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Application
This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY
This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 reimbursement policies use 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 (CMS 1450). 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 resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare 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.

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Qualitative Drug Testing for Indications Other than Mental Health

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

A qualitative drug screen is used to detect the presence of a drug in the body. A blood or urine sample may be used. However, urine is the best specimen for broad qualitative screening, as blood is relatively insensitive for many common drugs, including psychotropic agents, opioids, and stimulants.

Common methods of drug analysis include chromatography, immunoassay, chemical ("spot") tests, and spectrometry. Analysis is comparative, matching the properties or behavior of a substance with that of a valid reference compound (a laboratory must possess a valid reference agent for every substance that it identifies). Drugs or classes of drugs are commonly assayed by qualitative screen, followed by confirmation with a second method.

Examples of drugs or classes of drugs that are commonly assayed by qualitative screens, followed by confirmation with a second method, are: alcohols, amphetamines, barbiturates/sedatives, benzodiazepines, cocaine and metabolites, methadone, antihistamines, stimulants, opioid analgesics, salicylates, cardiovascular drugs, antipsychotics, cyclic antidepressants, and others. Focused drug screens, most commonly for illicit drug use, may be more useful clinically. This local coverage determination documents CGS Administrators, LLC medical policy guidelines for the use of this laboratory test.

Indications

"Although technology has provided the ability to measure many toxins, most toxicological diagnoses and therapeutic decisions are made based on historical or clinical considerations: (1) laboratory turnaround time can often be longer than the critical intervention time course of an overdose; (2) the cost and support of maintaining the instruments, staff training, and specialized labor involved in some analyses are prohibitive; (3) for many toxins there are no established cutoff levels of toxicity, making interpretation of the results difficult." "Although comprehensive screening is unlikely to affect emergency management, the results may assist the admitting physicians in evaluating the patient if the diagnosis remains unclear." Qualitative screening panels should be used when the results will alter patient management or disposition. (Richardson et al, 2007).

A qualitative drug screen may be indicated with a symptomatic patient when the history is unreliable, with a multiple-drug ingestion, with a patient in delirium or coma, for the identification of specific drugs, and to indicate when antagonists may be used. The clinical utility of drug screens in the emergency setting may be limited because patient management decisions are unaffected, since most therapy for drug poisonings is symptom directed and supportive.

Medicare will consider performance of a qualitative drug screen medically reasonable and necessary when a patient presents with suspected drug overdose and one or more of the following conditions:

- Unexplained coma;
- Unexplained altered mental status in the absence of a clinically defined toxic syndrome or toxidrome;
- Severe or unexplained cardiovascular instability (cardiotoxicity);
- Unexplained metabolic or respiratory acidosis in the absence of a clinically defined toxic syndrome or toxidrome;
- Seizures with an undetermined history.
Qualitative Drug Testing for Indications Other than Mental Health

For monitoring patient compliance during active treatment for substance abuse or dependence. A qualitative drug screen is medically reasonable and necessary for the monitoring of chronic pain patients in whom other illicit drug use is suspected.

Drugs or drug classes for which screening is performed should reflect only those likely to be present, based on the patient's medical history or current clinical presentation. Drugs for which specimens are being screened must be indicated by the referring provider in a written order.

Confirmation of drug screens (80102) is indicated when the result of the drug screen is different than that suggested by the patient's medical history, clinical presentation or patient's own statement.

**Limitations**

A qualitative drug screen is not medically reasonable or necessary to screen for the same drug with both a blood and a urine specimen simultaneously.

Medicare regards drug screening for medico-legal purposes (e.g., court-ordered drug screening) or for employment purposes (e.g., as a pre-requisite for employment or as a requirement for continuation of employment) as not medically necessary.

**CPT/HCPCS Codes**

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>80100</td>
<td>Drug screen, qualitative; multiple drug classes chromatographic method, each procedure (Not covered by Medicare in any payment system)</td>
</tr>
<tr>
<td>80101</td>
<td>Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class (eff. 1/1/10 use G0431)</td>
</tr>
<tr>
<td>80102</td>
<td>Drug confirmation, each procedure</td>
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<tr>
<td>80104</td>
<td>Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure (Not covered by Medicare in any payment system)</td>
</tr>
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<td>G0431</td>
<td>Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter</td>
</tr>
<tr>
<td>G0434</td>
<td>Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter</td>
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**Modifiers**

<table>
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<th>Code</th>
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<tr>
<td>GZ</td>
<td>Item or service expected to be denied as not reasonable and necessary</td>
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**References Included (but not limited to):**

- **CMS NCD**
  - NCD 190.24 Digoxin Therapeutic Drug Assay
- **CMS LCD(s)**
  - Numerous LCDs
- **CMS Article(s)**
  - Numerous Articles
- **CMS Transmittals**
- **UnitedHealthcare Medicare Advantage Coverage Summaries**
  - Laboratory Tests and Services
- **UnitedHealthcare Reimbursement Policies**
  - Preventive Lab Services
- **MLN Matters**
## Qualitative Drug Testing for Indications Other than Mental Health

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<th>Date</th>
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<tr>
<td>09/11/2014</td>
<td>Removed liability references</td>
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<tr>
<td>12/18/2013</td>
<td>New policy</td>
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