CareSource

REIMBURSEMENT POLICY STATEMENT
INDIANA MARKETPLACE

Policy Name	Policy Number	Date Effective
Drug Testing	PY-0329	8/1/2019
Policy Type		
Medical	Administrative	Pharmacy	**REIMBURSEMENT**

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

Contents of Policy

A. Subject

Drug Testing

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Claims submitted to CareSource must be complete in all respects; and all use of the Health Insurance Claim Form CMS-1500 must comply with the most recent version of the Medicare Claims Processing Manual.

Drug testing is a part of medical care during the initial assessment, ongoing monitoring, and recovery phase for members with substance use disorder (SUD); for members who are at risk for abuse/misuse of drugs; or for other medical conditions. The drug test guides a provider in diagnosing and planning the member's care when prescription medications or illegal drugs are of concern.

Urine is the most common specimen to monitor drug use. There are two main types of urine drug testing (UDT): presumptive/qualitative and confirmatory/quantitative. Drug testing is sometimes also referred to as toxicology testing.

C. Definitions

- **Presumptive/Qualitative test** - The testing of a substance or mixture to determine its chemical constituents, also known as qualitative testing.
- **Confirmatory/Quantitative test** - A test that determines the amount of a substance per unit volume or unit weight, also known as quantitative or definitive testing.
- **Random drug test** - A laboratory drug test administered at an irregular interval that is not known in advance by the member.
- **Independent laboratory -** A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a provider's office.
- **Participating/non-participating** - Participating means in-network and contracted with CareSource. "Non-participating," means out-of-network, not contracted with CareSource.
- **Residential services** - Per the Evidence of Coverage these health care services can include individual and group psychotherapy, family counseling, nursing services, and pharmacological therapy in a 24 hour community.

NOTE: Clinical guidelines, definitions, standards, and scenarios for drug testing are outlined in detail within the CareSource Drug Testing Medical Policy, MM-0130. Please refer to this policy for in-depth information on medical necessity

for drug testing, documentation requirements, and CareSource monitoring and review of drug testing claims.

D. Policy

I. General Criteria for Coverage
   A. Documentation must support medical necessity.
   B. Documentation must include the ICD-10 code demonstrating appropriate indication for UDT.
   C. The submitted CPT/HCPCS code must accurately describe the service performed.
   D. CareSource requires that the ordering provider's name appear in the appropriate lines of the claims forms.

II. Prior Authorization (PA)
   A. CareSource will consider all prior authorization requests when they are medically necessary to the member's treatment and care.
      1. **CareSource will require a PA for confirmatory UDT greater than 14 drug classes (Codes G0482 & G0483) when number of tests exceed 4 per member per 12 month benefit year.** These higher number drug panels are rarely indicated for routine urine drug testing as lower number panels are sufficient for modifying treatment plans in the majority of cases.
      2. PA is required for any non-participating provider with CareSource for non-emergency room setting.
      3. PA is required for any non-participating lab/facility with CareSource for non-emergency room setting.
      4. PA is not required in an emergency room setting. UDT utilization will be monitored by CareSource.
      5. PA needs to make a clear case for medical necessity for the level of testing being requested.
   B. Providers and laboratories will need to ensure specimen integrity appropriate for the stability of the drug agent being tested until the PA process is complete i.e. freezing specimen.
   C. Must submit appropriate clinical documentation with PA request to determine appropriate medical necessity.
   D. If needed, the licensed practitioner that is operating in his/her scope of practice must obtain the prior authorization.

III. Quantity Limitations
   A. **CareSource will cover up to 4 confirmatory UDT greater than 14 drug classes (Codes G0482 & G0483) per member per 12 month benefit year**
   B. **When individual analytes are ordered, CareSource allows for a maximum of 7 analytes CPT codes per date of service and it will count as one urine drug test.**
   C. **Benefit is limited to 25 urine drug test per year which includes**
      1. **A combination of individual analytes and multi-class drug tests AND**
      2. **Both presumptive and confirmatory tests**
   D. Each panel of multi-class CPT code is counted as one test

IV. Laboratory
   A. CareSource laboratories performing drug testing services must bill CareSource directly. **CareSource does not allow pass-through billing of services.** Any claim submitted by a provider which includes services ordered by that provider, but are performed by a person or entity other than that provider or a direct employee of that provider, is not billable to CareSource.

