BOSTON MEDICAL CENTER HEALTHNet PLAN

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WELL SENSE HEALTH PLAN

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Reimbursement Policy

Drug Screening/Testing (DS/T): Drugs of Abuse

Policy Number: 4.94
Version Number: 14
Version Effective Date: 07/01/2021

Product Applicability	☐ **All Plan⁺ Products**
Well Sense Health Plan	**Boston Medical Center HealthNet Plan**
☐ Well Sense Health Plan	☒ MassHealth MCO ☒ MassHealth ACO ☒ Qualified Health Plans/ConnectorCare/Employer Choice Direct ☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.
Prior authorization is required for DS/T exceeding 30 dates of service per member per calendar year.

Definitions

Authorized provider: Any individual who is authorized under state law to prescribe drugs pursuant to M.G.L. c. 94C and also authorized to order the test(s) under M.G.L. c. 111D.

⁺ *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

CLIA: Clinical Laboratory Improvement Amendments: Federal regulatory standards that apply to all clinical laboratory testing performed on humans in the United States, except clinical trials and basic research.

Drugs of Abuse or Controlled Substances: For the purposes of this policy, **shall be any drug subject to the Controlled Substances Act on the date of service, whether prescribed or used illicitly**. A list of current controlled substances is available at the U.S. Department of Justice Drug Enforcement Administration Diversion Control Division website.

Independent Clinical Laboratory: a freestanding clinical laboratory that is not affiliated with a hospital.

Individualized treatment plan/program: A structured, goal-oriented schedule of services developed jointly by the recipient and the treating provider. The plan is a dynamic document based on an initial assessment and periodic re-assessments of the recipient's status, needs, and resources.

Known or suspected drugs of abuse: Controlled substances present on an individual's initial drug profile, or those for which the member has described a history of use during the initial or a subsequent medical evaluation, or those for which the member's behavior during a documented evaluation of the member by an authorized provider on the day the specimen is requested is suspicious.

Standing order: A request by an authorized provider for a servicing provider to repeat one or more tests over a specified period of time.

Drug screening/testing (DS/T): Process of chemical analysis designed to determine the presence of general classes of drugs in the body for medical, legal, or other purposes. Categories of DS/T include:

- Presumptive Drug Screening/Testing: Also known as initial drug testing, drug screening test, qualitative testing (drug is present or absent), or immunoassay, presumptive DS/T determines if a drug or class of drug is present in the specimen and may be performed by various methods, including chromatography, spectrometry, immunoassay, enzyme assay, and chemical or "spot" method.
- Definitive Drug Testing: Also known as confirmatory drug testing or quantitative (measured) testing, definitive testing is a second analytical procedure performed (e.g., gas chromatography-mass spectrometry [GC/MS] or liquid chromatography-tandem mass spectrometry [LC-MS/MS]) on a portion of the original specimen to identify and quantify the presence of specific drug(s) or drug metabolite(s)

Provider Reimbursement

The Plan will reimburse approved providers for DS/T at the lesser of the servicing provider's charges or the fees established in the provider's contract with the Plan, subject to the terms of this policy.

The Plan covers drug screening/testing (DS/T) conducted on specimens of any source, subject to the terms below, when conducted for medical purposes. See also the Applicable Billing and Service Limitation sections of this policy.

- DS/T by presumptive methods (billed with 80305-80307) to detect general classes of controlled substances to determine the presence of controlled substances as defined in this policy;
    - Confirmatory testing by definitive methods (G0480-G0483, G0659) is reimbursed only when medical policy criteria in the Plan's medical policy, Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances, OCA 3.98 is met.

Service Exclusions

DS/T for the following purposes is considered not medically necessary and, therefore, is not reimbursed:

- When billed with generic laboratory examination diagnosis code Z01.89; and/or
- When mandated by a third party including, but not limited to, residential facility, employer or potential employer, school, or athletic or other extracurricular program.

Service Limitations

Service Limitations – All Settings

The following service limitations apply to DS/T in all settings:

- The Plan reimburses one unit of multi-drug DS/T per calendar day; it is not considered medically necessary for a second provider performing confirmatory testing to repeat DS/T on the same sample and/or same date of service as the initial DS/T (e.g., if DS/T is performed at the point-of-care (POC) it is not necessary for an independent laboratory performing confirmatory testing to repeat the screening).
- The only presumptive drug screening codes the Plan will reimburse are 80305-80307.
- The only definitive drug testing codes the Plan will reimburse are G0480-G0483, G0659.
- Definitive testing (billed with G0480-G0483, G0659) is only reimbursable when medical policy criteria is met per the Plan's medical policy, Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances, OCA 3.98.
- DS/T after the identification of the member's drugs of use/abuse profile must be limited to the specific controlled substances present on the initial profile, those for which the member has described a history of use during the initial or a subsequent medical evaluation, or those for which the member's behavior during a documented evaluation of the member by an authorized provider on the day the specimen is requested is suspicious. In the absence of a history or documented suspicion of the abuse of specific controlled substances, the Plans considers a single multi-drug DS/T during pregnancy to be medically necessary.

