

<b>Policy</b>	<b>REIMB-002</b>
<b>Effective Date</b>	<b>09/01/2024</b>
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Originated Department	Medical Management

## Urine Drug Screen Testing in the Outpatient Setting

<b>Audience</b>
Medical Management, Claims

<b>Purpose</b>
<p>Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

<b>Definition</b>
N/A

<b>Policy/Procedure</b>
<p>Urine drug testing is functional for monitoring patient treatment compliance with prescribed medications that have addictive properties (e.g., opioid pain medications, sedatives, and attention-deficit/hyperactivity disorder medication). Test results determine whether patients have recently taken their prescribed medication and if non-prescribed or illicit drugs have been used. Patients who are at risk are evaluated clinically before treatment and are monitored while they are receiving treatment.</p>

There are two types of urine drug tests: presumptive and definitive. A presumptive drug test indicates the possible presence of drugs or drug metabolites, whereas a definitive drug test explicitly identifies the presence of individual drugs and their metabolites. Definitive drug tests are qualitative or quantitative tests that identify specific drugs, specific drug concentrations, and associated metabolites.

## Criteria

### **Mountain Health Co-Op covers the following urine drug testing in the outpatient setting:**

- Presumptive Drug Testing – 80305, 80306
- Definitive Drug Testing – G0480, G0481, G0482, G0483, G0659

**Mountain Health Co-Op limits coverage of urine drug testing to one (1) presumptive and one (1) definitive test per day per member as medically necessary.** Testing for drugs of abuse should not be performed more frequently than the standard of care for a particular clinical indication. The testing frequency must be medically necessary and well documented in the member's medical record.

### **Medically necessary frequency is defined as follows:**

- A single presumptive and/or definitive drug test is appropriate for any acute medical presentation.
- Chronic Opioid Therapy (COT) - Providers must document the testing frequency and rationale for testing (including a validated risk assessment) for members receiving COT. A member's risk for abuse determines the testing frequencies below:
  - Members with low risk for abuse may be tested up to two times per year.
  - Members with moderate risk for abuse may be tested up to two times every six months.
  - Members with a high risk for abuse may be tested up to three times every three months.

**A maximum of 15 presumptive and 15 definitive codes will be reimbursed on a rolling 12-month calendar.**

Exceptions to the medically necessary frequency as outlined above will be considered on appeal on a case-by-case basis if the following information is provided:

- A signed and dated member-specific order for each ordered drug test that provides sufficient information to substantiate each testing panel component performed

("standing orders," "custom profiles," or "orders to conduct additional testing as needed" are insufficiently detailed and cannot be used to verify medical necessity)

- A copy of the test results
- Rationale for ordering a definitive drug test for each drug class-tested
- If a direct-to-definitive drug test is ordered, documentation supporting the inadequacy of presumptive drug testing

**Mountain Health Co-Op does NOT cover urine drug testing for any indication using immunoassay methodology, 80307, as current evidence demonstrates this testing lacks adequate sensitivity and**

specificity for its intended purpose. Alternative testing methods are available. **Immunoassay drug testing is considered not medically necessary.**

**Mountain Health Co-Op does NOT cover pass-through billing of urine drug testing.** Medically necessary definitive testing must be performed by and billed by a laboratory participating in our health plan.

**Mountain health Co-Op considers PrecisView CNS / SyncViewPain / SyncViewPainPlus experimental, investigational, or unproven** for therapeutic drug monitoring of pain medications and other drugs including psychotropics, neurologic agents, opioids, and benzodiazepine medications because there is a lack of evidence regarding the clinical values of these drug-monitoring programs/products.

Specimen verification (e.g., the use of the ToxLok Test, and the ToxProtect Test) is considered part of a laboratory's quality assurance process and is not separately reimbursed

Testing ordered by or on the behalf of third parties (e.g., courts, school, employment, sports and recreation, community extracurricular activities, residential monitoring, marriage licensure, insurance eligibility) are considered not medically necessary treatment of disease;

Serum drug testing is considered medically necessary in emergency room settings or when urine testing is not feasible (e.g., persons in renal failure)

**Mountain Health Co-Op does NOT allow modifiers 59, XE, XP, XS, XU, and 91** with procedure codes 80305-80307, 0007U, G0480, G0481, and G0659. These modifiers will not bypass the edit.

**Mountain Health Co-Op considers the following noncovered and investigational:** 0007U, 0051U, 0079U, 0082U, 0093U, 0143U-0510U, 0227U, 0328U, 0517U-0519U

### **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 (eg, utilizing immunoassay [eg, 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 (eg, utilizing immunoassay [eg, 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 (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

- 0007U** Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
- 0011U** Prescription drug monitoring, evaluation of drugs present by LC-hyphenMS/MS, using oral fluid, reported as a comparison to an estimated steady-hyphenstate range, per date of service including all drug compounds and metabolites
- 0051U** Prescription drug monitoring, evaluation of drugs present by LC-hyphenMS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service
- 0054U** Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-hyphenstate range for the prescribed dose when detected, per date of service
- 0079U** Comparative DNA analysis using multiple selected single-hyphennucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification
- 0082U** Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service
- 0093U** Prescription drug monitoring, evaluation of 65 common drugs by LC-hyphenMS/MS, urine, each drug reported detected or not detected
- 0143U-0510U** Drug assay, definitive, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-hyphenMS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
- 0227U** Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-hyphenMS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation
- 0328U** Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-hyphenMS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-hyphenadverse event, per date of service

- 0517U** Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-hyphenMS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-hyphenprescribed medications
- 0518U** Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-hyphenMS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-hyphenprescribed medications
- 0519U** Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LC-hyphen MS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-hyphenprescribed, and illicit medications in circulation

**HCPCS Codes**

- G0480** 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(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 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 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 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

**G2074** Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-hyphenenrolled opioid treatment program)

*Mountain Health Co-Op takes guidance from the Centers for Medicare & Medicaid Services (CMS). Because of the HCPCS drug testing codes, Mountain Health Co-Op will not reimburse for CPT presumptive and definitive drug testing codes as they are always considered bundled and, therefore, not eligible for reimbursement.*

## References

1. AMA American Medical Association CPT Professional 2024
2. AMA American Medical Association HCPCS Level II 2024
3. Centers for Medicare and Medicaid Services. CMS.gov. Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35006>
4. Drug testing: A White paper of the American Society of Addiction Medicine (ASAM) October 26, 2013

5. Aetna Clinical Policy Bulletin, Drug Testing in Pain Management and Substance Use Disorder Treatment, December 2024

**Vendors**

- Health Plan Services (HPS)

**Review/Revision/Approval History**

Date	Description
07/01/2024	New Policy
04/02/2024	CPT/HCPCS update

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