V. Non-Urine Testing
   A. CareSource will reimburse blood testing in emergency room settings.
   B. Drug testing with blood samples performed in any other setting outside of an emergency room is a non-covered benefit.
   C. Hair, saliva, or other body fluid testing for controlled substance monitoring has limited support in medical evidence and is not covered

VI. Confirmatory Testing
   A. Routine multi-drug confirmatory testing is not billable and will not be reimbursed by CareSource.
   B. Confirmatory testing must be individualized for the member and medically necessary. **Routine confirmatory drug tests with negative presumptive results are not covered by CareSource.**
   C. Confirmatory testing is billable when documentation supports
      1. How the test results will guide plan of care i.e. modification of treatment plan, consultation with specialist **AND ONE** of the following:
         a. Presumptive testing was negative for prescription medications **AND** provider was expecting the test to be positive for prescribed medication **AND** member reports taking medication as prescribed **OR**
         b. Presumptive testing was positive for prescription drug with abuse potential that was not prescribed by provider **AND** the member disputes the presumptive testing results **OR**
         c. Presumptive testing was positive for illegal drug **AND** the member disputes the presumptive testing results **OR**
         d. A substance or metabolite is needed to be identified that cannot be identified by presumptive testing. **(e.g. semi-synthetic and synthetic opioids, certain benzodiazepines).**

VII. Non-Billable Drug Testing
   A. Testing that is not individualized such as
      1. Reflexive testing.
      2. Routine orders.
      3. Standard orders.
      4. Preprinted orders.
      5. Requesting a broad spectrum of tests that a machine is capable of doing solely because a result may be positive.
      6. Large arbitrary panels.
      7. Universal testing.
      8. Conduct additional testing as needed.
   B. Testing required by third parties such as
      1. Testing ordered by a court or other medico-legal purpose such as child custody.

2. Testing for pre-employment or random testing that is a requirement of employment.
3. Physician's health programs (recovery for physicians, dentists, veterinarians, pharmacists, etc.).
4. School entry or testing for athletics.
5. Testing required for military service.
6. Testing required by any third party.
7. Testing in residential facility, partial hospital, or sober living as a condition to remain in that community.
8. Testing with another pay source that is primary such as a county, state or federal agency.
9. Testing for marriage license.
10. Forensic.
11. Testing for other admin purposes.
12. Routine physical/medical examination.

C. Testing for validity of specimen
It is included in the payment for the test and will not be reimbursed separately.
D. Blood drug testing when completed outside of the emergency room.
E. Hair, saliva, or other body fluid testing for controlled substance monitoring.
F. Any type of drug testing not addressed in this policy.
G. Routine nonspecific or wholesale orders including routine drug panels.
H. Routine use of confirmatory testing following a negative presumptive expected result.
I. Custom Profiles, standing orders, drug screen panel, custom panel, blanket orders, reflex testing or conduct additional testing as needed orders.
J. A confirmatory test prior to discussing results of presumptive test with member.

NOTE: Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis, subsequent medical review audits, recovery of overpayments identified, and provider prepay review.

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting Indiana Marketplace approved HCPCS and CPT codes along with appropriate modifiers and ICD-10 codes. Please refer to the CMS fee schedule.

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.

Codes	Qualitative/Presumptive Tests-Description
80305	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
80306	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

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
Codes	Quantitative/Confirmatory Tests-Description
G0480	Drug Test definitive/Quantitative 1-7 drug classes 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, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed
G0481	Drug Test definitive/Quantitative 8-14 drug classes 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, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed
G0482	Drug testing definitive/Quantitative 15-21 classes 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, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed
G0483	Drug testing definitive/Quantitative 22+ classes 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, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed

G0659	Drug testing definitive/Quantitative –non-specified number of drug classes 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
80320	alcohols
80321	alcohol biomarkers 1 or 2
80322	alcohol biomarkers 3 or more
80323	alkaloids, not otherwise specified
80324	amphetamines 1 or 2
80325	amphetamines 3 or 4
80326	amphetamines 5 or more
80327	anabolic steroids, 1 or 2
80328	anabolic steroid, 3 or more
80332	antidepressants, serotonergic class 1 or 2
80333	antidepressants, serotonergic class 3-5
80334	antidepressants, serotonergic class 6 or more
80335	antidepressants, tricyclic and other cyclicals 1 or 2
80336	antidepressants, tricyclic and other cyclicals 3-5
80337	antidepressants, tricyclic and other cyclicals 6 or more
80338	antidepressants not otherwise specified
80339	antiepileptic, not otherwise specified 1-3
80340	antiepileptic, not otherwise specified 4-6
80341	antiepileptic, not otherwise specified 7 or more
80342	antipsychotics, not otherwise specified 1-3
80343	antipsychotics, not otherwise specified 4-6
80344	antipsychotics, not otherwise specified 7 or more
80345	barbiturates
80346	benzodiazepines, 1-12
80347	benzodiazepines, 13 or more
80348	buprenorphine
80349	cannabinoids, natural
80350	cannabinoids, synthetic 1-3
80351	cannabinoids, synthetic 4-6
80352	cannabinoids, synthetic 7 or more
80353	cocaine
80354	fentanyl
80355	gabapentin, non-blood
80356	heroin metabolite
80357	ketamine and norketamine
80358	methadone
80359	MDA, MDEA, MDMA
80360	methylphenidate
80361	opiates, 1 or more
80362	opioids and opiate analogs, 1 or 2
80363	opioids and opiate analogs, 3 or 4
80364	opioids and opiate analogs, 5 or more
80365	oxycodone

