Medical Policy

Drug Testing

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Last Reviewed Date: 02/01/2025
Revised Date: 02/01/2025

PARAMOUNT

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

X Professional
X Facility-Out-patient Setting. Not to include an emergency room visit or an observation or inpatient admission.

DESCRIPTION:

Individuals in pain management and substance abuse treatment programs may misuse prescribed opioids and/or may use non-prescribed drugs. Therefore, individuals in these settings are often assessed before treatment and monitored while they are receiving treatment.

Testing can be qualitative (eg, positive/negative or present/absent), semi-qualitative, or quantitative (measured) depending on the purpose of the testing. The testing may be used to detect prescribed, therapeutic drugs, prescription drugs of abuse, illicit drugs, and/or other substances such as nicotine. Clinical drug testing is used in pain management and in substance abuse screening and treatment programs. 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. The material for drug testing may be any specimen type, e.g., urine, blood, oral fluid, meconium, hair. 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. Urine drug screening (UDT) 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. 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/Qualitative Drug Testing - Covered when medically necessary to immediately determine the presence or absence of drugs or drug classes in a specimen sample; results expressed as negative or positive or as a numerical result; includes competitive immunoassays (IA) and thin layer chromatography. Presumptive UDT may be ordered by the clinician caring for a beneficiary when it is necessary to rapidly obtain and/or integrate results into clinical assessment and treatment decisions. Presumptive UDT is considered reasonable and necessary when the clinical information supplied supports the presumptive testing as in, not an all-inclusive listing:
    - Prior to initiating chronic opioid pain therapy in chronic non-cancer pain to determine if the individual has been exposed to controlled substances or potentially confounding illicit drugs;
    - Identify an individual's compliance with treatment or identify undisclosed drug abuse as part of routine monitoring for individuals who are receiving treatment for non-cancer chronic pain with

prescription opioid pain medication;
    - In pregnant individuals at high-risk for substance abuse in whom the suspicion of drug use exists as a result of the answers to substance abuse screening questions or indicated by information from the prescription drug monitoring program (PDMP), as documented in the medical record.
    - In newborns when there is a history of maternal substance abuse or agitated/altered mental status in the birthing parent;
    - In cancer patients on opioid pain medication;
    - In individuals with epilepsy;
    - In individuals with a suspicion of or a diagnosis of mental illness, (e.g., anxiety disorders, schizophrenia, major depressive disorder, mood disorders, suicidal ideations, substance abuse disorders).
- Definitive/Quantitative/Confirmation - Covered when clinically indicated and medically reasonable and necessary to identify specific medications, illicit substances, and metabolites; reports the results of analytes absent or present typically in concentrations such as ng/mL; definitive methods include but are not limited to GC-MS and LC-MS/MS testing methods only. Definitive UDT is considered reasonable and necessary when the clinical information supplied supports the definitive testing as in, not an all-inclusive listing:
    - The result of the presumptive drug screen is different than that suggested by the individual's medical history, clinical presentation, or individual's own statement; (e.g., test was negative for prescribed medications, test was positive for prescription drug with abuse potential, which was not prescribed, test was positive for an illegal drug);
    - To definitively identify specific drugs in a large family of drugs;
    - Identify a specific substance or metabolite that is not detected by presumptive UDT such as fentanyl, meperidine, synthetic cannabinoids, and other synthetic/analog drugs;
    - Identify drugs when a definitive concentration of a drug is needed to guide management (e.g., discontinuation of THC uses according to a treatment plan);
    - Identify a negative, or confirm a positive, presumptive UDT result that is inconsistent with a patient's self-report, presentation, medical history, or current prescribed pain medication plan;
    - Rule out an error as the cause of a presumptive UDT result;
    - Identify non-prescribed medication or illicit use for ongoing safe prescribing of controlled substances; and
    - Use in a differential assessment of medication efficacy, side effects, or drug-drug interactions.

