Minuteman Health

Payment Policy

Urine Drug Testing

Purpose

The purpose of this payment policy is to define how Minuteman Health (MHI) reimburses for medically necessary urine drug testing to detect drugs/drug metabolites as part of medical treatment for Substance Abuse Disorder treatment including pain management.

Applicable Plans

- ☒ MHI MA Plans
- ☒ MHI NH Plans

Definitions

CLIA-waived Immunoassay Testing: laboratory test performed by a provider certified under the Clinical Laboratory Improvement Amendments (CLIA) program regulated by The Centers for Medicare and Medicaid Services (CMS)

Definitive Urine Drug Testing: drug class screening includes qualitative (drug is present or absent), semi-quantitative, or quantitative (measured) tests to identify possible use or non-use of a specific drug and does not require the use of a presumptive drug test beforehand; typically therapeutic drug assay procedures are quantitative tests

Presumptive Urine Drug Testing: drug class screening used to identify possible use or non-use of a drug or drug class (presumptive drug screening may or may not be followed by definitive drug class screening)

Qualitative: determines the presence or absence of drug or drug metabolites in the sample (the test result is expressed in non-numeric terms)

Quantitative: determines the specific quantity of drug or drug metabolites present in the sample (the test result is expressed in numerical terms)

Urine Drug Testing: services include clinical studies and testing of urine obtained from the patient to detect and monitor drugs/drug metabolites as part of medical treatment for Substance Abuse Disorder treatment including medical pain management

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Description

MHI recognizes drug testing as an important part of a comprehensive approach to addiction treatment. Drug testing plays a role in diagnostic evaluation, treatment and long term monitoring of members with a substance use disorder. Presumptive drug testing may be done on oral fluids, urine, hair, nails, blood, sweat and breath. Urine drug testing is commonly used in clinical settings. Drug testing may be done to look for the presence of a prescribed drug such as buprenorphine, to assist in monitoring for adherence to clinical plan, and to look for the possibility of drug diversion. Drug testing is also done to look for the presence of illicit drugs or other commonly misused substances.

Point of care, CLIA-waived immunoassay testing, or laboratory based immunoassay testing, is often done to assist in same day treatment decisions. Such testing will sometimes be followed by, or replaced by, laboratory-based definitive drug testing (e.g. GC/MS, LC/MS). This testing may be used to further investigate an unexpected and unexplained point of care test result, to look for possible false positive and false negative results with point of care or other immunoassay tests, and to test for substances (including drug metabolites) not included in the point of care or other immunoassay tests.

Requirements

CLIA-Waived Immunoassay Testing

MHI will not place a limit on point of care, CLIA-waived immunoassay testing. However, we may periodically review visit and testing frequency. MHI will also not place a limit on laboratory-based immunoassay testing. Modifier QW should be appended to codes billed for CLIA-waived tests.

Definitive Testing

The extent and frequency of definitive testing should be based on clinical needs. The member's substance use history, laboratory test results history, type of treatment and phase of treatment are all factors to be considered. Testing should be random rather than scheduled.

Use of Non-Contracting Labs

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by you as the treating provider or other unreasonable financial exposure. In such circumstances, MHI may hold you accountable for any fraudulent business practices conducted by the non-participating lab that you selected to render services.

Coverage Guidelines for Medical Necessity

Documentation Requirements

- All documentation must be maintained in the Member's medical records and available to MHI upon request.
- The medical record must include the identity of the physician or non-physician practitioner responsible for and providing the care of the Member.

