Coverage Guidelines

Urine Drug Screening

Baptist Health Plan coverage guidelines apply unless there is a contract in place with another provider which supersedes Baptist Health Plan coverage guidelines.

Disclaimer:
Please note that Baptist Health Plan updates Coverage Guidelines throughout the year. A printed version may not be the most up-to-date version available. The health plan reserves the right to review and update this policy as needed. Refer to the website to ascertain that you are utilizing the most current available version. Clinical guideline policies are not intended to serve as treatment guidelines or treatment recommendation. Treating providers must use their own clinical judgment in rendering care to their patient population.

For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern. In addition, coverage for Medicare Advantage members may differ. This is a result of applicable coverage statements by the Center for Medicare and Medicaid Services (CMS). The National Coverage Determinations, Local Coverage Determinations, and Local Medical Review Policies may be found at the CMS website, http://www.cms.gov. Please note that for all plans, the member’s health plan benefits that are in effect on the rendered date of service must be used in coverage determinations.

DEFINITION

Urine drug screening (UDS) is a chemical laboratory analysis designed to identify the presence of specific drugs, both illegal (street drugs) and controlled (prescription) drugs in the urine. This screening is used for medical and/or legal purposes. Screening for the concurrent use of illegal drugs and legal but addictive prescription drugs and their metabolites is an integral component of many drug/substance abuse programs as well as other clinical settings.

Peer-reviewed medical literature clearly documents that UDS is frequently over-utilized and often billed inappropriately. Adulteration testing may be performed to check the integrity of the urine. Urine samples submitted for drug abuse testing are often altered in an attempt to
disguise drug use. Samples have been diluted with water, bleach, or vinegar to name a few of the substances, or with commercially sold adulterants such as UrinAid, Stealth, or Urineluck.

A 5-Panel drug test looks for:

- Amphetamines/Methamphetamines (Ecstasy, crystal meth)
- Cocaine
- Marijuana – (THC)
- Opiates (Heroin)
- Phencyclidine (PCP)

According to the *Substance Abuse and Mental Health Services Administration* (SAMHSA), the five substances listed above are considered to be the most commonly abused drugs.¹

A 10-Panel drug test² looks for:

- Amphetamines
- Barbiturates
- Benzodiazapines
- Cocaine
- Marijuana – (THC)
- Methadone
- Methamphetamines
- Opiates (Heroin)
- Phencyclidine (PCP)
- Tricyclic antidepressants

### COVERAGE CRITERIA

A maximum of 10 drugs/classes per member per calendar day will be allowed for screening for a maximum of 20 days per calendar year per member.

The following indications for urine drug screening of members may be considered medically necessary:

- Initial drug screening may be a 5-panel drug test. A maximum 10-panel screening may be allowed at the physician’s discretion when there is observed and documented suspicion of the use of drugs not identified in the 5-panel drug screen.³
- Following the initial visit, random urine drug testing should be conducted for the first six months. Urine is tested for several drugs of abuse and for the presence of treatment medication.⁴
Following the first six months testing will be less frequent and will be based on treatment progress.

Confirmatory testing by a second qualitative method or by quantitation of drug screening is reimbursed only when a drug has been detected and identified by qualitative drug screening and then only when such confirmation is requested by the physician ordering the initial qualitative drug screening.

Urine column chromatography/mass spectrometry drug screening is medically necessary only when the drug testing panel is limited to specific drugs used and/or abused are documented in the member’s medical history.

The following urine drug screening tests are a benefit exclusion in the following instances:

- Screening solely for legal or other non-medical purposes
- Urine drug screening requests made by state, federal, or any other public agency
- Regardless of the condition for which urine drug screening is conducted, such screening for legal or other non-medical (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).
- Point of care testing other than testing done in an emergency department

MEDICAL BACKGROUND

The Substance Abuse and Mental Health Services Administration (SAMHSA), is a federal agency whose mission is “to reduce the impact of substance abuse and mental illness on America’s communities.” Since its creation in 1992, people with mental and/or substance use disorders have seen many improvements in their lives. Individuals are now more able to be active participants in their own care and recovery, in part because of the shift from inpatient care to outpatient care. The growing use of medications to treat conditions such as depression and opioid dependence is another major change in treatment programs.

The primary function of UDS is to assist in stabilizing a patient on the proper dosage of methadone or buprenorphine. Drug test results should not be used to punish patients or as the sole reason to discharge them from treatment. Urine drug screens are frequently used to answer the following questions: Is the patient taking the prescribed medications properly? Is the patient taking prescription medication(s) not being prescribed? Is the patient taking illicit drugs?

Urine drug screening should not routinely include a panel of all possible drugs that could be abused, but should focus on detecting the specific drug(s) of concern. A full panel screening should only be ordered when the patient’s behavior, observed and documented by the physician or medical personnel suggests the use of drugs not identified in the initial screening. Medical documentation must include details of the observed behavior to justify the requested full panel screening.

Toxicology screening tests are usually performed to identify a myriad of drugs and drug classes or to screen for one particular drug or drug class. Upon the identification of a positive test, an
additional test is usually conducted to confirm positive results.

