

# PAYMENT REIMBURSEMENT POLICY



**Title:** PRP-02 Drug Testing in Pain Management and Substance Use Disorders Treatment

**Benefit Coverage Policy:** BCP-78 Drug Testing in Pain Management and Substance Use Disorders Treatment

**Category:** Compliance

**Effective Date:** 10/25/2021

Physicians Health Plan  
PHP Insurance Company  
PHP Service Company

## 1.0 Guidelines:

This policy applies to all network and non-network providers, including but not limited to percent of charge contract providers. This policy does not guarantee benefits or solely determine reimbursement. Benefits are determined and/or limited by an individual member's benefit coverage document (COC, SPD, etc.). The Health Plan reserves the right to apply clinical edits to all medical claims through coding software and accuracy of claim submission according to industry billing standards. Clinical edits are derived from nationally recognized billing guidelines such as the Centers for Medicare and Medicaid Services (CMS), National Correct Coding Initiative (NCCI), the American Medical Association (AMA), and specialty societies. The Health Plan may leverage the clinical rationale of CMS or other nationally sourced edits and apply this rationale to services that are not paid through CMS but which are covered by the Health Plan to support covered benefits available through one of the Health Plan's products. Prior approval does not exempt adherence to the following billing requirements. The provider contract terms take precedence if there is a conflict between this policy and the provider contract.

## 2.0 Description:

Drug testing is used in the outpatient and residential setting for adherence monitoring of controlled substance(s) used as part of the management of chronic pain and for individuals undergoing treatment for opioid addiction and substance use disorder.

Drug testing includes a variety of tests that can be useful in providing patient care. Clinical drug testing is used in pain management and in substance use screening and treatment programs. Testing may be used to detect prescribed therapeutic drugs, prescription drugs of abuse, illicit drugs, and/or other substances such as nicotine. Urinalysis is usually preferred for determining the presence or absence of prescription medications and illegal substances. It has a one to three-day window for detection for most drugs and/or their metabolites and is currently the most extensively validated biologic specimen for drug testing. Testing for alcohol should be done by breath or blood testing.

## 3.0 Policy:

No prior approval is required for drug testing, except when over the determined limits: All codes have a combined maximum allowed of 20 units per calendar year: 80305, 80306, 80307, G0480, G0481, and G0659. Confirmatory testing is only covered to verify and further analyze positive results of urine drug testing (UDT) and/or buprenorphine levels.

### Presumptive Drug Class Screening

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

### Definitive Drug Testing

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

- G0659 allows only one unit per date of service

#### **4.0 Coding and Billing:**

Codes that are covered may be subject to medical benefit review and benefit limits.

## COVERED CODES

Code	Description
80305 (Presumptive)	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 (Presumptive)	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 (Presumptive)	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
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)
80320	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)
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
G0480 (Definitive)	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (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 (Definitive)	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (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.
G0659 (Definitive)	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,

**COVERED CODES**

<b>Code</b>	<b>Description</b>
	all sources, includes specimen validity testing, per day, any number of drug classes

**NON-COVERED CODES (list may not be all-inclusive)**

<b>Code</b>	<b>Description</b>
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
82570	Creatinine, other source
83986	pH; body fluid, not otherwise specified
0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain

**NON-COVERED CODES (list may not be all-inclusive)**

<b>Code</b>	<b>Description</b>
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
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
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
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
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
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
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
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
0020U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service

**NON-COVERED CODES (list may not be all-inclusive)**

<b>Code</b>	<b>Description</b>
G0482	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (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(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (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.
P2031	Hair analysis (excluding arsenic)

Documentation Requirements:

- Legible signed and dated physician/requisition order.
- The physician order must specifically match the number, level, and complexity of the testing panel components performed.
- Date and time of collection.
- Laboratory results.

Standing Orders:

Standing orders for presumptive testing that meet the above requirements and identify the frequency of testing are acceptable up to 30 days from the date of issue. Standing orders notwithstanding, encounter frequencies are limited as described above.

Confirmatory testing is limited to only those controlled substances returned as positive on an individual presumptive testing or *prescribed* controlled substances unexpectedly returned as negative on a presumptive testing. Therefore, standing orders for confirmatory testing are only relevant when they are limited to the above and the confirmatory testing is to be performed by the provider performing the associated screening.

Verification of Compliance

Claims are subject to audit, prepayment and post payment, to validate compliance with the terms and conditions of this policy.

**5.0 Terms & Definitions:**

Buprenorphine (Buprenex, Subutex, etc.) – a narcotic used to treat pain as well as addiction to opioids. Very serious interactions can occur when used with alcohol.

Presumptive drug testing procedures are “screening” tests used to identify use or non-use of a drug or drug class. A presumptive test may be followed by a definitive test in order to specifically identify drugs.

Definitive testing procedures identify the specific drug and quantity in the patient.

**6.0 References, Citations & Resources:**

Centers for Medicare and Medicaid Services, CMS Manual and other CMS publications.  
American Medical Association (AMA), Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and associated publications.

**7.0 Revision History:**

Original Effective Date: 01/01/2019

Next Revision Date: 10/25/2022

<b>Revision Date</b>	<b>Reason for Revision</b>
11/18	Reimbursement policy created.
8/19	Annual review; minor grammatical fixes made.
6/20	Annual review; updated formatting, no changes to text, approved by CCSC 7/7/20
6/21	Annual review updated formatting