



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Drug Testing

Policy Number: PG0069
Last Review: 12/22/2020

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional

Facility

DESCRIPTION

Drug testing encompasses a variety of tests that can be very useful in patient care. Clinical drug testing is used in pain management and in substance abuse screening and treatment programs. The testing may be used to detect prescribed, therapeutic drugs, prescription drugs of abuse, illicit drugs, and/or other substances such as nicotine. For example, drug testing can be used to document adherence to the agreed-upon treatment plan, to aid in the diagnosis of drug addiction or diversion, or for patient advocacy. Urine drug screening or toxicological screening is a process of chemical analysis designed to determine the presence of prescription medications and illegal substances of concern for treatment purposes. Urinalysis 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. Is the patient taking the prescribed medications? Is the patient taking prescription medication(s) not being prescribed? Is the patient taking illicit drugs?

Testing may be presumptive or definitive. Presumptive drug testing, also referred to as screening, involves qualitative analysis of a sample to determine whether a specific drug, drug metabolite or substance is detectable above a threshold concentration. Definitive or confirmatory testing involves analysis of a sample to determine how much (the quantity) of a drug or metabolite is present.

POLICY

Drug testing by hair analysis (P2031) is non-covered.

Urine specimen testing to ensure that it is consistent with normal human urine and has not been adulterated or substituted is not separately reimbursable.

No Prior Authorization for Par-Provider Drug Testing, EXCEPT when over the determined limits listed below

As of 01/01/2018:

HMO, PPO, Individual Marketplace, & Elite/ProMedica Medicare Plan:

Presumptive Drug Class Screening

- 80305 allows only one unit per date of service
- 80306 allows only one unit per date of service
- 80307 allows only one unit per date of service
- Allow 30 dates of service per year (30 total tests per year)

Definitive Drug Testing

- G0480 allows only one unit per date of service
- G0481 allows only one unit per date of service

- G0482 allows only one unit per date of service
- G0483 allows only one unit per date of service
- G0659 allows only one unit per date of service
- Allow 60 total tests per year:
 - Allow 12 dates of service per year
 - Allow 5 tests within the code set listed per date of service

Advantage

Presumptive Drug Class Screening

- 80305 allows only one unit per date of service
- 80306 allows only one unit per date of service
- 80307 allows only one unit per date of service
- Allow 30 dates of service per year (30 total tests per year)

Definitive Drug Testing

- **Prior to 01/01/2021**
 - 80320-80377, 83992 allows only one unit of each per date of service
 - Allow 60 total tests per year:
 - Allow 12 dates of service per year
- **Effective 01/01/2021**
ODM has adopted the HCPCS codes maintained by the Centers for Medicare and Medicaid Services (CMS) for the reporting of definitive urine drug tests and will no longer recognize the definitive drug test CPT codes established by the American Medical Association (AMA).
 - **G0480 allows only one unit per date of service**
 - **G0481 allows only one unit per date of service**
 - **G0482 allows only one unit per date of service**
 - **G0483 allows only one unit per date of service**
 - **Allow 12 dates of service per year**

Advantage

Per the Ohio Department of Medicaid (ODM): pursuant to Ohio Administrative Code 5122-40-11, during the COVID emergency, procedure code H0048 shall also include drug screens conducted through cheek swabs effective for dates of service on or after April 10, 2020.

COVERAGE CRITERIA

Drug testing is indicated for medically necessary purposes and originates from physicians who are actively treating the member. A signed and dated physician order for clinical drug screening and/or testing is a key element of documentation required to support for the billing of diagnostic services.

- The physician order must specifically match the number, level, and complexity of the testing panel components performed.
- Paramount does not consider orders for “custom profile” or “conduct additional testing as needed” to be a sufficiently detailed order which can be used to verify the specific tests the ordering physician intended to be performed.

Drug testing by hair analysis (P2031) is non-covered because it is experimental, investigational or unproven.

