

DRUG TESTING

Effective Date: January 29, 2018

Review Dates: 5/15, 5/16, 11/16, 2/17, 11/17, 11/18

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Status: Current

Summary of Changes

I. POLICY/CRITERIA

This policy addresses the use of drug testing in outpatient and residential settings. This policy does not apply to drug testing in an emergency department or in acute inpatient medical and behavioral health facilities.

The use of a presumptive, qualitative/semi-quantitative test versus a definitive, quantitative confirmatory test depends on whether or not there is a medical necessity to obtain the exact concentration of the drug or its metabolite in the specimen. Proper documentation by the ordering provider (physician) will include the medical necessity of the order. Such documentation must indicate how the test results will impact clinical care. Annual limits are defined below.

**Presumptive (qualitative; semi-quantitative) urine drug testing** is a covered benefit only when performed within the context of any of the following (1, 2, or 3):

1. To verify compliance with treatment, identify undisclosed drug use or abuse, or evaluate aberrant behavior (e.g. lost prescriptions, repeat requests for early refills, prescriptions from multiple providers, apparent intoxication) for either:
  - a) individual receiving treatment for chronic pain with prescription opioid or other potentially abused medications; **OR**
  - b) individual undergoing treatment for, or monitoring for relapse of, opioid addiction or substance abuse.

*OR*
2. To assess an individual when clinical evaluation suggests use of non-prescribed medications or illegal substances; **OR**
3. On initial entrance into a pain management program or substance abuse recovery program.

**Definitive (confirmatory; quantitative)** urine drug testing has two primary purposes:

1. To support a patient's ongoing use or discontinuation of a specific drug, **OR**
2. To confirm the screening result identifying the analyte causing a positive reaction or to ensure that the patient is truly negative for a drug

Definitive (confirmatory; quantitative) urine drug testing is a covered benefit only when **all** of the following are met:

1. The qualitative test was negative for prescribed medications, positive for a prescription drug with abuse potential which was not prescribed, or positive for an illegal drug (e.g. methamphetamine or cocaine); **AND**
2. The specific quantitative test(s) ordered are supported by documentation specifying the rationale for each quantitative test ordered; **AND**
3. Clinical documentation reflects how the results of the test(s) will be used to guide clinical care.

The following are not covered:

1. Orders for "custom profiles," "definitive panels," "standing orders," "protocol screening," or to "conduct additional testing as needed," are not sufficiently detailed to verify medical necessity and are therefore not a covered benefit.
2. Specimen/sample validity testing or specimen/sample adulteration testing is a mandatory quality control which is an integral part of the specimen/sample collection and testing process and therefore not separately reimbursable.
3. Drug testing is not a covered benefit when billed by an entity that did not perform the service.
4. Drug testing as a third party requirement (e.g. employment, licensing, school, housing, and courts, forensic) is not a covered benefit.
5. Presumptive immunoassay (qualitative) and/or definitive confirmatory (quantitative) urine drug testing will not be covered as required for, or in conjunction with, participation in a substance abuse facility, as urine drug testing is considered included in the facility reimbursement.

Testing in matrices other than urine:

1. The use of blood samples as an alternative to urine for drug testing is considered medically necessary only when the use of urine is not feasible (for example, when an individual has advanced kidney failure).
2. The use of saliva/oral fluid, sweat, hair, or nail samples for drug testing is considered not medically necessary in all circumstances, with the following exception:

- Measurement of cotinine in saliva for determination of smoking status/cessation is a covered benefit.

Annual limits:

Qualitative and quantitative drug tests combined are limited to 12\* per calendar year unless there is proper documentation that identifies medical necessity as determined by plan review.

\*Exception to raise the number of covered drug tests as requested for pregnant women

## II. MEDICAL NECESSITY REVIEW

Required                       Not Required\*                       Not Applicable

\*HMO/EPO plans require prior authorization for all OON labs.

**Note:** POS and PPO plans do not require prior authorization for OON labs; however, all OON labs will be processed at the member's out-of-network benefit level.

## III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *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.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between*

*this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

#### IV. BACKGROUND

Definitions:

Qualitative (presumptive) drug testing: A testing methodology to determine the presence or absence of a substance belonging to a general class of drugs. The test result is expressed in non-numerical terms (i.e. positive or negative).

Quantitative (definitive) drug testing: A testing methodology to determine the specific quantity/concentration of a drug or drug metabolite. The test result is expressed in numerical terms.

#### V. CODING INFORMATION

**Third Party Services** *(not covered)*

**ICD-10 Codes** that apply:

Z00.8	Encounter for other general examination
Z02.0	Encounter for examination for admission to educational institution
Z02.1	Encounter for pre-employment examination
Z02.2	Encounter for examination for admission to residential institution
Z02.3	Encounter for examination for recruitment to armed forces
Z02.4	Encounter for examination for driving license
Z02.5	Encounter for examination for participation in sport
Z02.6	Encounter for examination for insurance purposes
Z02.71	Encounter for disability determination
Z02.79	Encounter for issue of other medical certificate
Z02.81	Encounter for paternity testing
Z02.82	Encounter for adoption services
Z02.83	Encounter for blood-alcohol and blood-drug test
Z02.89	Encounter for other administrative examinations
Z02.9	Encounter for administrative examinations, unspecified
Z04.6	Encounter for general psychiatric examination, requested by authority

