Horizon BCBSNJ
Uniform Medical Policy Manual

Section:	Pathology
Policy Number:	068
Effective Date:	06/13/2017
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Subject:
Drug Testing in Pain Management and Substance Use Disorder Treatment Settings

Description:

IMPORTANT NOTE:

The purpose of this policy is to provide general information applicable to the administration of health benefits that Horizon Blue Cross Blue Shield of New Jersey and Horizon Healthcare of New Jersey, Inc. (collectively "Horizon BCBSNJ") insures or administers. If the member's contract benefits differ from the medical policy, the contract prevails. Although a service, supply or procedure may be medically necessary, it may be subject to limitations and/or exclusions under a member's benefit plan. If a service, supply or procedure is not covered and the member proceeds to obtain the service, supply or procedure, the member may be responsible for the cost. Decisions regarding treatment and treatment plans are the responsibility of the physician. This policy is not intended to direct the course of clinical care a physician provides to a member, and it does not replace a physician's independent professional clinical judgment or duty to exercise special knowledge and skill in the treatment of Horizon BCBSNJ members. Horizon BCBSNJ is not responsible for, does not provide, and does not hold itself out as a provider of medical care. The physician remains responsible for the quality and type of health care services provided to a Horizon BCBSNJ member.

Horizon BCBSNJ medical policies do not constitute medical advice, authorization, certification, approval, explanation of benefits, offer of coverage, contract or guarantee of payment.

In the outpatient substance use disorder treatment setting, in-office or point-of-care presumptive (i.e., immunoassay) urine drug testing (UDT) is considered ***medically necessary*** under the following conditions:

- Baseline screening before initiating treatment or at the time treatment is initiated (ie, induction phase) when the following conditions are met:
    - o An adequate clinical assessment of patient history and risk of substance abuse is performed;
    - o Clinicians have knowledge of test interpretation;
    - o There is a plan in place regarding how to use test findings clinically
- Stabilization phase - targeted weekly presumptive UDT
- Maintenance phase – targeted presumptive UDT

Requirements for UDT:

o baseline screening and subsequent monitoring of treatment should be performed using **presumptive** method of testing in an office or point-of-care (POC) setting utilizing a CLIA-waived test, or in a CLIA certified laboratory;
o one (1) time baseline presumptive UDT is appropriate per program entry;
o up to four (4) presumptive UDT is appropriate for one (1) month during the stabilization phase (see Policy Guidelines section);
o up to four (4) presumptive UDT per year is appropriate thereafter during the maintenance phase;
o presumptive UDT exceeding these frequency guidelines (e.g., for complicated cases) will be reviewed on individual case basis (requires documentation of medical necessity from the ordering physician or qualified health care provider);
o a presumptive UDT without definitive UDT is typically sufficient for ongoing clinical monitoring.

3. Definitive (i.e., confirmatory) urine drug testing (UDT), in the pain management or substance use disorder treatment setting, is considered ***medically necessary*** under the following circumstances:

- When presumptive (i.e., immunoassay) UDT for the relevant drug(s) are not commercially available.
- In specific situations for definitive UDT is required for clinical decision making (see Policy Guidelines section)

Requirements for definitive UDT:

o definitive UDT should be performed in a CLIA certified laboratory;
o up to three (3) definitive UDT or drug class every thirty (30) days is appropriate; additional definitive UDT requires documentation of medical necessity from the ordering physician or qualified health care provider;
o definitive UDT requires a positive presumptive UDT and should be performed only for the drug class represented by the positive presumptive UDT;
o definitive UDT for negative presumptive UDT requires documentation of medical necessity from the ordering physician or qualified health care provider;
o definitive UDT should be performed, processed and interpreted in a timely manner, and there should be clear documentation in the medical records how the test result impacts management of the patient;
o a presumptive UDT without definitive UDT is typically sufficient for ongoing clinical monitoring.

4. In the outpatient pain management setting and outpatient substance use disorder treatment setting, urine drug testing is ***not considered medically necessary*** when the above criteria are not met including but not limited to routine presumptive or definitive urine drug testing (eg testing at every visit, without consideration for specific patient risk factors or without consideration for whether definitive testing is required for clinical decision-making).

5. In the outpatient pain management setting and outpatient substance use disorder treatment setting, hair drug testing and oral fluid drug testing are considered ***investigational.***

Urine Drug Screening/Testing

Reimbursement Policy:
Urine Drug Screening/Testing

Effective Date:
November 30, 2013

Last Revised Date:
May 21, 2018

Purpose:
The purpose of this policy is to provide guidelines for the reimbursement of Urine Drug Screening/Testing. This policy applies to professional and laboratory providers.

Scope:
All products are included except:

- Products where Horizon BCBSNJ is secondary to Medicare (e.g. Medigap)
- Horizon BCBSNJ Medicare Advantage plans
- Horizon NJ Health plans
- Flex Link
- ITS Home Par
- ITS Host Medicare Advantage (PPO OON)
- MPL
- COB

All Insured and Administrative Services Only (ASO) accounts are included.

Policy:
In accordance with CMS guidelines, Horizon BCBSNJ shall not reimburse CPT codes 80320 - 80377 because of the potential for overpayment when billing for each individual drug test rather than a single code that pays the same amount regardless of the number of drugs that are being tested.

Horizon BCSNJ shall reimburse the appropriate HCPCS drug screening codes, including: 80305, 80306, 80307, G0480, G0481, G0482, G0483 and G0659.

The CPT codes and nomenclature used in this policy are subject to revision and/or change by the American Medical Association. In the event of such changes, this policy will continue to be in force, albeit applied to the new or amended coding so issued until such time as this policy is reviewed and updated to reflect the new or amended coding.

The Clinical Laboratory Improvement Amendment (CLIA) of 1988 was established to ensure the accuracy and reliability of laboratory testing. All facilities in the United States that perform laboratory testing on human specimens for health assessment or the diagnosis, prevention, or treatment of disease are regulated under the CLIA. Labs performing such tests must have a CLIA certificate, with the exception of certain CLIA waived tests which include test systems cleared by the FDA for home use and those tests approved for waiver under certain CLIA criteria. Horizon BCBSNJ follows guidance from the FDA and CMS regarding which tests may be performed in labs without CLIA certification. Claims for CLIA-waived tests should be submitted with the QW modifier as appropriate.

Procedure:
CPT codes 80320 - 80377 will be denied advising the provider to bill with the appropriate HCPCS code, as provided above.

Horizon BCBSNJ will reimburse one unit of service for procedure codes 80305 - 80307, G0480 - G0483 and G0659 per patient encounter regardless of the number of drug classes tested or the number of units billed. These codes may not be billed together on the same CMS 1500.

Additional units will be considered for reimbursement upon appeal. The appeal must include all of the following documentation:

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

In instances where the provider is participating, there shall be no subscriber liability.

In instances where the provider is not participating, subscriber liability shall be up to billed charges.

Limitations and Exclusions:
While reimbursement is considered, payment determination is subject to, but not limited to:

- Group or individual benefit
- Provider participation agreement
- Routine claim editing logic, including but not limited to incidental or mutually exclusive logic, and medical necessity
- Mandated or legislative required criteria will always supersede.