Drug Testing

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon* ☐ *Washington*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Urine, serum, and breath drug testing are performed to detect the use of prescription medications or substances of concern for the purpose of medical and behavioral health treatment. Confirmatory testing is an additional test completed to verify the results of the urine or serum drug test. Urine or serum drug testing should not routinely include a panel of all substances. The test should be focused on the detection of a specific substance of concern. The frequency of testing should be at the lowest level to detect the presence of substances. The two types of drug tests are:

- **Presumptive (Qualitative) Drug Class**

  These tests are used to identify possible (but not definitive) drug use or non-use and may be followed by a definitive test to specifically identify drugs or metabolites. All drug class immunoassays are considered presumptive, whether qualitative, semi-quantitative, or quantitative values are provided.

- **Definitive (Quantitative) Drug Class**

  These tests identify possible drug use or non-use and specify the associated metabolites if performed (not separately billable). They can be qualitative, quantitative or a combination thereof. Definitive testing may be covered as a confirmatory test when the result of the presumptive testing is inconsistent with the patient's history, presentation, or current prescribed medication plan and the result would impact medical decision making. A presumptive test is not required prior to performing a definitive test.

The category of measure utilized for this policy is a “unit.” A “unit” is defined as each individual code utilized to capture the service of urine drug testing. G code billing is subject to unit limits (i.e., units within the G code are counted separately).

Criteria

Commercial, Medicaid and Medicare

I. <u>Coverage Guidelines for Drug Testing or Screening</u>

- Coverage for testing is limited to 36 presumptive and 12 definitive units per indication of physical (pain management) or behavioral health; Total limit per calendar year = 72 presumptive and 24 definitive units

  Note: Medicare members drug testing codes are processed and paid in accordance with applicable CMS coverage rules, including local coverage determinations (LCDs), when billed with an allowable diagnosis. Medicare does not impose fixed numeric limits on testing frequency or units.

- Additional testing must focus on specific substance of concern and may be covered to monitor substances that are not adequately detected by presumptive testing (e.g., Fentanyl), unexpected results, or aberrant behavior. Aberrant behavior includes, but is not limited to lost prescriptions, repeated requests for early refills, filling prescriptions from multiple providers, unauthorized dose escalation, and apparent intoxication

A. Indications

- Diagnosis of altered mental status
- Diagnosis of medical condition where drug toxicity may be a contributing factor
- Testing as part of a pain management or behavioral health treatment program assessment to determine the patient’s drug profile, detoxification regime, and treatment adherence
- Assessment before initiating medication assisted treatment
- Possible fetal substance exposure or withdrawal
- Subsequent testing must be medically necessary and not performed for the sole purpose of validating observable signs of intoxication or self-reported use

B. Documentation guidelines

- Drugs or drug classes for which screening is performed should only reflect those likely to be present, based on the patient’s documented medical history or current clinical presentation
- Documentation must be patient-specific and accurately reflect the need for each test ordered
- The provider that submits the claim is responsible for providing documentation sufficient to support all services submitted on the claim form

Medicaid

PacificSource Community Solutions follows an internal hierarchal process in the “Clinical Criteria Used in UM Decisions” policy, which includes reviewing each code to identify relevant guideline notes from

the OHP Prioritized List of Health Services and Oregon Administrative Rules (OAR) for drug testing coverage.

PacificSource follows the “Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)” criteria for members under 21 and Young Adults with Special Health Care Needs (YSHCN).

Experimental/Investigational/Unproven

Hair drug testing and oral fluid (saliva) drug testing are considered experimental, investigational, or unproven in outpatient pain management and substance use disorder treatment. This includes the following codes:

P2031 Hair analysis (except when chronic arsenic poisoning is suspected, hair testing may be covered if medically necessary)

Note: PacificSource Community Solutions (PCS) and PacificSource Medicare require items listed on this policy’s E/I/U list, to be reviewed by medical necessity review guidelines. Please see related policy, “Clinical Criteria Used in UM Decisions” to review criteria hierarchy and “Medical Necessity Reviews” for determination of coverage and medical necessity guidelines.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

All codes within this section should be reported once, per *drug class, per date of service.*

0007U Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service

0011U Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites (definitive test)

0051U Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected, or not detected, per date of service (definitive test)

0054U Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service

0082U Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service

0093U Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected (definitive test)

0110U Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or

venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected

0116U Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug-to-drug interactions for prescribed medications

0117U Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain

0227U Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation

80143 Acetaminophen

80305 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [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, any number of devices or procedures; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [e.g., 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 (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, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

80320-80377 Drug assay definitive drug testing CPT codes are covered to represent routine drug screening based on the drug class and the method used to test the drug.

82075 Alcohol (Ethanol); Breath (presumptive test)

82077 Alcohol (ethanol); any specimen except urine and breath, immunoassay (e.g., IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)

83992 Phencyclidine (PCP) (definitive test)

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(s), 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 matrix-matched quality control

material (e.g., to control for instrument variations and mass spectral drift); 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 (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(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed

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(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

Reference lab claims may be submitted using CPT codes for quantitative testing and will be paid based on documentation in the physician record indicating the need for each specific test and reimbursed per contracted rate.

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Appendix

Policy Number:

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Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): 42 CFR § 422.101(b-c); OARs: 410-120-1200, 410-141-3820, 410-141-3825 410-151-0001, 410-151-0002, and 410-151-0003

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