

## Payment Policy | Drug Testing Services and Urine Toxicology Screening



**EFFECTIVE DATE:** 05|23|2013

**POLICY LAST UPDATED:** 08|20|2013

### OVERVIEW

This policy includes payment information relating to drug testing for CLIA (**Clinical Laboratory Improvement Amendments**) **non-waived testing by BCBSRI participating Independent Laboratories** and payment information on urine toxicology screening tests.

### PRIOR AUTHORIZATION

Prior authorization review is not required.

### POLICY STATEMENT

#### **BlueCHiP for Medicare and Commercial**

Drug testing is covered for participating BCBSRI CLIA non-waived testing by independent laboratories.

Urine toxicology screenings are covered. Quantitative or confirmatory testing will not be reimbursed without a positive screen test taken on the same date.

Note: Claims filed for confirmatory or quantitative urine toxicology tests may be subject to retrospective review.

### MEDICAL CRITERIA

None.

### BACKGROUND

CLIA's regulatory requirements vary according to the kind of test(s) each laboratory conducts. Tests are categorized as waived, moderate complexity or high complexity. Tests granted waived status under CLIA are cleared by FDA and can be performed in the home. They are simple to carry out and use standardized equipment, which makes chances of an inaccuracy nearly impossible. Moderate and high complexity tests are collectively referred to as "non-waived" testing and are generally performed by independent laboratories.

#### **Urine Toxicology Screening**

Urine toxicology screen refers to various tests to determine the presence and approximate level of legal and illegal drugs a person has taken. Testing may be used to monitor a patient undergoing chronic noncancer pain management using narcotics in order to assess compliance or drug misuse. Toxicology screens are often ordered by hospital emergency department personnel when a patient appears to be impaired or is unconscious. Testing is also performed on patients who have a change in mental status, in cases of seizures, and onset of dementia.

Confirmatory drug tests either verify or refute the result of the screening assay. These drug tests use a more specific, and usually more sensitive, method than do screening tests and are usually performed in a laboratory. With recent improvements in confirmation technology, some laboratories may bypass screening tests and submit all specimens for analysis by confirmatory tests. It is the second analytical procedure performed on a different aliquot, or on part, of the original specimen to identify and quantify the presence of a specific drug or drug metabolite (Substance Abuse and Mental Health Services Administration [SAMHSA], 2008).

Retrospective review may be used to validate that there was a positive screen test on the same date. Frequency edits in claims systems may be used. Laboratory providers of confirmatory or quantitative testing should require submission of the screening test results or they will be subject to non-payment. All providers of screening tests, including clinical labs, shall note the frequency guidelines and have all documentation for reasons that deviate from these standards.

## COVERAGE

Benefits may vary. Please refer to the appropriate member Evidence of Coverage or Subscriber Agreement for applicable Tests, Imaging and Labs benefit.

## CODING

### BlueCHiP for Medicare and Commercial

Participating BCBSRI Independent Laboratories

Services should only be reported using the CPT 80000 series codes.

Participating BCBSRI professional providers (i.e., physicians, Urgent Care Centers, non-independent participating laboratories):

Services may be reported using the CPT 80000 series codes or HCPCS G0431 and G0434.

Participating BCBSRI facilities (hospitals):

Services should be reported using HCPCS G0431 and G0434.

### Drug Testing limits applied to CLIA non-waived independent laboratories:

Payments are limited to five (5) tests/units per date of service. Tests will process in the sequence of claim filed; therefore, providers are requested to file for services in the order of the highest reimbursement per test/units for each claim in order to maximize the payment on each claim. However, if the provider does not bill in this manner, claims will process at the first five (5) tests/units submitted regardless of allowance.

Any tests billed over and above five (5) tests/units per date of service will deny as inclusive in the allowance previously paid for the first five (5) tests/units. In this case, the testing will be considered not separately reimbursed and may not be billed to the member.

CPT lab codes 80100, 80101, 80104, G0431 or G0434 should not be filed together.

The following CPT codes are covered for BlueCHiP for Medicare and Commercial products and are reported by CLIA non-waived drug testing performed by BCBSRI participating independent laboratories.

80100, 80101, 80102, 80104, 80154, 80155, 80159, 80171, 80175, 80183, 80184, 80199, 80299, 82055, 82145, 82205, 82520, 82742, 83805, 83840, 83925, 83992

The following HCPCS codes are covered for BlueCHiP for Medicare and Commercial products and can be reported by BCBSRI participating professional providers, and by facilities:

G0431, G0434

## RELATED POLICIES

None.

## PUBLISHED

Provider Update	Nov	2013
Provider Update	Jun	2011
Provider Update	Jul	2008

## REFERENCES

None.

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