Service Limitations – Independent Clinical Laboratories

In addition to the above service limitations the following service limitations apply to DS/T when performed by an independent clinical laboratory:

- In accordance with MassHealth when definitive drug testing (G0480-G0483, G0659) is performed on the same date of service as presumptive drug screening (80305-80307) only the presumptive drug screening will be reimbursed. Providers shall not inconvenience members nor increase risks to members by performing services on different dates of service for the purpose of avoiding clinical edits.

Primary Code	Secondary Code	Notes
80305 80306 80307	G0480 G0481 G0482 G0483 G0659	The secondary codes are not separately reimbursable on the same date of service as the primary codes.

The only time the Plan will reimburse an independent clinical laboratory for both presumptive and definitive drug testing on the same date of service is if there is a positive presumptive screen for Fentanyl. In this situation independent clinical lab providers must bill one unit of 80354 with the appropriate presumptive code and appropriate definitive code. No payment will be made for 80354; however, if proper criteria are met both the presumptive and definitive code will be reimbursed.

Documentation Requirements

Prior to performing DS/T the servicing provider must secure from an authorized requesting provider identified by name, credentials, and address, a written request specific to the member, with the provider's signature both legible and dated (NOTE: rubber stamp is not acceptable; electronic signature including provider's name, date and time of signature is acceptable) an order that specifies the following:

For routine presumptive DS/T:

- Specific controlled substances to be screened; and
- The specific diagnosis for which the screening is requested.

For confirmatory testing:

- Specific controlled substances for which definitive testing is to be performed; and
- The specific diagnosis for which the confirmation is requested.

Standing orders:

- Standing orders for presumptive DS/T that meet the above requirements and also 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.
- Standing orders for confirmatory testing is limited to only those situations that meet the medical criteria in the Plan's medical policy, *Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances, OCA 3.99*. 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 when applicable.

Record retention:

For DS/T and associated confirmatory testing the servicing provider shall maintain and, upon request, submit for the Plan's review the following:

- The written request for service or standing order dated within 30 days of the date of service;
- The specimen identification number;
- The means of identifying the source of the specimen;
- The date and location of specimen collection and by whom it was collected;
- The date of receipt of the specimen by the servicing provider;
- The name of each test, including confirmatory tests, performed, the date performed, and the results; and
- The name and address of each recipient of test results and the date reported.

Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

The following requirements apply to all DS/T services covered by this policy provided to an eligible Plan member:

- All DS/T services are to be appropriately billed with the HCPCS codes listed below;
- Providers submitting claims for DS/T must have the appropriate level Clinical Laboratory Improvement Amendments (CLIA) certification for the specific service(s) rendered;
- When ordered by an authorized requesting provider, all presumptive DS/T is to be billed with HCPCS codes 80305-80307, depending upon the complexity of testing;
- When ordered by an authorized requesting provider, all definitive testing is to be billed with HCPCS codes G0480-G0483, G0659.
- All claims containing DS/T services must include the specific diagnosis code identifying the reason the testing was requested (e.g., when testing for known controlled substances or for monitoring of

prescribed controlled substances in conjunction with supervision of pregnancy, the specific diagnosis code that supports the medical necessity of the testing must be reported in addition to the appropriate pregnancy supervision code; when testing in conjunction with an office/clinic visit, the specific diagnosis code that supports the medical necessity of the testing must be reported in addition to any other appropriate diagnosis code(s)). The above provisions address all circumstances related to the billing of DS/T subject to this policy. It is unlikely that services would be appropriately billed using an unlisted CPT code; however, any services so billed will be subject to the Plan's General Clinical Editing and Payment Accuracy Review Policy.

- Claims must contain the name and NPI number of the authorized requesting provider, whether as the servicing provider or the requesting provider.

Code	Description	Notes
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, cartridges]) includes sample validation when performed, per date of service	Only 1 unit of 80305 or 80306 or 80307 will be reimbursed 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, cartridges]), includes sample validation when performed, per date of service	Only 1 unit of 80305 or 80306 or 80307 will be reimbursed 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	Only 1 unit of 80305 or 80306 or 80307 will be reimbursed per date of service.
80354	Fentanyl	This code can only be billed by independent clinical labs. See the *Service Limitations – Independent Clinical Laboratories* section of this policy for billing guidelines for using this code.

