

PROFESSIONAL NETWORK REIMBURSEMENT POLICY

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| POLICY TITLE | Drug Testing in Pain Management and Substance Abuse Treatment |
| POLICY NUMBER | NR- 30.023 |

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I. DESCRIPTION/BACKGROUND

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This policy documents the reimbursement methodology and reporting requirements for urine drug testing in pain management and substance use disorder when ordered by a network provider within Capital BlueCross' 21 county service area, and contiguous counties.

II. DEFINITIONS

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American Medical Association (AMA) – An organization whose missions is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patients and the nation's health and exercises a strong advocacy agenda on behalf of patients and providers. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research and education.

Centers for Medicare and Medicaid Services (CMS) –The current name of the government agency which administers Medicare.

Current Procedural Terminology (CPT) – A set of codes, descriptions, and guidelines intended to describe procedures and services performed by physicians and other health care professionals. Each procedure or service is identified with a five-digit code. The use of CPT codes simplifies the reporting of procedures and services.

Healthcare Common Procedure Coding System (HCPCS) - A national standard, alphanumeric coding system established by the Centers for Medicare and Medicaid Services. It standardizes billing and payment for certain covered services (e.g. medical

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supplies, prosthetics and durable medical equipment). HCPCS Level I codes are copyrighted by the American Medical Association (CPT). Level II codes are five-position alphanumeric codes maintained jointly by the Alpha-Numeric Panel (consisting of the Centers for Medicare and Medicaid Services (CMS), the Health Insurance Association of America, and the BlueCross and BlueShield Association). The American Dental Association copyrights the D-code series in Level II HCPCS.

Presumptive Testing – A test used to detect the presence of a drug in a urine sample.

Definitive Testing – These tests quantify the amount of drug or metabolite present in the urine sample. Definitive tests can be used to confirm the presence of a specific drug identified by a screening test and can identify drugs that cannot be isolated by currently available presumptive testing. Results are reported as specific levels of substances detected in the urine sample.

III. POLICY

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In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

In order to be eligible for reimbursement consideration, providers of laboratory urine* drug testing services, for pain management and substance use disorder programs, are required to report the following Level I CPT or Level II HCPCS procedure code(s), per date of service, from the list below:

- 80305 - Presumptive drug test(s) by direct optical observation
- 80306 - Presumptive drug test(s) by instrument assisted direct optical observation
- 80307 - Presumptive drug test(s) by instrument chemistry analyzers
- G0480 – Definitive drug test(s), utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers; qualitative or quantitative, 1-7 drug class(es), including metabolite(s) if performed

**Blood specimen will be covered for patients with Chronic Renal Failure*

Tests Performed by a Reference Laboratory

- When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional, the procedure must be identified by adding modifier 90 to the claim line.

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Note: *Benefits are subject to review for medical necessity per Medical Policy; Opioids Testing in Pain Management and Substance Abuse*

IV. EXCLUSIONS

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Non-Reimbursable CPT/HCPCS codes:

- Toxicology drug assay codes G0481 to G0483, G0659, 80320 to 80377 and 83992
- Proprietary Laboratory Analyses (PLA) codes will not be reimbursed unless specifically indicated in a medical policy.

Note: *Modifiers will not bypass the edit.*

Testing performed, as described below is not eligible for reimbursement:

- Testing as required for, or in conjunction with, participation in substance abuse facilities, at higher levels of treatment, (e.g., residential, inpatient, partial hospitalization). Urine drug presumptive or definitive testing is considered included in the facility reimbursement.
- Unbundled tests when using a multi-test kit screening (e.g. strip, dip card, or cassette)
- Definitive testing as a routine supplement to drug screens, or in lieu of drug screens except when immunoassay testing is not commercially available.
- Presumptive testing performed in conjunction with definitive immunoassay testing
- Standing orders or blanket orders for routine testing also known as "custom profile"
- Testing ordered by or for third parties (such as courts, schools, military or employers) or ordered for the sole purpose of meeting the requirements of a third party
- Routine billing of specimen validation is not eligible for reimbursement.

V. VARIATIONS

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

VI. REFERENCES

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*CPT 2020 Professional Edition
 American Medical Association
 HCPCA Level II Expert
 EncoderPro for Payers
 Optum™ 2020*

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