URINE DRUG TESTING

Effective December 1st, 2012

Policy

Neighborhood Health Plan (NHP) reimburses medically appropriate urine drug testing (UDT) to detect the parent drug and/or its metabolite(s) to demonstrate use of prescription medications and illegal substances of concern for medical treatment purposes. Confirmatory testing will only be reimbursed only when a drug has returned positive and only when confirmation is requested by the ordering practitioner. UDT may be required for use in clinical settings for various reasons. The simplicity of use and access to rapid results has increased demand for and use of immunoassays. UDT should not routinely include a panel of all drugs of abuse. The test ordered should be focused on detecting the specific drugs of concern. Frequency of testing should be at the lowest level to detect presence of drugs bearing in mind the pharmaco-dynamics for which the drug is being screened.

A full panel screen should only be considered when the patient's observed behavior suggests the use of a drug(s) not identified on the initial screening. Medical documentation must support the behavioral observation and medical justification for conducting a full panel screening. Subsequent testing should only be conducted for those substances identified on the patient's initial profile.

The preferred method of urine drug testing for a patient with a history of poly-substance abuse during a monitoring period is by utilization of a multidrug screening kit (qualitative analysis by multiplexed method for 2-15 drugs or drug classes). This policy is intended for guidance and does not guarantee payment.

Policy Limitations

This policy applies to all outpatient places of service in accordance with the National POS code set, excluding emergency room services.

Member Cost-Sharing

The provider is responsible for verifying at each encounter coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Provider Limitations:

Providers and independent laboratories submitting for UDT services must have the appropriate level Clinical Laboratory Improvement Amendments (CLIA) certification on file with Neighborhood Health Plan for the specific service(s) rendered. Please refer to the following table for NHP's CLIA certification requirements and allowable codes.

Provider Limitations (continued):

CLIA Level	Level Description	Allowable Code(s):
Certificate of Waiver	Issued to a laboratory that only performs CLIA waived tests.	• G0434
Certificate for Provider-Performed Microscopy Procedures (PPMP)	Issued to a laboratory in which a physician, midlevel practitioner and/or dentist performs no tests other than the microscopy procedures including CLIA waived tests	• G0434
Certificate of Compliance	Issued to a laboratory that has been inspected and determined to be in compliance with ALL applicable CLIA requirements	• G0431 • G0434 • 80102
Certificate of Accreditation	Issued to a laboratory on the basis of the laboratory's accreditation by a HCFA accreditation organization	• G0431 • G0434 • 80102

Service Limitations:

NHP will reimburse eligible and qualified providers and independent laboratories according to the service limitations set forth in this policy.

Code	Descriptor	Maximum Allowable	Comments
G0431	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g. immunoassay, enzyme assay, per patient encounter)	1 unit per DOS	Maximum of (20) units, for both G0431 and G0434 combined, per member, per benefit plan.
G0434	Drug screen other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter.	1 unit per DOS	
80100	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure		**Not payable**
80101	Drug screen, qualitative; single drug class method (e.g. immunoassay, enzyme assay) each drug class		**Not payable**
80102	Drug confirmation, each procedure	4 units per DOS	Bill only for positive screen(s) when supported by medical documentation.
80104	Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure		**Not payable**

Service Limitations (continued):

UDT services to contracted providers with a valid CLIA certificate on file for the services rendered. Please refer to CLIA Categorization of Tests for additional information. http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Categorization_of_Tests.html

- One UDT encounter (G0431) per date of service.
- One UDT encounter (G0434) per date of service.
- A maximum of 4 units of 80102, per date of service, limited to the number of drugs positive on screening test, when supported by documentation in the medical record.
- A maximum of 20 dates of service, for all UDT screening tests, per member, per benefit year.

Urine Drug Testing is covered for the following medical purposes[1]:

- Diagnosis of altered mental status;
- Diagnosis of medical condition where drug toxicity may be a contributing factor;
- Diagnosis of possible exposure of fetus to illicit drugs taken by mother;
- Assessment of patients for substance abuse treatment program during the *Induction Phase* to determine the patient's drug profile and detoxification regime;
- Assessment of patient's adherence to the substance abuse treatment program during the *Stabilization Phase* of treatment;
- Assessment of patient's adherence to the substance abuse treatment program during the *Maintenance Phase.*
- Assessment of abstinence before initiating drug therapy known to produce withdrawal symptoms if administered while the patient is occupied with the drug; and
- Assessment of adherence and for diversion for patients in chronic pain treatment programs.