80366	pregabalin
80368	sedative hypnotics (non benzodiazepines)
80369	skeletal muscle relaxants 1 or 2
80370	skeletal muscle relaxants 3 or more
80371	stimulants, synthetic
80372	tapentadol
80373	tramadol
80374	stereoisomer (enantiomer) analysis, single drug class
80375	drug, or substance definitive, qualitative or quantitative, not otherwise specified 1-3
80376	drug, or substance definitive, qualitative or quantitative, not otherwise specified 4-6
80377	drug, or substance definitive, qualitative or quantitative, not otherwise specified 7 or more
83992	phencyclidine (PCP)

F. RELATED POLICIES/RULES

CareSource Drug Testing Medical Policy MM-0130

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	10/1/2017	
Date Revised	11/29/2017 2/16/2018 5/1/2019	
Date Effective	8/1/2019	Updated clinical indications, quantity limits, and PA requirements

H. REFERENCES

1. A. Jaffe, S. Molnar, N. Williams, E. Wong, T. Todd, C. Caputo, J. Tolentino and S. Ye. (2016). Review and recommendations for drug testing in substance use treatment contexts. *Journal of Reward Deficiency Syndrome and Addiction Science*. Retrieved on 12/11/20iction Science18 from https://blumsrewarddeficiencysyndrome.com/ets/articles/v1n1/jrdsas-025-adi-jaffe.pdf
2. A. Rzetelny, B. Zeller, N. Miller, K. E. City, K. L. Kirsh and S. D. Passik. (2016) Counselors' clinical use of definitive drug testing results in their work with substance-use patients: A qualitative study. *International Journal of Mental Health and Addiction.* Retrieved on 12/13/2018 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4710647/pdf/11469_2015_Article_9569.pdf
3. American Society of Addiction Medicine (Revised 2010). Public Policy Statement on Drug Testing as a Component of Addiction Treatment and Monitoring Programs and in other Clinical Settings. Retrieved on 12/11/2018 from https://www.asam.org/docs/default-source/public-policy-statements/1drug-testing---clinical-10-10.pdf?sfvrsn=1b11ac97_0#search="urine drug testing
4. Jarvis, M, Williams, J, Hurford, M, Lindsay, D, Lincoln, P, Giles, L, Luongo, P, Safarian, T. (2017) *Journal of Addiction Medicine*. Retrieved on 12/13/2018 from https://journals.lww.com/journaladdictionmedicine/Fulltext/2017/06000/Appropriate_Use_of_Drug_Testing_in_Clinical.1.aspx
5. Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR. Recommendations and Reports* Retrieved on 12/11/2018 from http://dx.doi.org/10.15585/mmwr.rr6501e1
6. eCFR — Code of Federal Regulations. (n.d.). Retrieved on 12/11/2018 from https://www.ecfr.gov/cgi-

bin/retrieveECFR?gp=3&SID=7282616ac574225f795d5849935efc45&ty=HTML&h=L&n=pt42.1.8&r=PART#se42.1.8_12
7. CareSource Evidence of Coverage and Health Insurance Contract. (2019). Retrieved on 4/29/2019 from https://www.caresource.com/in/plans/marketplace/plan-documents/
8. Owen, G, Burton, A, Schade, C, Passik, S. (2012) Urine Drug Testing: Current Recommendations and Best Practices. Pain Physician *Journal*. Retrieved 12/13/2018 from http://www.painphysicianjournal.com/current/pdf?article=MTcxMA%3D%3D&journal=68
9. U.S. Department of Veterans Affairs (2014) Pain Management Opioid Safety VA Educational Guide. Retrieved on 12/11/2018 from https://www.va.gov/PAINMANAGEMENT/docs/OSI_1_Tookit_Provider_AD_Educational_Guide_7_17.pdf
10. Washington State Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain. (2017) Retrieved on 12/11/2018 from https://kbml.ky.gov/prescribing-substance-abuse/Documents/Resources%20SAWashington%20State%20Interagency%20Guideline%20on%20Opioid%20Dosing%20for%20Chronic%20Non-Cancer%20Pain%20Urine%20Drug%20Testing%20Guidance.pdf

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.