A qualitative drug screen is used to detect the presence of a drug in the body. A blood or urine sample may be used for testing, 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.

The toxicology billing procedure should therefore include coding for the initial test. Upon the identification of a positive test, CPT code 82542 is used to code for the confirmatory test. This code is used to describe any and all confirmatory testing of positive screenings.

**Qualitative** urine drug screening is considered for reimbursement only when used as a medical component necessary for the diagnosis and treatment of an illness. Confirmatory testing by a second qualitative method or by quantization of drugs is considered for reimbursement only when a drug has been detected by qualitative drug screening and only when such confirmation is requested by the provider ordering the initial qualitative drug screening.

Limitations on the number of urine drug screening dates of service as described above also apply to confirmatory testing.

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.

### REGULATORY INFORMATION

Kentucky – No legislative mandates were found for coverage of urine drug screening.

Indiana – No legislative mandates were found for coverage of urine drug screening.

Tennessee – No legislative mandates were found for coverage of urine drug screening.

**Baptist Health Plan coverage guidelines apply unless there is a contract in place with another provider which supercedes Baptist Health Plan coverage guidelines**

For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.

### COVERAGE DETAIL

According to the Medical Association of Billers a new payment policy went into effect on January 1, 2011. On that date the insurer will pay for drug screening conducted in the office setting by a laboratory with a Clinical Laboratory Improvement Amendment (CLIA) certificate of waiver and confirmation testing performed at a library not requiring a CLIA certificate of waiver.

**The following CPT and HCPCS codes can be billed on 01/01/11:**

80100, Drug screen, qualitative; multiple drug classes chromatographic method, each procedure
80102, Drug confirmation, each procedure

G0431, Drug screen, qualitative; single drug class method (e.g. immunoassay, enzyme assay), each drug class

G0434, Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter.

**Payment limits**

80100 and 80102 are only payable to laboratories that do not require a CLIA certificate of waiver.

G0431 may be limited to one unit per day per patient encounter for laboratories with a CLIA certificate of waiver. Laboratories that do not require a CLIA certificate of waiver may bill more than one unit per day per patient encounter.

**Codes that are not covered by Medicare on 01/01/11:**

80101

80104

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
<th>Coverage Information</th>
<th>Usage Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>80100</td>
<td>Drug screen, qualitative; multiple drug classes chromatographic method, each procedure</td>
<td>Medically necessary when criteria are met</td>
<td>Use when specific drug is not known and provider requests a general drug screen</td>
</tr>
<tr>
<td>80101</td>
<td>Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay each drug class)</td>
<td>Medically necessary when criteria are met</td>
<td>This code should not be used if 80100 can be used. For qualitative analysis by multiplexed screening kit for multiple drugs or drug classes, use 80104</td>
</tr>
<tr>
<td>80102</td>
<td>Drug confirmation, each procedure</td>
<td>Medically necessary when criteria are met</td>
<td>Limited to the number of drugs positive on screening test and any controlled substances being prescribed (to ensure member compliance with the prescribed medication).</td>
</tr>
<tr>
<td>80104</td>
<td>Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure</td>
<td>Medically necessary when criteria are met</td>
<td>Submit to report a specific drug screen, qualitative analysis by multiplexed method for 2-15 drugs or drug classes (such as multidrug</td>
</tr>
</tbody>
</table>

A maximum of 10 drugs/classes per member per calendar day will be allowed for screening for a maximum of 20 days per calendar year per member.
### Drug Specific or Technique Code

<table>
<thead>
<tr>
<th>Drug Specific or Technique Code</th>
<th>Description (For drug confirmation by quantitation)</th>
<th>Coverage Information</th>
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</tr>
</thead>
<tbody>
<tr>
<td>82542</td>
<td>Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analysis not elsewhere specified; quantitative, single stationary and mobile phase</td>
<td>When medically necessary criteria are met Limited to the number of drugs positive on screening test and any controlled substances being prescribed (to ensure member compliance with the prescribed medication).</td>
<td>This code should only be used when a more specific drug confirmatory CPT code is not available</td>
</tr>
<tr>
<td>82543</td>
<td>Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analysis not elsewhere specified; quantitative, single stationary and mobile phase</td>
<td>When medically necessary criteria are met Limited to the number of drugs positive on screening test and any controlled substances being prescribed (to ensure member compliance with the prescribed medication).</td>
<td>This code should only be used when a more specific drug confirmatory CPT code is not available</td>
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### HCPC® Codes

<table>
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<tbody>
<tr>
<td>G0430</td>
<td>Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter.</td>
<td>Medically necessary when criteria are met</td>
<td>Reported per procedure Must be used when reporting any qualitative, non-chromatographic, multiple drug class assays.</td>
</tr>
<tr>
<td>G0431</td>
<td>Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class, CLIA waived test must be used when reporting qualitative, single drug class assays classified as &quot;CLIA waived&quot; by the FDA</td>
<td>Medically necessary when criteria are met</td>
<td>Reported per drug class. Must be used when reporting any qualitative single drug or drug class assay, including individual drug or drug class assays performed using CLIA moderate- or high-complexity instruments as well as point of care devices which produce results for only one drug or class of drugs</td>
</tr>
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**REFERENCES**