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- The medical record should support the use of the selected ICD-10-CM code(s). Documentation maintained by the ordering/treating physician must indicate the medical necessity for performing a qualitative drug test.
- All tests must be ordered in writing by the treating provider and all drugs/drug classes to be tested must be indicated in the order. Orders which include statements such as "conduct additional testing as needed or custom profile" will not be accepted by MHI.
- If the provider of the service is other than the ordering/referring physician, that provider must maintain printed copy documentation of the lab results, along with printed copies of the ordering/referring physician's order for the qualitative drug test. The physician must include the clinical indication/medical necessity in the order for the qualitative drug test.
- Drug confirmation by a second method is indicated when either one of the following has occurred:
  1. The result of the screen is positive.
  2. The result is negative and the negative finding is inconsistent with the patient's medical history.
  3. To periodically look for false positives and negatives in the first method.
  4. To obtain a wider panel of drugs tested than was available in the point of care test.
- The health record documents clinical data on diagnoses, treatments, and outcomes. Auditors may have to review a number of documents to include but not limited to proof of CLIA certification and appropriateness of charges billed.

Compensation/Reimbursement Information

Effective January 1, 2016, MHI will follow the CMS coding guidelines for reporting drug testing procedures, as outlined in the CMS Calendar Year (CY) 2016 Clinical Laboratory Fee Schedule (CLFS) Final Determination document posted on the CMS website. MHI will accept the new "G" codes for presumptive and definitive drug testing beginning with dates of service on or after January 1, 2016.

- Submit drug testing services to MHI for all lines of business using CMS codes G0477 – G0483 as appropriate.
  1. Only one of the three presumptive codes (G0477, G0478, G0479) may be billed per day. Select the most appropriate code for the method of testing performed.
  2. Only one of the four definitive codes (G0480, G0481, G0482 G0483) may be billed per day. Select the most appropriate code for the testing performed.
     - For definitive testing, the documented factor used to determine the appropriate definitive G code to bill is "drug class."
     - The available drug classes are specified by CMS.
     - The AMA CPT Manual may be consulted for examples of individual drugs within each drug class.
- Drug confirmation tests are no longer eligible to be separately reported under any procedure code, unlisted codes or otherwise. See below for additional details.
- Specimen validity testing is not eligible to be separately billed under any procedure codes (e.g. 81000, 81001, 81002, 81003, 81005, 81099, 82570, 83986, or any other code) because the code description for codes G0477 – G0483 indicate that this testing is included if it was performed.
- Services submitted to MHI with CPT codes 80150, 80162, 80163, 80165, 80171, 80299, and 80300 – 80377 will be denied to provider liability as bundled to the CMS codes.
- Confirmation testing is considered included in the CMS presumptive or definitive drug testing procedure codes (G0477 – G0483), and is not eligible for separate reimbursement under any procedure code, including an unlisted procedure code.

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	Presumptive Drug Testing	
	G0477	Drug tests, presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.
	G0478	Drug tests, presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges, includes sample validation when performed, per date of service.
	G0479	Drug tests, presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service.
	Definitive Drug Testing	
	G0480	Drug test, 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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, 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, 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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, 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, 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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, 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, 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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed.

<u>Exclusions for All Lines of Business</u>

Urine Drug Testing for non-medical purposes including, but not limited to, the following are non-covered indications:

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1. As a condition for:
    - Employment or pre-employment
    - Participation in school or community athletic activities or programs
    - Participation in school or community extra circular activities or programs
    - Enrollment in school
    - Enrollment in the military
2. Court ordered drug testing
3. Forensic/criminal situations
4. Required drug testing and compliance in the work place
5. Required drug testing and compliance in the school
6. Administrative, or social service agency investigations, proceedings, or monitoring activities
7. Testing that is indiscriminately carried out without a clear treatment role and decision making response to either a positive or negative result
8. Testing for parents involved in divorce/child custody cases
9. Assessment for substances not established on the initial targeted screening; and UDT performed for residential monitoring purposes

Authorization Requirements

None

Attachments

None

Important Note About This Reimbursement Policy

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT®[1]), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative

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mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee's benefit coverage documents.
MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

Resources

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- MHI provider Manual
- Center for Medicare and Medicaid Services, Local Coverage Determinations (LCD): Qualitative Drug Screening (L32631), http://www.cms.gov/medicare-coverage-database.
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9465.pdf
- Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs, TIP 43, www.samhsa.gov .

History

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