Code	Description	Notes
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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, 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.	Only 1 unit of G0480 or G0481 or G0482 or G0483 or G0659 will be reimbursed per date of service.
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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, 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.	Only 1 unit of G0480 or G0481 or G0482 or G0483 or G0659 will be reimbursed per date of service.
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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, 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-	Only 1 unit of G0480 or G0481 or G0482 or G0483 or G0659 will be reimbursed per date of service.

Code	Description	Notes
	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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, 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.	Only 1 unit of G0480 or G0481 or G0482 or G0483 or G0659 will be reimbursed per date of service.
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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, 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, all sources, includes specimen validity testing, per day, any number of drug classes	Only 1 unit of G0480 or G0481 or G0482 or G0483 or G0659 will be reimbursed per date of service.

Verification of Compliance with Requirements

Claims for DS/T are subject to audit to verify compliance with the terms of this policy and with the following requirements:

- For the purposes of monitoring adherence to a prescribed medication regimen, the member is under the active care of the ordering physician; or

- For the purpose of detecting known or suspected controlled substances, the member is under an active course of treatment evidenced by a documented individualized treatment plan that is reviewed and updated no less than quarterly.

Payments for claims not meeting these requirements will be subject to retraction, up to and including via extrapolation of the results of such audits to a wider universe of claims.

Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
09/23/2011	12/01/2011	Payment Policy	Payment Policy Committee

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
01/27/2012	Updated Coding and Service Limitations	01/27/2012	Payment Policy Committee
04/01/2013	Policy title change, updated CLIA requirement for CPT coding, applicable billing and documentation requirements.	04/01/2013	Payment Policy Committee
12/02/2013	Updated template and product applicability section for BMC HealthNet Plan Qualified Health Plans, including ConnectorCare	12/02/2013	Payment Policy Committee
01/15/2014	Added ICD-10 Diagnosis Coding	01/15/2014	Payment Policy Committee
06/06/2014	Revised policy title, definitions, policy statement, applicable billing, applicable coding, and references	06/06/2014	Payment Policy Committee
12/22/2014	Coding updated	01/01/2015	Payment Policy Committee
07/14/2015	New template, updated product applicability section, removed section on non-controlled substances, added G codes to service limitation table	08/01/2015	Payment Policy Committee

Policy Revisions History			
12/15/2015	Updated coding, updated terminology to include presumptive, definitive screening/testing, removed adulteration testing	01/01/2016	Payment Policy Committee
12/12/2016	Updated coding	01/01/2017	Payment Policy Committee
12/08/2017	Updated descriptions of 80305-80307	01/01/2018	Payment Policy Committee
11/7/2019	Updated product applicability box, added service limitation for independent clinical labs related to definitive drug testing codes not being separately reimbursable when billed on same DOS as presumptive drug screening.	12/11/2019	Payment Policy Committee
01/21/2020	Added billing guidelines for independent clinical labs related to fentanyl.	04/15/2020	Payment Policy Committee
5/18/2021	Updated definitive drug testing sections with reference to the Plan's medical policy criteria.	07/01/2021	Payment Policy Committee

Other Applicable Policies

Reimbursement Policies

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Non-Reimbursed Codes, 4.48
- Physician and Non-Physician Practitioner Services, 4.608

Medical Policies

- Drug Screening/Testing for Drugs of Abuse and/or Controlled Substances, OCA 3.98

References

- Centers for Medicare and Medicaid Services (CMS) CLIA Categorization of Tests
- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth

- Department of Health & Human Services (DHHS) Pub 100-20 One-Time Notification Centers for Medicare & Medicaid Services (CMS) Transmittal 653 Date: March 19, 2010 Change Request 6852
- Drug Screen/Quantitative Drug Test Claim Edit; Drug Screens Performed For Residential Monitoring, MassHealth Bulletins Independent Clinical Laboratory Number 9, Acute Outpatient Hospital Number 28, Physician Number 94, Community Health Center Number 74
- Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan
- MassHealth Transmittal Letter LAB-46, April 2017
- MLN Matters Number SE1105 Revised Medicare Drug Screen Testing, August 9, 2102
- National Correct Coding Initiative Policy Manual For Medicare Services, Chapter I, General Correct Coding Policies
- US Department of Justice, Drug Enforcement Administration, Drugs of Abuse, 2011 Edition, A DEA Resource Guide
- US Department of Justice, Drug Enforcement Administration, Schedule of Controlled Substances
- 2011 HCPCS Updates MassHealth Transmittal Letters LAB-37, AOH-26, PHY-132, CHC-91, December 2011

Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.