This policy does not address the use of drug testing in the following circumstances:

- State, federally regulated and legally mandated drug testing (i.e., court-ordered drug screening, forensic examinations).
- Non-forensic testing for driver's licensing or any other job-related testing (i.e., as a prerequisite for employment or as a means for continuation of employment).
- As a component of routine physical/medical examination.
- As a component of care rendered in an emergency room visit or an observation or inpatient admission situation.
- As a routine component of a behavioral health assessment.

POLICY:

<u>Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans</u>
Urine drug testing, qualitative or quantitative, may be considered medically necessary when the coverage criteria below are met.

The member's medical record must include an appropriate number of UDTs billed over time based on the stage of screening, treatment, or recovery and the rationale for the drugs/drug classes ordered; and the results must be documented in the medical record and used to direct care.

The only presumptive drug screening codes that Paramount will reimburse are 80305-80307.

The only definitive drug testing codes that Paramount will reimburse are G0480-G0483, G0659.

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

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.

- **Effective 01/01/2024: Presumptive drug screening (CPT code 80305, 80306 or 80307) and Definitive drug testing (HCPCs code G0480, G0481, G0482, G0483, or G0659) ARE ONLY REIMBURSABLE 45 times total every 365 days [any combination of procedures 80305, 80306, 80307, G0480, G0481, G0483, or G0659], when the coverage criteria below are met.**
- **More than one (1) unit of presumptive drug screening (CPT code 80305, 80306, and 80307) on a single date of service IS NOT REIMBURSABLE.**
- **More than one (1) unit of definitive drug testing (HCPCs code G0480, G0481, G0482, G0483, G0659) on a single date of service IS NOT REIMBURSABLE.**
- **One (1) unit of presumptive testing AND one (1) unit of definitive testing, on the same date of service is reimbursed if supporting documentation is established within the medical records. The one (1) unit of definitive testing should correlate to the results of the presumptive testing. A presumptive UDT without definitive UDT is typically sufficient for ongoing clinical monitoring.**

Exclusions, not all-inclusive:

- **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.**
- **Confirmatory/definitive qualitative or quantitative or presumptive drug screening using proprietary tests (CPT code 0007U, 0011U, 0051U, 0054U, 0093U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U, 0227U, 0328U) ARE NOT REIMBURSABLE.**
- **Specific validity testing (CPT code 0079U or 0082U) IS NOT REIMBURSABLE.**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

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.

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. Definitive UDT orders should be individualized based on clinical history and risk assessment and must be documented in the medical record.
9. Individual drug tests are considered not medically necessary (80320-80374, 83992)
10. The need for definitive UDT is based upon presumptive test findings, responses to medical interventions, and treatment plan. A presumptive UDT should be performed as part of the evaluation and management of a patient who presents in an emergency room or urgent care setting with any 1 of the following:
    a. Coma;
    b. Altered mental status in the absence of a clinically defined toxic syndrome or toxidrome;
    c. Severe or unexplained cardiovascular instability (cardiotoxicity);
    d. Unexplained metabolic or respiratory acidosis in the absence of a clinically defined toxic syndrome or toxidrome;
    e. Seizures with an undetermined history;
    f. To provide antagonist to specific drug.
11. Frequency of testing should be at the lowest level to detect presence of drugs being screened.
12. 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.

13. 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.

- 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.
  - Confirmatory testing will be covered only to verify and further analyze positive results of UDT screening and/or burenophine 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 is neither medically necessary nor reasonable to test routinely for substances (licit or illicit) not meeting these criteria.
- The total number of encounters for drug screening shall not exceed:

2. Maximum Number of Allowed Presumptive UDTs for substance abuse or dependence (SUD)

The number of UDTs billed over time must meet medical necessity and be documented in the patient's medical record.

