

Drug Testing Policy, Professional for Louisiana

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. (CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.)

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

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Policy**Overview**

This policy defines the daily and annual limits for presumptive (CPT® codes 80305, 80306, 80307, and H0003) and definitive drug testing (HCPCS codes G0480, G0481, G0482, G0483 G0659, 0006U, 0007U, 0011U, and 0082U and CPT Definitive Drug Classes Codes 80320-80377, 83992) and addresses Specimen Validity Testing.

All services described in this policy may be subject to additional UnitedHealthcare Community Plan reimbursement policies including, but not limited to, the Maximum Frequency Per Day Policy, Laboratory Services Policy, and CCI Editing Policy.

Reimbursement Guidelines

This policy enforces the code description for presumptive and definitive drug testing in that the service should be reported once per day and it includes specimen validity testing. It also provides annual units of service (UOS) limits.

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.

Presumptive drug testing, also known as drug screening, is used when necessary to determine the presence or absence of drugs or a Drug Class. Results are expressed as negative or positive. The methodology is considered when coding presumptive procedures. Per CPT guidelines each presumptive drug testing code represents all drug and Drug Class tests performed by the respective methodology per date of service. The test is a single per patient service that should only be reported once irrespective of the number of Drug Class procedures or results on any date of service.

Definitive drug testing, also known as confirmation testing, is used when it is necessary to identify specific medications, illicit substances and metabolites. Definitive urine drug test (UDT) reports the results of drugs absent or present in concentrations of ng/ml. Definitive drug testing is qualitative or quantitative to identify possible use or non-use of a drug. These tests identify specific drugs and associated metabolites. A presumptive drug test is not required to be provided prior to a definitive drug test. When applicable Proprietary Laboratory Analysis CPT codes 0006U, 0007U, 0011U, or 0082U may be reported and are considered under the policy guidelines pertaining to definitive drug testing.

In addition to the definitive drug testing codes in the HCPCS manual (G0480, G0481, G0482, G0483 and G0659) use 80320-80377, and 83992 to report definitive drug class procedures. Each category of a drug class, including metabolite (s) if performed, is reported once per date of service. For example, to report codeine, hydrocodone, hydromorphone, morphine, oxycodone, oxymorphone, naloxone, naltrexone performed using any number of definitive procedures report 80361 X 1, 80362 X 1, and 80365 X 1 per facility per date of service.

Some examples of drugs or a Drug Class that are commonly assayed by presumptive tests, followed by definitive testing are: alcohols, amphetamines, barbiturates/sedatives, benzodiazepines, cocaine and metabolites, methadone, antihistamines, stimulants, opioid analgesics, salicylates, cardiovascular drugs, antipsychotics, and cyclic antidepressants.

In accordance with the code descriptions and the CPT and CMS guidelines, UnitedHealthcare Community Plan will only allow one drug test within the presumptive Drug Class and one drug test within the definitive Drug Class per date of service by the same or different provider.

An annual frequency UOS limitation of 18 dates of service will be applied for presumptive drug testing. In addition, an annual frequency UOS limitation of 18 dates of service will be applied for definitive drug testing using HCPCS and CPT Drug Classes codes. These limits are applied whether services are applied by the same or different provider.

Specimen Validity Testing to assure that a specimen has not been compromised or that a test has not been adulterated may be required. However, Specimen Validity Testing is included in the presumptive and definitive drug testing CPT and HCPCS code descriptions and is considered a quality control which is an integral part of the collection process and is not separately reimbursable. UnitedHealthcare Community Plan will deny Specimen Validity Testing when performed on the same date of service as a presumptive and/or definitive drug test by the same or different provider. A modifier may be appropriate when a service commonly used for Specimen Validity Testing is performed distinctly separate from the drug test service and the documentation supports the service was not related to the drug testing.

Drug testing services that are determined to be court ordered and/or funded by a county, state, or federal agency will continue to be denied. For additional information refer to the Services and Modifiers Not Reimbursable to Healthcare Professionals Policy.

