



## Drug Testing

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<b>State(s):</b> <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:	<b>LOB(s):</b> <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
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## Enterprise Policy

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*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 determination 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

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Urine, serum, and breath drug testing is performed to detect the use of prescription medications and substances of concern for the purpose of medical 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 specific substances of concern. The frequency of testing should be at the lowest level to detect the presence of substances. 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.

**Note:** G code billing is subject to unit limits (i.e., units within the G code are counted separately).

**Presumptive 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 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.

## Criteria

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### Coverage Guidelines for Drug Testing or Screening

#### I. Behavioral Health Treatment Programs:

- Initial behavioral health treatment program assessment to determine the patient's substance profile and detoxification regime.
- Testing is limited to 36 presumptive and 12 definitive units per year. 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 and must be medically necessary to inform treatment decisions.

#### II. Pain Management Program (Non-Behavioral Health):

- Initial pain management treatment program assessment to determine the patient's substance profile.
- Testing is limited to 36 presumptive and 12 definitive units per year. 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.

#### III. Indications/ Inclusions

- Diagnosis of altered mental status
- Diagnosis of medical condition where drug toxicity may be a contributing factor
- As part of a 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

\***Aberrant behavior** includes, but is not limited to, lost prescriptions, repeat requests for early refills, and prescriptions from multiple providers, unauthorized dose escalation, and apparent intoxication.

**Exclusions:** Definitive testing only performed to confirm results of a presumptive test is not covered.

## Coding Information

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

### **These codes are to be submitted for the Commercial line of business.**

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

0143U Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service

0144U Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service

0145U Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service

0146U Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service

0147U Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service

0148U Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service

0149U Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service

0150U Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service

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

80320-80377 Drug assay definite 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

83992 Phencyclidine (PCP)

*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.*

**These codes are to be submitted for the Government line of business.**

G0477 - CMS has cross walked this code to CPT code 80305.

G0478 - CMS has cross walked this code to CPT code 80306

G0479 - CMS has cross walked this code to CPT code 80307

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.

## References

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*AMA.assn.org/ama/pub/physician-resources*

*CPT Code Changes for 2020*, McKesson Business Performance Services, 2020

Health Evidence Review Commission (HERC) Coverage Guidance: Urine Drug Testing- Approved 8/9/2019 <https://www.oregon.gov/oha/HPA/DSI-HERC/EvidenceBasedReports/CG-Urine-Drug-Testing.pdf>

NCBI.nlm.nih.gov-Appendix B Urine Collection and Testing Procedures and Alternative Methods for Monitoring Drug Use, 2015

## Appendix

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Policy Number: [Policy Number]

**Effective:** 1/1/2020

**Next review:** 5/1/2021

**Policy type:** Enterprise

**Depts:** Health Services

**Applicable regulation(s):** N/A

**External entities affected:** N/A