- For patients with **0 to 30 consecutive days of abstinence**, presumptive UDT is not to exceed 3 presumptive UDTs in a rolling 7 days. More than 3 presumptive UDTs in a rolling 7 days is not reasonable and necessary and is not covered.
- For patients with **31 to 90 consecutive days of abstinence**, presumptive UDT is not to exceed 3 presumptive UDTs in a rolling 7 days. More than 3 presumptive UDTs in a rolling 7 days is not reasonable and necessary and is not covered.

- For patients with **> 90 consecutive days of abstinence**, presumptive UDT is not to exceed 3 presumptive UDTs in a rolling 30 days. More than 3 presumptive UDTs a rolling 30 days is not reasonable and necessary and is not covered.

2. Maximum Number of Allowed Definitive UDTs for substance abuse or dependence (SUD)
Depending on the patient's specific substance use history, definitive UDT to accurately determine the specific drugs in the patient's system may be necessary. Definitive testing may be ordered when accurate and reliable results are necessary to integrate treatment decisions and clinical assessment. The number of UDTs billed over time and the rationale for definitive UDT must be documented in the patient's medical record.

- For patients with **0 to 30 consecutive days of abstinence**, definitive UDT is not to exceed 1 definitive UDT in a rolling 7 days. More than 1 definitive UDT in a rolling 7 days is not reasonable and necessary and is not covered.
- For patients with **31 to 90 consecutive days of abstinence,** definitive UDT is not to exceed 3 definitive UDTs in a rolling 30 days. More than 3 definitive UDTs in a rolling 30 days is not reasonable and necessary and is not covered.
- For patients with **> 90 days of consecutive abstinence**, definitive UDT is not to exceed 3 definitive UDTs in a rolling 90 days. More than 3 definitive UDTs in a rolling 90 days is not reasonable and necessary and is not covered.

14. **Chronic opioid/opiate therapy (COT) 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.

- Criteria to establish medical necessity for UDT must be based on patient-specific elements identified during the clinical assessment, and documented by the clinician in the patient's medical record and minimally include the following elements:
  - Patient history, physical examination, and previous laboratory findings;
  - Current treatment plan;
  - Prescribed medication(s);
  - Risk assessment plan.
- The number of UDTs billed over time beyond the baseline presumptive UDT must be based on individual patient needs substantiated by documentation in the patient's medical record. Recommendations for the ordering of presumptive and definitive UDT for patients on COT are as follows:
  - Depending on the patient's specific circumstances, initial presumptive and/or definitive COT patient testing may include amphetamine/ methamphetamine, barbiturates, benzodiazepines, cocaine, methadone, oxycodone, tricyclic antidepressants, tetrahydrocannabinol, opioids, opiates, heroin, and synthetic/analog or "designer" drugs.
  - Ongoing testing may be medically reasonable and necessary based on the patient history, clinical assessment, including medication side effects or inefficacy, suspicious behaviors, self-escalation of dose, doctor-shopping, indications/symptoms of illegal drug use, evidence of diversion, or other clinician documented change in affect or behavioral pattern. As part of the clinical evaluation of the patient, the provider should inquire about prescription compliance and potential issues of abuse or diversion such as lost prescriptions, early refill requests, or requests for escalating dose of medication. The number of UDTs billed over time must be based on the individual's risk potential. Appropriate number of UDTs billed over time based on risk is listed in the table below.
  - The clinician should perform random UDT at random intervals to properly monitor a patient. UDT testing does not have to be associated with an office visit.
  - Patients with specific symptoms of medication aberrant behavior or misuse may be tested in accordance with this document's guidance for monitoring patient adherence and compliance during active treatment (<90 days) for substance use or dependence.