**Diagnoses related to drug use, potential for abuse or documented abuse**

*(List should not be considered to be inclusive)*

**ICD-10 Codes** that may apply:

F10.10 – F19.99	Mental and behavioral disorders due to psychoactive substance use
G43.0 – G43.D1	Migraine
G44.00 – G44.89	Other headache syndromes

G89.0 Central pain syndrome  
 G89.21 Chronic pain due to trauma  
 G89.22 Chronic post-thoracotomy pain  
 G89.28 Other chronic postprocedural pain  
 G89.29 Other chronic pain  
 G89.3 Neoplasm related pain (acute) (chronic)  
 G89.4 Chronic pain syndrome  
 G90.50 – G90.59 Complex regional pain syndrome I (CRPS I)

M35.3 Polymyalgia rheumatica  
 M47.0 – M47.899 Spondylosis  
 M48.00 – M48.9 Other spondylopathies  
 M54.0 – M54.49 Dorsalgia  
 M79.0 Rheumatism, unspecified  
 M79.6 – M79.676 Pain in limb  
 M79.7 Fibromyalgia  
 M25.50 – M25.579 Pain in Joint  
 M79.7 Fibromyalgia

R51 Headache  
 R52 Pain, unspecified

Z51.81 Encounter for therapeutic drug level monitoring  
 Z71.41 Alcohol abuse counseling and surveillance of alcoholic  
 Z71.51 Drug abuse counseling and surveillance of drug abuser  
 Z79.891 Long term (current) use of opiate analgesic  
 Z79.899 Other long term (current) drug therapy

**CPT/HCPCS Codes:**

**Presumptive Drug Testing - see CPT guidelines for definitions of drug class A & B**

- 80305 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, 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 (e.g., immunoassay); read by instrument assisted direct optical observation (e.g., dipsticks, cups, cards, 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 (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

**Definitive Drug Testing**

- 80320 Alcohols
- 80321 Alcohol biomarkers; 1 or 2
- 80322 Alcohol biomarkers; 3 or more

80323	Alkaloids, not otherwise specified
80324	Amphetamines; 1 or 2
80325	Amphetamines; 3 or 4
80326	Amphetamines; 5 or more
80327	Anabolic steroids; 1 or 2
80328	Anabolic steroids; 3 or more
80329	Analgesics, non-opioid; 1 or 2
80330	Analgesics, non-opioid; 3-5
80331	Analgesics, non-opioid; 6 or more
80332	Antidepressants, serotonergic class; 1 or 2
80333	Antidepressants, serotonergic class; 3-5
80334	Antidepressants, serotonergic class; 6 or more
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2
80336	Antidepressants, tricyclic and other cyclicals; 3-5
80337	Antidepressants, tricyclic and other cyclicals; 6 or more
80338	Antidepressants, not otherwise specified
80339	Antiepileptics, not otherwise specified; 1-3
80340	Antiepileptics, not otherwise specified; 4-6
80341	Antiepileptics, not otherwise specified; 7 or more
80342	Antipsychotics, not otherwise specified; 1-3
80343	Antipsychotics, not otherwise specified; 4-6
80344	Antipsychotics, not otherwise specified; 7 or more
80345	Barbiturates
80346	Benzodiazepines; 1-12
80347	Benzodiazepines; 13 or more
80348	Buprenorphine
80349	Cannabinoids, natural
80350	Cannabinoids, synthetic; 1-3
80351	Cannabinoids, synthetic; 4-6
80352	Cannabinoids, synthetic; 7 or more
80353	Cocaine
80354	Fentanyl
80355	Gabapentin, non-blood
80356	Heroin metabolite
80357	Ketamine and norketamine
80358	Methadone
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80360	Methylphenidate
80361	Opiates, 1 or more
80362	Opioids and opiate analogs; 1 or 2
80363	Opioids and opiate analogs; 3 or 4
80364	Opioids and opiate analogs; 5 or more
80365	Oxycodone
83992	Phencyclidine (PCP)
80366	Pregabalin
80367	Propoxyphene
80368	Sedative hypnotics (non-benzodiazepines)
80369	Skeletal muscle relaxants; 1 or 2

- 80370 Skeletal muscle relaxants; 3 or more
- 80371 Stimulants, synthetic
- 80372 Tapentadol
- 80373 Tramadol
- 80374 Stereoisomer (enantiomer) analysis, single drug class
  
- 80375 Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise
- 80376 Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6
- 80377 Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more

*Codes 80320 – 80377 not payable by Priority Medicare and Medicaid - use G codes. G-codes should not be submitted for commercial members in lieu of CPT codes.*

- 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, 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(s), 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(s), 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(s), 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(s), 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-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

**Not Covered:**

- 0006U Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service (*Aegis Drug-Drug Interaction Test – Aegis Sciences Corporation*)
- 0007U Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service (*ToxProtect™ – Genotox Laboratories LTD*)
- 0011U Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites (*Cordant CORE™ - Cordant Health Solutions*)
- 0051U Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service (*UCompliDx-Elite Medical Laboratory Solutions, LLC*)
- 0079U Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification (*ToxLok—InSource Diagnostics*)
- 82075 Alcohol (ethanol), breath



P2031 Hair analysis (excluding arsenic)

## VI. REFERENCES

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