory Improvement Amendments (CLIA) Oct 22, 2013. Accessed on August 16, 2018. Available at URL address: http://www.cms.gov/Regulations-andGuidance/Legislation/CLIA/Downloads/LDT-and-CLIA_FAQs.pdf

6. U.S. Preventive Services Task Force. Drug use, illicit: screening. Release date Jan 2008. Accessed on August 16, 2018. Available at URL address: http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/drug-use-illicitscreening?ds=1&s=drug screening

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