State Exceptions

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| Louisiana | Per Louisiana State regulations, presumptive drug testing codes 80305, 80306 and 80307 are limited to 24 total tests per enrollee per calendar year. Definitive drug testing codes G0480 and G0481 are limited to 12 total tests per enrollee per calendar year. Testing more than 14 definitive drug classes in one test is not reimbursable. Drug testing (screening) in a primary care setting is not covered. |
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Definitions

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| Drug Class | A group of drugs that have the same chemical structure, work in the same way and/or are used for the same purpose. |
| Proprietary Laboratory Analysis (PLA) Codes | Describe proprietary clinical laboratory analysis and can be provided either by a single (“sole-source”) laboratory or licensed or marketed to multiple providing laboratories (eg, cleared or approved by the Food and Drug Administration [FDA]). These codes include advanced diagnostic laboratory tests (ADLTs) and clinical diagnostic laboratory tests (CDLTs) as defined under the Protecting Access to Medicare Act (PAMA) of 2014. |
| Specimen Validity Testing | Generally pertains to urine specimen testing to ensure that the sample has not been adulterated or substituted. It may be applicable to other types of specimens. |

Questions and Answers

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| 1 | <p>Q: Will UnitedHealthcare Community Plan reimburse more than one presumptive and/or one definitive drug test on the same date of service if a modifier is appended?</p> <p>A: No, each of the presumptive and definitive drug codes define a single manual or automated laboratory service that is reported once per day, per patient, irrespective of the number of Drug Classes, sample validations, or Specimen Validity Tests performed related to that service on any date of service. In accordance with the CPT and CMS guidelines UnitedHealthcare Community Plan will not reimburse more than one presumptive and/or one definitive drug test per day regardless of the number of billing providers.</p> |
| 2 | <p>Q: Will UnitedHealthcare Community Plan reimburse a urinalysis performed by a primary care physician for a suspected urinary infection on the same day that the patient’s alcohol and drug counselor performed a urine drug screening test?</p> <p>A: Yes, if the urinalysis is appended with an appropriate modifier to identify the test was distinctly separate and not related to the drug testing as a Specimen Validity Test. The records must also support that the urinalysis performed was not for Specimen Validity Testing and the modifier was appropriately reported.</p> |
| 3 | <p>Q: What is the difference between Presumptive and Definitive testing?</p> |

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| | A: A presumptive test is one used to identify possible use or non-use of a drug or Drug Class. Presumptive tests are not definitive. They only screen for the presence of a compound. A definitive or confirmation test is one that uses instrument analysis to positively identify the presence or quantity of a drug. |
| 4 | <p>Q: If multiple presumptive and/or definitive drug tests are submitted on the same date of service will each one count towards the annual limit?</p> <p>A: No, only one presumptive and/or one definitive is reimbursable per day, therefore only the reimbursed code will count toward the annual limit of 24 presumptive and/or 12 definitive tests.</p> |

Presumptive Codes

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|-------|-------|-------|--|
| 80305 | 80306 | 80307 | |
|-------|-------|-------|--|

Definitive Codes

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|-------|-------|--|--|
| G0480 | G0481 | | |
|-------|-------|--|--|

CPT Definitive Drug Classes Codes

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|-------|--|--|--|
| 83992 | | | |
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Attachments

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| <p><u>Specimen Validity Testing Codes List</u></p> | <p>A List of Codes Used for Specimen Validity Testing</p> |
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Resources

- Individual state Medicaid regulations, manuals & fee schedules
- American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
- Centers for Medicare and Medicaid Services, Clinical Laboratory Fee Schedule (CLFS)
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services, Medicare Administrative Contractors (MACs)
- Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History

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| 2/25/2024 | <p>Policy Version Change</p> <p>Logo updated Policy Version Change</p> <p>History Section: Entries prior to 2/25/2022 archived</p> |
| 9/11/2022 | <p>Policy Version Change</p> <p>State Exceptions: Updated</p> <p>Q&A: Updated question #4</p> <p>Codes Section: Updated</p> <p>Attachments: Removed CPT Definitive Drug Classes Codes list</p> |
| 9/01/2017 | <p>Policy implemented by UnitedHealthcare Community & State</p> |

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| 5/10/2017 | Policy approved by the Reimbursement Policy Oversight Committee |
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