Priority Health

MEDICAL POLICY No. 91611-R4

DRUG TESTING

Effective Date: November 25, 2020

Review Dates: 5/15, 5/16, 11/16, 2/17, 11/17, 11/18, 11/19, 11/20, 11/21, 11/22, 11/23, 11/24

Date Of Origin: May 13, 2015

Status: Current

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) drug testing is considered medically necessary 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) 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 considered medically necessary 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 matrices:

1. The use of urine for drug testing is considered medically necessary when the medical necessity criteria for either presumptive or definitive drug testing are met.

2. 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).
3. The use of oral fluid/saliva/buccal swab as an alternative to urine for drug testing is considered medically necessary only when use of such matrices permits necessary sensitivity and specificity.
4. The use of sweat, hair, or nail samples for drug testing is considered not medically necessary in all circumstances.

Limits:

1 qualitative AND/OR 1 quantitative drug test may be billed on a single date of service.

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) and/or the Evidence of Coverage (EOC); 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. 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, 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 – G43.61	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 – For Medicaid use G codes G0480-G0483. For Medicare use G0480-G0483, G0659.

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:

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 liquid chromatography tandem mass spectrommetry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service

0054U Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service

0078U Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder

0079U Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification *(ToxLok—InSource Diagnostics)*

0082U Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service

0110U Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected

0116U Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported

0117U Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain

0328U Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service

0517U Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and
quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed
Medications.

0518U Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed
Medications.

0519U Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LCMS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, nonprescribed, and illicit medications in circulation.

0520U Therapeutic drug monitoring, 200 or more drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications

82075 Alcohol (ethanol), breath

P2031 Hair analysis (excluding arsenic)

VI. REFERENCES

American Society of Addiction Medicine (ASAM). Drug Testing: A White Paper of the American Society of Addiction Medicine (ASAM) October 26, 2013 @ www.asam.org (Retrieved March 25, 2015)

American Society of Interventional Pain Physicians (ASIPP) Website. Urine drug testing in chronic pain. *Pain Physician.* March/April 2011: 14:123-143. Available at: http://asipp.org. (Retrieved March 25, 2015)

Clinical Drug Screening and/or Drug Testing. Moda Health Laboratory & Pathology Reimbursement Policy RPM016.

Cigna. Medical Coverage Policy No. 0513. Drug Testing.

UpToDate. Testing for drugs of abuse (DOAs).