REIMBURSEMENT POLICY STATEMENT
KENTUCKY MEDICAID

Policy Name	Policy Number	Date Effective
Drug Testing	PY-0087	7/1/2019
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 Humana – 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 Humana – 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 definitive/quantitative.

C. Definitions

- **Qualitative test** - The testing of a substance or mixture to determine its chemical constituents, also known as presumptive testing.
- **Quantitative test** - A test that determines the amount of a substance per unit volume or unit weight, also known as confirmatory or definitive testing.
- **Early and Periodic Screening, Diagnostic and Treatment** (**EPSDT**) - this benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.
- **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 Humana – CareSource. "Non-participating," means out-of-network, not contracted with Humana – CareSource.
- **Residential services** for substance use – Kentucky regulation defines residential as a 24 hour per day unit that is a live-in facility offering planned structure care to treat members with addition or co-occurring mental health and substance use disorders.

Clinical guidelines, definitions, standards, and scenarios for drug testing are outlined in detail within the Humana – CareSource Drug Testing Medical Policy, MM-0064. Please refer to this policy for in-depth information on medical necessity for drug testing, documentation requirements, and Humana – 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. Humana – CareSource requires that the ordering provider's name appear in the appropriate lines of the claims forms.

II. Prior Authorization (PA)
   A. Humana – CareSource will consider all prior authorization requests when they are medically necessary to the member's treatment and care, or if they fall within the standards of care under EPDST guidelines.
      1. **PA is required for UDT for members 7 years and older when a definitive/quantitative test G0482 (15-21 drug classes) or G0483 (22 plus drug classes) is ordered. These drug tests are rarely indicated for routine urine drug testing.**
      2. PA is required for any non-participating provider with Humana – CareSource for non-emergency room setting.
      3. PA is required for any non-participating lab/facility with Humana – CareSource for non-emergency room setting.
      4. PA is not required in an emergency room setting. UDT utilization will be monitored by Humana – CareSource.
      5. PA is not required for members age 6 and younger.
   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 ordering physician must obtain the prior authorization.

III. Quantity Limitations
   A. **Humana – CareSource will reimburse up to 25 UDT in a calendar year for each member.**
      1. Each CPT code is counted as one test toward the 25 total drug tests in a calendar year.
      2. UDT G0482 and G0483 (requiring a PA as noted above) will also count toward the 25 total UDT in a calendar year.
   B. There are no quantity limits for members age 6 and younger.

IV. Laboratory
   A. **Only Humana – CareSource identified laboratories can bill for definitive/quantitative UDT.**
   B. Participating laboratories performing drug testing services must bill Humana – CareSource directly. **Humana – 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 Humana – CareSource.

V. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is billable for comprehensive and preventive health care service for children under age 21.

VI. Non-Urine Testing
   A. Humana – 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

VII. Urine Testing
   A. If the provider suspects that the urine is adulterated, the provider may choose to evaluate specimen validity using validity tests. Specimen validity testing is considered to be a quality control issue and is included in the CPT code payment. Additional codes for specimen validity testing should not be separately billed to Humana – CareSource. Specimen validity tests such as creatinine, specific gravity, or nitrates are not billable to and will not be reimbursed by Humana – CareSource when submitted simultaneously with a drug testing CPT code.
   B. Failure to document customized tests with medical necessity information for each individual member and for each of the drug tests ordered will result in the denial of the claim for reimbursement, audit, and/or overpayment requests, and any other program means for enforcing this policy.
   C. Drug testing should be focused on the detection of specific drugs and not routinely include a panel of all drugs of abuse.
   D. Orders for “custom profiles,” “standing orders,” “drug screen panel”, “custom panel”, “blanket orders,” “reflex testing” or to “conduct additional testing as needed,” are NOT billable to and will not be reimbursed by Humana – CareSource
   E. Testing on a routine basis is neither random nor individualized. Routine or reflex testing is NOT billable to and will not be reimbursed by Humana – CareSource. A random basis is defined as a basis which the patient cannot predict ahead of time. For example, testing performed at every clinical visit is not random.
   F. Humana – CareSource does not provide coverage for drug testing as a requirement to stay in a residential facility or sober center.

VIII. Definitive/Quantitative and Duplicative Testing
   A. Routine multi-drug definitive/quantitative testing is not billable and will not be reimbursed by Humana – CareSource.
   B. Definitive/quantitative testing must be individualized for the member and

medically necessary. **Routine definitive/quantitative drug tests with negative presumptive/qualitative results are not covered by Humana – CareSource.**

C. Definitive/quantitative 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/qualitative testing was negative for prescription medications **AND** provider was expecting the test to be positive for prescribed medication **OR**
      b. Presumptive/qualitative testing was positive for prescription drug with abuse potential that was not prescribed by provider **AND** the member disputes the presumptive/qualitative testing results **OR**
      c. Presumptive/qualitative testing was positive for illegal drug **AND** the member disputes the presumptive/qualitative testing results **OR**
      d. A substance or metabolite is needed to be identified that cannot be identified by presumptive/qualitative testing

D. Routine nonspecific or wholesale orders for presumptive/qualitative drug testing or for definitive/quantitative drugs of abuse testing are not billable.

IX. Other Non-Billable Drug Testing

A. Standing orders set up between a provider and laboratory which are prewritten and/or result in the same drugs and drug classes to be tested on a routine, repeat basis, are not billable to and will not be reimbursed by Humana – CareSource.

B. Drug testing is not billable and will not be reimbursed by Humana – CareSource if required by a third party such as:
   1. Medico-legal purposes (e.g., court-ordered drug test) or
   2. For employment purposes (e.g., as a pre-requisite for employment or as a requirement for continuation of employment).
   3. As a condition of:
      a. Participation in school or community athletic activities or programs
      b. Participation in school or community extra circular activities or programs
   4. As a component of a routine physical/medical examination e.g. enrollment in school, enrollment in the military, etc., EXCEPT for once yearly screening in EPSDT programs.
   5. As a component of medical examination for any other administrative purposes not listed above (e.g., for purposes of marriage licensure, insurance eligibility, etc.).
   6. As a program requirement to live in residential facility or sober center.

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 Kentucky Medicaid approved HCPCS and CPT codes along with appropriate modifiers and ICD-10 codes. Please refer to the Kentucky Medicaid 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

F. RELATED POLICIES/RULES

Humana – CareSource Drug Testing Medical Policy (MM-0064)

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	01/01/2014	New Policy.
Date Revised	10/01/2017	
	11/2018	Updated limits, prior authorization requirements, and covered/defunct codes.
	1/2019	Updated limits, prior authorization requirements, codes, and items not configurable
	4/1/2019	Updated quantity limits and PA requirements and identified laboratories
Date Effective	7/1/2019	

H. REFERENCES

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