Recommended UDT Frequency Based on Risk Assessment and Stratification

Risk Group	Baseline	Frequency of Testing

Low Risk	Prior to Initiation of COT	Presumptive and definitive UDT not to exceed 2 times each in a rolling 365 days for prescribed medications, non-prescribed medications that may pose a safety risk if taken with prescribed medications, and illicit substances based on patient history, clinical presentation, and/or community usage
Moderate Risk	Prior to Initiation of COT	Presumptive and definitive UDT not to exceed 2 times each in a rolling 180 days for prescription medications, non-prescribed medication that may pose a safety risk if taken with prescribed medications, and illicit substances, based on patient history, clinical presentation, and/or community usage
High Risk	Prior to Initiation of COT	Presumptive and definitive UDT not to exceed 3 times each in a rolling 90 days for prescribed medications, non-prescribed medications that may pose a safety risk if mixed with prescribed and illicit substances based on patient history, clinical presentation and/or community usage.

Any additional definitive UDT beyond recommendations above must be justified by the clinician in the medical situations in which changes in prescribed medications may be needed, such as:

- Patient response to prescribed medication suddenly changes;
- Patient side effect profile changes;
- To assess for possible drug-drug interactions;
- Change in patient's medical condition or behavior;
- Patient admits to use of illicit or non-prescribed controlled substance.

15. For end-of-life pain management with opioids, testing is indicated if there is any reason to consider diversion of the drug (lost scripts, lost pills, enormous escalation of utilization without member appearing to have consumed the specific amount of opioids).

Non-Covered Services:

- 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).
- Blanket Orders-same orders for all patients in a health care provider's practice.
- Reflex definitive UDT is not reasonable and necessary when presumptive testing is performed at point of care because the clinician may have sufficient information to manage the patient. If the clinician is not satisfied, he/she must determine the clinical appropriateness of and order specific subsequent definitive testing (e.g., the patient admits to using a particular drug, or the immunoassay (IA) cut-off is set at such a point that is sufficiently low that the physician is satisfied with the presumptive test result).
- Routine standing orders for all patients in a physician's practice are not reasonable and necessary
- It is not reasonable and necessary for a physician to perform presumptive point of care testing and order presumptive IA testing from a reference laboratory. In other words, only one presumptive test result per patient per date of service regardless of the number of billing providers.
- It is not reasonable or necessary for a provider to perform qualitative point-of-care testing and also order presumptive testing from a reference laboratory on the same specimen.
- IA testing, regardless of whether it is qualitative or semi-quantitative (numerical), may not be used to "confirm" or definitively identify a presumptive test result obtained by cups, dipsticks, cards, cassettes, or other IA testing methods. Definitive UDT provides specific identification and/or quantification typically by GCMS or LC-MS/MS. Semi-Quantitative is defined as a numerical estimation of the approximate concentrations.

- Drug testing of 2 different specimen types from the same patient on the same date of service for the same drugs/metabolites/analytes.
- UDT for medico-legal and/or employment purposes or to protect a physician from drug diversion charges.
- Specimen validity testing including, but not limited to, pH, specific gravity, oxidants, creatinine.
- Drug testing by hair analysis (P2031) is non-covered because it is experimental/investigational.
- Non-forensic testing (i.e., job related testing).

Urine specimen validity testing, (e.g., urine specific gravity, urine creatinine, pH, urine oxidant level, genetic identity testing, [NextGen Precision™ 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, is included in the base code and therefore 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 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