Urine specimen testing to ensure that it is consistent with normal human urine and has not been adulterated or substituted is not separately reimbursable. The following procedure codes, which represent specimen validity/adulteration testing, will not be separately reimbursed (this list may not be all-inclusive):

81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these
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	constituents; non-automated, with microscopy
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81099	Unlisted urinalysis procedure
82570	Creatinine; other source
83986	pH; body fluid, not otherwise specified

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

HMO, PPO and Elite/ProMedica Medicare Plan: product lines follow the same medical guidelines. The following payment restriction will be implemented to ensure reimbursement is only for those services medically necessary, warranted, and prevents improper indications and ‘unbundling’ of services. This will align Paramount with the national standards governing appropriate clinical use of drug screening services:

1. The diagnosis, history and physical examination and/or behavior of the individual being tested supports the need for the specific drug testing being requested.
2. The results of testing will influence treatment planning.
3. If the urine drug screen (rapid diagnostic testing, dipstick testing, multiple drug cup devices, and simple drug screening kits) is consistent with the prescribed medications and there are no aberrant drug behaviors, a denial of a complete reference lab testing is reasonable.
4. If the urine drug screen reveals the presence of illicit drug, then confirmatory testing specifically for this drug only is appropriate. Repeat testing and screening for multiple drug classes is not medically indicated.
5. Confirmation of drug testing is indicated when the result of the drug test is different from that suggested by the patient’s medical history, clinical presentation or patient’s own statement and there is a positive inconsistent finding from the previously performed qualitative test.
6. Confirmatory tests should be specifically ordered only by physicians based on medical necessity and should not be part of a predesignated laboratory of tests. The request for the laboratory service must be written and include the name of the specific laboratory tests to be performed.
7. A full panel screen should only be considered when the patients observed behavior suggests the use of drug(s) not identified on the initial screening. Medical documentation must support the behavioral observation and medical justification for conducting a full panel screening.
8. Frequency of testing should be at the lowest level to detect presence of drugs being screened.

- A. **HMO, PPO, Individual Marketplace, & Elite/ProMedica Medicare Plan:** should bill CPT codes 80305-80307 and HCPCS codes G0480-G0483, G0659. Claims reporting codes 80320-80377, 83992 will receive a denial stating to rebill with approved procedure codes.
- B. **Advantage** follows Ohio Medicaid Appendix DD coverage determination. **Prior to 01/01/2021:** Advantage should bill CPT codes 80305-80377, 83992. Claims reporting codes G0478-G0483, G0659 will receive a denial stating to rebill with approved procedure codes. **Effective 01/01/2021: Advantage should bill CPT codes G0478-G0483. Claims reporting codes 80321-80377, 83992 will receive a denial indicating non-covered ODM codes. The claim should be rebilled with approved procedure codes.**
- C. **No Prior Authorization for Par-Provider Drug Testing, Except when over the determined limits:**

HMO, PPO, Individual Marketplace, & Elite/ProMedica Medicare Plan: **Presumptive Drug Class Screening**

- **80305 allows only one unit per date of service**
- **80306 allows only one unit per date of service**
- **80307 allows only one unit per date of service**

- Allow 30 dates of service per year (30 total tests per year)

Definitive Drug Testing

- G0480 allows only one unit per date of service
- G0481 allows only one unit per date of service
- G0482 allows only one unit per date of service
- G0483 allows only one unit per date of service
 - G0659 allows only one unit per date of service
 - Allow 60 total tests per year:
 - Allow 12 dates of service per year
 - Allow 5 tests within the code set listed per date of service

Advantage

Presumptive Drug Class Screening

- 80305 allows only one unit per date of service
- 80306 allows only one unit per date of service
- 80307 allows only one unit per date of service
- Allow 30 dates of service per year (30 total tests per year)

Definitive Drug Testing

Prior to 01/01/2021

- 80320-80377, 83992
 - Allow 60 total tests per year:
 - Allow 12 dates of service per year

Effective 01/01/2021

ODM has adopted the HCPCS codes maintained by the Centers for Medicare and Medicaid Services (CMS) for the reporting of definitive urine drug tests and will no longer recognize the definitive drug test CPT codes established by the American Medical Association (AMA).

- G0480 allows only one unit per date of service
- G0481 allows only one unit per date of service
- G0482 allows only one unit per date of service
- G0483 allows only one unit per date of service
 - Allow 12 dates of service per year

9. Physicians should only bill for services that they perform themselves. The laboratory performing the tests should submit the claims, not the physician's office ordering the tests. Paramount does not reimburse for drug testing when billed by an entity that did not perform the service.