NHP Does *Not* Reimburse:

- Laboratory services to any provider without a valid CLIA certificate on file.
- Laboratory services to any provider who hold a Certification of Registration pending survey and compliance with CLIA regulations
- Single drug class testing on the same date of service as a drug screening panel test performed by multiple drug classes by high complexity test method (e.g. immunoassay, enzyme assay, per patient encounter). These include but are not limited to testing exclusively for barbiturates, opiates, ethanol, or benzodiazepine classes.
- Services billed using an 'unassigned' place of service code.
- UDT for more than 20 dates of service, per member, per benefit year.

[1] List in not all inclusive of all medically appropriate purposes and/or situations

- UDT services billed with the following diagnosis codes, as they do not support the medical necessity of the service(s) being rendered:
  V72.6 Laboratory examination
  V72.60 Laboratory examination, unspecified
  V72.62 Laboratory examination ordered as part of a routine general medical examination

NHP Does *Not* Reimburse (continued):

V72.63 Pre-procedural laboratory examination
V72.69 Other laboratory examination

NHP does not reimburse UDT for non-medical purposes and/or third- party requests including, but not limited to the following:

- Condition for pre-employment or required compliance for continuation of employment
- Requirement for school including but not limited to, enrollment, compliance, or participation in school or community athletic activities, programs, or other extracurricular activities.
- Court ordered drug testing
- Administrative, or social service agency investigations, proceedings, or monitoring activities;
- Testing for parents involved in divorce/child custody cases;
- Assessment for substances not established on the initial targeted screening; and
- UDT performed for residential monitoring purposes (CMR 130 401.411 5B).
- Routine specimen collection and preparation for the purpose of clinical laboratory analysis.
- Reports or clinical information derived from the result of laboratory data that is mathematically calculated which are considered part of the test procedure and therefore not a separately reportable service, including confirmatory tests.

Billing Requirements:

- Drug screen services should be reported with G0431 or G0434.
- Quantitative assays (CPT 80150-80299, therapeutic drug assay codes; or 82000-84999, chemistry codes.) should not be routinely reported for drug classes being tested as part of the drug screen service.
- If there is a **positive screen** for one or more drug classes being tested, report 80102 for each procedure necessary for confirmation, up to a maximum of 4 units per date of service.
- Claims must include the specific diagnosis code supporting the medical necessity of the UDT service.

Documentation Requirements:

Requests for laboratory services must be written and include the following information:

- The date of the request;
- The name or any other means of identifying the member to be tested;
- The name and address of the authorized prescriber;
- The name of the specific laboratory tests to be performed;
- The frequency for performing each laboratory test (applicable to standing orders only);
- The duration and maximum number of times each laboratory test or tests are to be performed (applicable to standing orders only); and
- A statement by the authorized prescriber that such testing is required as part of the member's medical or drug treatment plan (applicable to standing orders only).

If a laboratory refers a specimen to a testing laboratory, the referring laboratory must forward the original request to perform the service to the testing laboratory. The testing laboratory must maintain such request in its records in accordance with 130 CMR 401.416(A).

Both referring and testing laboratories must keep a record of each written request for laboratory services, each specimen, and each test result for at least **six years** from the date on which the results were reported to the authorized prescriber.

The laboratory record must contain the following information:

- The written request for laboratory services with all information required by 401.416;
- The identification number of the specimen;
- The name or any other means of identifying the person from whom the specimen was taken;
- The name of the authorized prescriber and, if applicable, the referring laboratory that submitted the specimen;
- The date on which the specimen was collected by the authorized prescriber or laboratory, the location of the collection, and the name of the collector;
- The date on which the specimen was received in the laboratory;
- The condition of unsatisfactory specimens when received (for example, broken, leaked);
- The specific tests performed;
- The date or dates on which each test was performed;
- The results of each test, the name and address of all persons to whom each test result is reported, and the date of reporting; and
- The name and address of the laboratory to which the specimen was referred, if applicable.

