

Drug Testing

Enterprise Policy

BACKGROUND

Urine or serum 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 used. The frequency of testing should be at the lowest level to detect the presence of substances.

Guidelines

PacificSource Health Plan reimburses medically appropriate urine or serum drug testing to detect the parent drug and/or its metabolite(s) to demonstrate use of prescription medications and substances of concern for treatment purposes.

Drug testing should not routinely include a panel of all substances of use. The test ordered should be focused on detecting the specific substance(s) of concern. Frequency of testing should be at the lowest level to detect the presence/ absence of substance(s) of concern.

The three subsections defined by the AMA associated with drug procedures are:

- Drug Assay,
- Therapeutic Drug Assay (TDA), and
- Chemistry

In the “Drug Assay” section, the two following subsections are the major categories for drug testing:

- Presumptive Drug Class and
- Definitive Drug Class testing

These types of drug testing are commonly done first by presumptive screening method then may be done by a definitive drug identification method as well.

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. There are two lists of drug classes within the subsection guidelines that must be considered when choosing the correct CPT code, as well as the methodology of the test performed. 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. A presumptive test is not required prior to performing a definitive test. There is a list of

Definitive Drug Classes within this subsection that is used to determine the appropriate CPT code for the testing performed. All codes within this section are reported once, per *drug class*, per *date of service*.

Therapeutic Drug Assay

- Guidelines have been updated to specify these codes are used for monitoring clinical response to a known, prescribed medication. They also now indicate the method is quantitative and specimen is whole blood, serum, plasma or cerebrospinal fluid. If measured metabolites are performed they are included in the therapeutic drug assay and should not be coded separately.

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral and/or authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement.

Procedure: Health Services

CRITERIA

Coverage Guidelines for Drug Testing or Screening

Indications / Inclusions:

Urine drug testing may be indicated for the following:

- Diagnosis of altered mental status.
- Diagnosis of medical condition where drug toxicity may be a contributing factor.
- Assessment of patients for a treatment program to determine the patient's drug profile, detoxification regime and treatment adherence.
- Assessment of abstinence before initiating drug therapy known to produce withdrawal symptoms if administered while the patient is occupied with the drug.
- To assess adherence to prescribed medications.
- Fetal withdrawal syndrome.
- Possible exposure of the fetus to substances taken by the mother.

Limitations:

While the simplicity of use and access to rapid results has increased demand for and use of immunoassays, the following will provide guidelines related to frequency of testing and the use of multi-drug panels:

- Drug testing (urine/serum) should not routinely include a panel of all substances of use.
A full panel screen should only be considered when the patient's observed behavior suggests the use of a substance(s) not identified on the initial screening. Medical documentation must support the behavioral observation and medical justification for conducting a full panel screening.
- The test ordered should be focused on detecting the specific substances of concern.
The preferred method of urine drug testing for a patient with a history of poly-substance use during a monitoring period is by utilization of a multidrug screening kit (qualitative analysis by multiplexed method for 2-15 drugs or drug classes).
- Frequency of testing should be at the lowest level to detect presence of substances being screened.
Subsequent testing should only be conducted for those substances identified on the patient's initial profile.

Drug Testing (urine/serum) Frequency Guidelines per Indication for testing – must be supported by documentation in the medical record:

Diagnosis of altered mental status:

- At the time of the initial medical evaluation.
- Subsequent testing in a treatment center (clinic or office) must be medically necessary and not performed for the sole purpose of validating observable signs of intoxication.

Diagnosis of a medical condition where drug toxicity may be a contributing factor:

- At the time of the initial medical evaluation.

Behavioral Health Treatment Programs:

- Assessment of patients for a behavioral health treatment program to determine the patient's substance profile and detoxification regime.
- Further testing during treatment must be supported by documentation in the medical record and will not exceed 12 units per year without a prior authorization.

Pain Management Program (Non-Behavioral Health):

Presumptive/Screening Urine Drug testing is medically necessary for the following:

- Baseline screening before initial entrance into a pain management program
- Presumptive screening for compliance monitoring may be appropriate for up to four times per year with provision for monitoring for unexpected results, complaints or *aberrant behavior
- Further testing during treatment must be supported by documentation in the medical record and will not exceed 12 units per year without a prior authorization.

Extensions beyond 12 Units - The Nurse Case Manager can approve an additional 4 units for extension. Then any additional extensions will require Medical Director Review.

- When testing exceeds 12 units per year and clinical documentation indicates both of the following are present:
 - Abuse, misuse or diversion is suspected; and
 - Documentation indicates how test result will impact management

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

CODING INFORMATION

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

80300 Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures, (eg, immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (eg, dipsticks, cups, cards, cartridges), per date of service.

80301 Drug screen, any number of drug classes from Drug Class List A; single drug class method, by instrumented test systems (eg, discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), per date of service.

80302 Drug screen, presumptive, single drug class from Drug Class List B, by immunoassay (eg, ELISA) or non-TLC chromatography without mass spectrometry (eg, GC, HPLC), each procedure.

80303 Drug screen, any number of drug classes, presumptive, single or multiple drug class method; thin layer chromatography procedures(s) (TLC) (eg, acid, neutral, alkaloid plate), per date of service.

80304 Drug screen, any number of drug classes, presumptive, single or multiple drug class method; not otherwise specified presumptive procedure (eg, TOF, MALDI, LDTD, DESI, DART), each procedure.

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 Government line of business.](#)

G0477 Drug test(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.

G0478 Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.

G0479 Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), 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.

References

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

CPT Code Changes for 2015, McKesson Business Performance Services, 2015

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