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 o 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)
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 Proprietary test: ToxProtect Lab/Manufacturer: Genotox Laboratories LTD Not Covered
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites Proprietary test: Cordant CORE™ Lab/Manufacturer: Cordant Health Solutions Not Covered
0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service Proprietary test: UCompliDx Lab/Manufacturer: Elite Medical Laboratory Solutions, LLC (LDT) Not Covered
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 steadystate range for the prescribed dose when detected, per date of service Proprietary test: AssuranceRx Micro Serum Lab/Manufacturer: Firstox Laboratories, LLC Not Covered
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification Proprietary test: ToxLok™ Lab/Manufacturer: InSource Diagnostics
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 Proprietary test: NextGen Precision™ Testing Lab/Manufacturer: Precision Diagnostics LBN Precision Toxicology, LLC Not Covered
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected Proprietary test: ComplyRX Lab/Manufacturer: Claro Labs Not Covered
~~**0143U**~~	~~Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service~~ ~~Proprietary test: CareViewRx Lab/Manufacturer: Newstar Medical Laboratories, LLC~~ **Not Covered Termed 6/30/2023**
~~**0144U**~~	~~Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service~~ ~~Proprietary test: CareViewRx Plus Lab/Manufacturer: Newstar Medical Laboratories,~~ LLC **Not Covered Termed 6/30/2023**
~~**0145U**~~	~~Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service~~ ~~Proprietary test: PainViewRx Lab/Manufacturer: Newstar Medical Laboratories,~~ LLC **Not Covered Termed 6/30/2023**
~~**0146U**~~	~~Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service~~ ~~Proprietary test: PainViewRx Plus Lab/Manufacturer: Newstar Medical Laboratories, LLC~~ **Not Covered Termed 6/30/2023**
~~**0147U**~~	~~Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or~~

	~~metabolite description, comments including sample validation, per date of service Proprietary test: RiskViewRx Lab/Manufacturer: Newstar Medical Laboratories, LLC~~ **Not Covered Termed 6/30/2023**
~~**0148U**~~	~~Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service Proprietary test: RiskViewRx Plus Lab/Manufacturer: Newstar Medical Laboratories, LLC~~ **Not Covered Termed 6/30/2023**
~~**0149U**~~	~~Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service Proprietary test: PsychViewRx Lab/Manufacturer: Newstar Medical Laboratories,~~ LLC **Not Covered Termed 6/30/2023**
0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service Proprietary test: PsychViewRx Plus Lab/Manufacturer: Newstar Medical Laboratories, **LLC Not Covered**
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation Proprietary Test: Comprehensive Screen Lab/Manufacturer: Aspenti Health Not Covered
0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service **Not Covered**
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

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE:01/01/2011

Date	Explanation & Changes
09/13/2013	• Policy created by Medical Policy Steering Committee
01/13/2015	• 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
06/24/2015	• 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
08/20/2015	• 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”
01/12/2016	• 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
05/27/2016	• 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
07/22/2016	• Code G0477 is covered effective 01/01/16 for Advantage per ODM guidelines
12/13/2016	• 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
03/31/2017	• 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
05/04/2017	• 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
12/12/2017	• Effective 01/01/18 revised codes 80305-80307 • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
02/13/2018	• 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
04/10/2018	• 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
11/13/2018	• 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
08/15/2019	• 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
12/20/2020	• 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

02/03/2023	• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
02/01/2024	• Medical Policy reviewed and updated to reflect most current clinical evidence • Medical Policy updated to the new Paramount Medical Policy format • Updated the number of drug testing allowed per 365 days, to 45 days.
04/29/2024	• Correction, added the missing procedure G0482 into the Policy box above, **Effective 04/01/2024: Presumptive drug screening (CPT code 80305, 80306 or 80307) and Definitive drug testing (HCPCs code G0480, G0481, G0482, G0483, or G0659) ARE ONLY REIMBURSABLE 45 times total every 365 days [any combination of procedures 80305, 80306, 80307, G0480, G0481, G0483, or G0659], when the coverage criteria below is met.**
05/01/2024	• Corrected the effective date from above, from 04/01/2024 to 01/01/204, calendar year counters
02/01/2025	• Medical Policy reviewed and updated to reflect the most current clinical evidence • Maintain medical policy ○ No change in coverage criteria

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to https://www.paramounthealthcare.com/providers/medical-policies/policy-library

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services https://www.ama-assn.org/amaone/cpt-current-procedural-terminology

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting https://www.cms.gov/medicare/coding/icd10

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-

unlikely-edits

U.S. Preventive Services Task Force, https://www.uspreventiveservicestaskforce.org/uspstf/

Hayes, Inc., https://www.hayesinc.com/

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