Drug Testing Payment Policy

Policy Statement

This policy documents the coverage and documentation requirements for immunoassay (IA) testing (also called presumptive or qualitative testing, screening) and definitive testing (also called confirmatory or quantitative testing) drug toxicology tests. Here forth referred to as Qualitative and Quantitative testing.

Scope

This policy applies to

☒**Medicaid** *excluding Extended Family Planning (EFP)*
☒**INTEGRITY**
☒**Commercial**

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as Interqual
- EOHHS recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific Prior Authorization Reference page.
- Neighborhood's Clinical Medical Policies.

Please contact Provider Services at 1-800-963-1001for additional details.

Coverage Requirements

Toxicology screenings are used to confirm the presence of certain drugs or substances, or quantify the amount of drugs or substances in the body. In accordance with CMS guidelines,[1] Neighborhood provides coverage for the following.

[1] CMS Advisory Panel on Clinical Diagnostic Laboratory Tests; August 26th, 2015

A qualitative/presumptive drug screen is used to detect the presence of a drug in the body. A blood, saliva (mouth swab), or urine sample may be used. However, urine is the best specimen for broad screening, as blood is relatively insensitive for many common drugs, including psychotropic agents, opioids, and stimulants and saliva has a shorter window of detection than urine.
Common methods of drug analysis include chromatography, immunoassay, chemical ("spot") tests, and spectrometry.

A quantitative/definitive test indicates the presence or absence of a substance.

- **Qualitative Drug Tests (Presumptive)** covered for the following:
    - A member is receiving treatment for chronic pain with prescription opioid or other medication associated with increased risk for misuse or addiction
    - A member is undergoing treatment for substance use disorder or is otherwise requiring monitoring for use/misuse of controlled or illicit substance(s)
    - Misuse of prescribed or illicit substances is suspected
    - A member is beginning a pain management program or substance use disorder treatment program
- **Quantitative Drug Tests (Definitive/Confirmatory testing)** covered for (but not limited to) the following:
    - Unexpected positive test inadequately explained by the patient
    - Unexpected negative test (suspected medication diversion)
    - Need for quantitative levels to compare with established benchmarks for clinical decision making

Quantitative testing must be ordered on an individual basis by a medical provider directly caring for a member at the time of order and may not be ordered from "standing" orders, i.e., orders that provide for routine testing.

Quantitative testing must be ordered with an indication of the specific drug being confirmed, not as a comprehensive confirmatory panel.

Quantitative tests must be performed in a laboratory.

Coverage Limitations

Testing is limited to one (1) unit per day, per test type (Qualitative/Quantitative)

It is considered not reasonable or necessary to test for the same drug with both a blood and a urine specimen simultaneously.

Drug screening for medico-legal purposes (e.g., court-ordered drug screening) or for employment purposes (e.g., as a pre-requisite for employment or as a requirement for continuation of employment) are not covered.

Coverage Exclusions

According to Medicare instructions, drug testing providers performing validity testing on urine specimens utilized for drug testing should not separately bill the validity testing.

For example: if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this an internal control process that is not separately reportable or billed.

Qualitative testing is not eligible for reimbursement as described below:

- Testing as required for or as part of participation in a substance use disorder treatment program with an all-inclusive bundled rate.
- Routine testing (i.e., testing at every visit)
- Testing ordered by or for third parties for the sole purpose of meeting the requirements of a third party
- Qualitative tests cannot be performed in an Independent Clinical laboratory (POS 81) for Medicaid and Commercial lines of business.

Quantitative testing is not eligible for reimbursement as described below:

- Routine quantitative drug testing (i.e., testing at each visit)
- Quantitative testing when qualitative testing is clinically appropriate and meets clinical needs
- Routine confirmatory testing in the absence of an unexpected positive finding or an unexpected negative finding
- Testing ordered by or for third parties for the sole purpose of meeting the requirements of a third party

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

Coding

CPT Code	Description
80305	Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g. immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.
80306	Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures by instrument chemistry analyzers (e.g., utilizing immunoassay (e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA)), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LCMS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service.
80307	Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures by instrument chemistry analyzers (e.g., utilizing immunoassay (e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA)), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LCMS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service.
G0480	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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed.
G0481	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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed.
G0482	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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed.

G0483	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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed.
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.

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
01/01/2023	Policy Effective Date – Replacing Urine Toxicology Testing Clinical Medical Policy (CMP) effective 06/01/2016 – 12/31/2022