10. Outpatient Opiate Treatment Programs medical guidelines:

The following service limitations apply to urine drug screenings except when performed as a part of an emergency room visit or an observation or inpatient admission.

HMO, PPO, Individual Marketplace, & Elite/ProMedica Medicare Plan:

Effective: 1/1/2018:

- The total number of encounters for drug screening shall not exceed more than 30 dates of service for presumptive urinary drug testing and 12 dates of service for definitive drug testing per calendar year. Additional screening will require a prior authorization. Definitive drug testing is subject to 5 per day limit.
- One screening will be covered for the entrance into the program, the Induction Phase. Weekly screenings will be covered for a maximum of four weeks during a substance abuse Stabilization Phase of the treatment program. Following the four-week period, two random or targeted urine screenings will be covered per month during the Maintenance Phase of treatment.

Advantage

Effective 1/1/2018:

As of January 1, 2021, the same guidelines will be incorporated into the Medicaid clinical laboratory rules set forth in Chapter 5160-11 of the Ohio Administrative Code.

Treatment Phase	Presumptive Urine Drug Screen	Definitive Urine Drug Test
0-30 days (initial)	6	4
31-90 days (intermediate)	9	2
First 90 days of treatment	15	6
91-180 days (prolonged)	8	3
181-360 days (prolonged)	7	3
>90 days to 360 days	15	6
First full year of treatment	30	12

Effective 7/1/2019 Definitive Drug Testing will no longer be limited to 5 per day.

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan & Advantage:

- Confirmatory testing will be covered only to verify and further analyze positive results of UDT screening and/or buprenorphine levels.
- Urine drug screening after the identification of the member’s drugs or use/abuse profile must be limited to the specific drugs present on the initial profile.
- In all cases, definitive drug testing should be performed only for drugs or drug classes that are likely to be present, as indicated by (1) the patient’s medical history, (2) the patient’s current clinical presentation, and (3) current patterns of use and abuse in the general population. It’s neither medically necessary nor reasonable to test routinely for substances (licit or illicit) not meeting these criteria.

Any other drug testing to determine drug misuse, including but not limited to the following indications is considered not medically necessary:

- Routine tests for confirmation of specimen integrity (e.g, urinalysis, creatinine concentrations, presence of oxidizing agents, pH, temperature).
- Testing ordered by or on behalf of third parties (e.g., school, courts, employers).

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or 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; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or 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
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 steroids; 3 or more
80329	Analgesics, non-opioid; 1 or 2
80330	Analgesics, non-opioid; 3-5
80331	Analgesics, non-opioid; 6 or more
08332	Antidepressants, serotonergic class, 1 or 2
80333	Antidepressants, serotonergic class; 3-5
80334	Antidepressants, serotonergic class; 6 or more
80335	Antidepressants, tricyclic and other cyclical; 1 or 2
80336	Antidepressants, tricyclic and other cyclical; 3-5
80337	Antidepressants, tricyclic and other cyclical; 6 or more
80338	Antidepressants, not otherwise classified
80339	Antiepileptics, not otherwise specified; 1-3
80340	Antiepileptics, not otherwise specified; 4-6
80341	Antiepileptics, 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	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80360	Methyphenidate
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
80367	Propoxyphene
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(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more
83992	Phencyclidine (PCP)

HCPCS CODES	
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, 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, 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, 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, includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed.
G0659	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

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 01/01/2011

09/10/13: Policy created by Medical Policy Steering Committee.

01/13/15: Added new 2015 Drug Assay CPT codes, Presumptive Drug Class Screening 80300-80304 and Definitive Drug Testing and HCPCS codes G6030-G6058, effective 1/1/15. Deleted 1/1/15 CPT codes 80100-80104 removed.

06/24/15: Determined prior authorization is now required for more than two units of 80302; and more than five units of 80304 for Advantage per date of service and/or more than 20 days per calendar year per member. Prior authorization is required for definitive drug testing (80320-80347, 80349-80374, 83992) for Advantage and (G6030-G6058) for HMO, PPO, Individual Marketplace, & Elite.

08/20/15: Added verbiage to policy, "Procedures G0431 and G0434 are not billable codes in the outpatient setting and they will deny appropriately when billed by a facility."