Definitions:

Addiction: A primary chronic, neurobiologic disease with genetic, psychological, and environmental factors influencing its development and manifestations. It is characterized by behavior that includes a combination of the following that leads to compulsive use of a substance either for its positive effects or to avoid negative effects:

- Physical dependence
- Behavioral manifestations of use
- Subjective sense of need and craving.

Compliance testing: Assessment of a patient's adherence to a treatment plan, typically looking for the presence of prescribed medications.

Drug test: Urine is usually preferred for determining the presence or absence of drugs because it has a 1-3 day window for detection for most drugs and/or their metabolites and is currently the most extensively validated biologic specimen for drug testing.

Enzyme-linked immune assay (EIA): a laboratory technology using drug-class specific antibodies to screen for presence of drugs. This technology is used for screening.

Gas chromatography/mass spectroscopy (GC/MS): A laboratory technology used to ***confirm*** presence of specific drug or its metabolite when EIA test screen is positive.

High-performance liquid chromatography (HPLC): A laboratory technology used to ***confirm*** presence of specific drug or its metabolite when EIA test screen is positive.

Liquid chromatography/mass chromatography (LC/MS): Liquid chromatography is used to separate the different components in a specimen, and mass chromatography is used to specifically identify the components of the specimen.

Multidrug Screening Kit: A rapid urine toxicology drug screen, qualitative analysis, utilizing a multidrug screening device that simultaneously screens for 2-15 different drugs and substance classes.

Point of Care Testing: On-site testing using commercial devices without the need for instrumentation.

Standing Order: A request by an authorized prescriber for an independent clinical laboratory to repeat one or more tests over a specified period of time. Standing orders may not exceed **30** days in length and are permissible only when tests are medically necessary and required as part of the member's medical or drug treatment plan.

Substance abuse: The excessive use of a substance, especially alcohol or a drug. Drug abuse is the use of illegal drugs or the misuse of prescription or over-the-counter drugs for at least a year with negative consequences. The American Psychiatric Association (DSM-IV) definition of substance abuse is at least one of the following four criteria:

- Continued use despite social or interpersonal problems
- Repeated use resulting in failure to fulfill obligations at work, school, or home
- Repeated use resulting in physically hazardous situations
- Use resulting in legal problems

Substance misuse: Use of a medication (for a medical purpose) other than as directed or as indicated, whether willful or unintentional, and whether harm results or not.

Urine drug testing methods: For most clinical and forensic applications, initial testing is often done with class-specific immunoassay drug panels, which are designed to classify substances as either present or absent according to pre-determined cutoff thresholds. Definitive identification of a specific drug and/or metabolite(s) requires more sophisticated tests, such as GC/MS or LC/MS. The UDT method chosen should be a function of the question that needs to be answered.

References:

American Medical Association; *CPT current year, Professional Edition*

American Medical Association; HCPCS Level II, *current year, Professional Edition*

Commonwealth of Massachusetts MassHealth Provider Manual Series: Independent Clinical Laboratory Manual, Transmittal Letter LAB-37, dated December 2011

CMS CLIA Categorization of Tests: http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Categorization_of_Tests.html

CMS Place of Service Codes Set: http://www.cms.gov/Medicare/Coding/place-of-service-codes/index.html

CPT Changes 2011, Drug Testing, page 139

Gourlay, D.; Heit, H.; and Caplan, Y. Sponsor: California Academy of Family Physicians. *Urine Drug Testing in Primary Care: Dispelling the Myths & Designing Strategies,* 2002.

Gourlay, D.; Heit, H.; and Caplan, Y. Sponsor: California Academy of Family Physicians. *Urine Drug Testing in Clinical Practice: The Art and Science of Patient Care, Edition 4,* 2010. http://www.familydocs.org/files/UDTMonograph_for_web_v2.pdf

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Publication History:

Topic: **Urine Drug Testing**	**Owner:** Provider Network Management

January 18th, 2011 *Original documentation*

December 1st, 2012 *Updated limitations, codes, provider payment guidelines and documentation, and references.*

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/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Neighborhood Health Plan utilizes McKesson's claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the "appropriate set" of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Please refer to Neighborhood Health Plan's Provider Manual Billing Guidelines section for additional information on NHP's billing guidelines and administration policies. Questions may be directed to Provider Network Management at prweb@nhp.org.