Status **Scheduled** PolicyStat ID **11883752**

Origination	8/1/2022	Area	Medical Policy
Last Approved	6/14/2022	Lines Of Business	All Lines of Business
Effective	8/1/2022		
Last Revised	6/14/2022		
Next Review	8/1/2022		

Clinical Drug Testing in Addiction Treatment Programs and Pain Management Programs

PURPOSE:

The purpose of this policy is outline the medical necessity of drug testing as part of a pain management program and/or addiction treatment and recovery program. These tests should offer a clinical determination, influence the treatment plan, and be based on the stage of treatment and patient presentation. This policy also outlines the medical necessity information that should be supported in the clinical record.

DEFINITIONS:

Phases of treatment:

- Beginning or induction phase: Less than 30 days of abstinence
- Middle or stabilization phase: 31-90 days of abstinence
- Maintenance phase: greater than 90 consecutive days of abstinence

Presumptive/Qualitative Testing: Used when medically necessary to determine the presence or absence of drugs or drug classes in a urine sample; results expressed as negative or positive or as a numerical result; includes competitive immunoassays (IA) and thin layer chromatography.

Definitive/Quantitative Testing: Used when medically 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.

POLICY:

Presumptive testing (CPT codes 80305-80307)

Presumptive drug testing as part of a baseline screening before initiating treatment, or at the time treatment is initiated (i.e. induction phase), may be considered medically necessary once per program entry when ALL of the following are are met:

- A clinical assessment of member history and risk of substance abuse is performed, and;
- The clinicians have knowledge of test interpretation, and;
- There is a plan in place regarding how to use testing findings clinically.

Additional presumptive testing throughout the stabilization phase and maintenance phase may be considered medically necessary to to monitor adherence and progression.

Documentation must show how results will impact treatment.

Definitive testing techniques (HCPCS codes G0480-G0483, G0659)

Definitive testing techniques are intended to be used when a provider wants to detect specific substances not identified by presumptive methods, quantify levels of the substance present, and refine the accuracy of the results. These techniques may be considered medically necessary in any of the following situations:

- When the results inform clinical decisions with major clinical or non-clinical implications for the patient (e.g., treatment transition, changes in medication therapies, changes in legal status), or;
- If a patient disputes a presumptive test.

When ordering a definitive test, providers should advise the testing laboratory if the presence of any particular substance or group of substances is suspected or expected. Because not all laboratories automatically perform a definitive test of positive presumptive results (the common term for this is “reflex” testing), providers should be aware that laboratories may require a specific order for definitive testing.

Definitive testing should not be performed to confirm substances that are expected to be present on a presumptive test (e.g. presumptive positive for suboxone on a patient taking suboxone).

Medical necessity of definitive drug testing used in the treatment of substance use disorder is based on the following information, and should be clearly documented in the medical record:

1. Stage of treatment
2. Initial treatment or relapse
3. Exam findings, and previous test results must include all of the following
    - Documented recent substance use, and;
    - Patient disclosed use, and;
    - Random or scheduled testing, and;

- Presumptive test findings, and if the presumptive test is negative, the signs and symptoms that patient is presenting with that indicate the need for difinitive testing, and;
- A list of medications, supplements, and herbal products the patient is taking, and;
- If the testing is court ordered or for employment purposes.

4. Results that will modify the treatment plan as follows:
    - Impact the level of care
    - Continuation or discontinuation from the treatment program
5. Number of drug classes being assessed should correlate with regional exposure and known history of drug abuse.
6. Limitation and exclusions in coverage are based on CMS and/or BMS established guidelines.

Note: The Health Plan complies with all Medicare National Coverage Determinations (NCDs), applicable Local Coverage Determinations (LCDs), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare. If the coverage criteria in this policy conflicts with any NCDs, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD, LCD, or WV BMS guidelines listed in the reference section.

CODING:

CPT Code	Description
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 (eg, utilizing immunoassay [eg, 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 (eg, utilizing immunoassay [eg, 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 (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
HCPCS Code	**Description**
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,

CPT Code	Description
	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-

CPT Code	Description
	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

PRIOR AUTHORIZATION INFORMATION:

WV Medicaid

- Presumptive tests - more than 24 in a contract year require prior authorization.
- Definitive tests, HCPCS codes G0480, G0481, and G0482 - more than 12 in a contract year require prior authorization.
- HCPCS codes G0483 and G0659 will require prior authorization and medical necessity review from the *initial service*.

Medicare, Commercially Fully Insured, and Self-Funded

- Presumptive tests- more than 24 in a calendar year require prior authorization.
- Prior authorization is required when 12 or more definitive tests of 7 or fewer drug classes (HCPCS code G0480) are ordered within a calendar year.
- Prior authorization is required for all definitive tests that test for more than 7 drug classes (HCPCS codes G0481, G0482, G0483, G0659).
- Non-participating labs and providers must obtain prior authorization for all services related to drug testing in addiction treatment and pain management programs

REFERENCES:

Jarvis, M; Williams, J; Hurford, M; Lindsay, D; Lincoln, P; et al. Appropriate Use of Drug Testing in Clinical Addiction Medicine, Journal of Addiction Medicine: May/June 2017 - Volume 11 - Issue 3 - p 163-173. Accessed April 12, 2022. https://journals.lww.com/journaladdictionmedicine/Fulltext/2017/06000/Appropriate_Use_of_Drug_Testing_in_Clinical.1.aspx

West Virginia Bureau for Medical Services. Policy 529.2 Drug Screenings. Effective July 1, 2018. Accessed April 12, 2022. https://dhhr.wv.gov/bms/Pages/Chapter-529-Laboratory-Services.aspx

Palmetto GBA. Local Coverage Determination (LCD) L35724. Lab: Controlled Substance Monitoring and Drugs of Abuse Testing. Original effective Date October 1, 2015, revision effective April 8, 2021. Accessed April 12, 2022. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=35724&ver=68

Palmetto GBA. Local Coverage Article (LCA) A54799. Billing and Coding: Lab: Controlled Substance Monitoring and Drugs of Abuse Testing. Original effective date December 25, 2015, revision effective October 1, 2021. Accessed April 12, 2022. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=54799&ver=41

Wisconsin Physicians Service Insurance Corporation. Local Coverage Determination (LDC) L34645. Drug

Testing. Original effective date October 1, 2015, revision effective October 1, 2021. Accessed April 12, 2022. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=34645&ver=46

Wisconsin Physicians Service Insurance Corporation. Local Coverage Article (LCA) A56915. Billing and Coding: Drug Testing. Original effective date August 29, 2019, rivision effective October 1 , 2021. Accessed April 12, 2022. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56915&ver=16

POLICY HISTORY:

Date	Description
5/11/2022	This policy was transitioned from a THP Transplant and New Technology (T&T) policy. In transitioning it to a medical policy, edits were made to the formatting. References and a coding section were also added. The previous version of this policy is available upon request.

POST-PAYMENT AUDIT STATEMENT:

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.