01/12/16: HCPCS codes G0431, G0434, and G6030-G6058 deleted effective 01/01/16. Added effective 01/01/16 new HCPCS codes G0477-G0483. Policy reviewed and updated by Medical Policy Steering Committee.

05/27/16: Changed title from Urine Drug Testing to Drug Testing. Coverage determination revised, no prior authorization for par-provider drug testing required except when over the determined limits. Added verbiage regarding adulteration.

07/22/16: Code G0477 is covered effective 01/01/16 for Advantage per ODM guidelines.

12/13/16: CPT codes 80300-80304 deleted effective 01/01/17. Added effective 01/01/17 new CPT codes 80305-80307 with coverage for Advantage only (allow only one unit per date of service & maximum allowed of 20 days per calendar year for codes 80305-80307). Policy reviewed and updated per Medical Policy Steering Committee.

03/31/17: Codes G0431, G0434, and G6030-G6058 were deleted 12/31/15 as noted above on 01/12/16. Corrected policy for these codes were still listed as active with current date.

05/04/17: Effective 01/01/17 codes G0477, G0478 and G0479 are no longer accepted for HMO, PPO, Individual Marketplace, & Elite per CMS guidelines. Codes 80305, 80306 and 80307 have replaced them.

12/12/17: Effective 01/01/18 revised codes 80305-80307. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

02/13/18: Added Definitive HCPCS code G0659 with only one unit per date of service limit for HMO, PPO, Individual Marketplace, & Elite and non-covered for Advantage. Drug testing by hair analysis (P2031) is non-covered. Removed HCPCS codes deleted effective 01/01/16. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

04/10/18: Urine specimen testing to ensure that it is consistent with normal human urine and has not been adulterated or substituted is not separately reimbursable. Added codes 81000, 81001, 81002, 81003, 81005, 81099, 82570, 83986 as not separately reimbursable. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

11/13/18: Removed: All codes have a maximum allowed of 20 days per calendar year; 80305, 80306, 80307, 80320-80377, 83992, G0477, G0480, G0481, G0482, G0483, G0659. Added: Allow 30 dates of service per year (30 total tests per year) for Presumptive Drug Class Screening. Added: Allow 60 total tests per year for Definitive Drug Testing (12 dates of service per year & 5 tests within the code set listed per date of service). Removed codes G0478 and G0479. Removed effective 01/01/17 deleted codes 80300-80304. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

08/15/19: Removed deleted code G0477 from policy. Updated Medical Policy Advantage Product line limits to following ODM mandates. **Advantage:** Dates of Service prior to 1/1/2018 will be subject to combined limit of 20 per year with definitive drug testing also limited to 5 per day. Dates of Service on or after 1/1/2018 will be subject to 30 per year for presumptive urinary drug testing and 12 per year for definitive drug testing. Definitive drug testing for dates of service prior to 7/1/2019 will still be limited to 5 per day. Definitive drug testing for dates of service on or after 7/1/2019 will not be limited to 5 per day. **HMO, PPO, Individual Marketplace, & Elite:** New limits of 30 per year for presumptive urinary drug testing and 12 per year for definitive drug testing. Definitive drug testing will be continued to 5 per day limit.

01/01/2020: Policy reviewed to assure the most up-to-date CMS and ODM guidelines/requirements are being followed/directed. No changes, only formatting clean-up.

05/23/2020: **Per the Ohio Department of Medicaid (ODM): pursuant to Ohio Administrative Code 5122-40-11, during the COVID emergency, procedure code H0048 shall also include drug screens conducted through cheek swabs effective for dates of service on or after April 10, 2020.**

12/12/2020: Medical Policy updated to the new Paramount Medical Policy format. Advantage Definitive Drug testing coverage change: ODM has adopted the HCPCS codes maintained by the Centers for Medicare and Medicaid Services (CMS) for the reporting of definitive urine drug tests and will no longer recognize the definitive drug test CPT codes established by the American Medical Association (AMA).

12/22/2020: Policy updated to indicate professional and facility relates to this policy, specifically the new ODM covered drug testing codes G0480-G0483 applies to both professional and facility billings.

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Industry Standard Review