

# Payment Policy

<b>Title</b>	<b>Urine Drug Testing and Drug Assay Services</b>		
<b>Number</b>	<b>CP.PP.386.v2.9</b>		
<b>Last Approval Date</b>	10/03/24	<b>Original Effective Date</b>	11/11/2012
<b>Cross Reference</b>			

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

<b>Purpose</b>	To define the Plan's limitations for Presumptive Drug Class and Definitive Drug Class procedure codes that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
<b>Scope</b>	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products.
<b>Definitions</b>	<p><b>Drug Class:</b> A group of drugs which have the same chemical structure, work in the same way, or are used for the same purpose.</p> <p><b>Presumptive/Qualitative Screening Drug Class procedures:</b> Initial test to identify use or non-use of a drug or drug class. Presumptive tests determine the presence of a compound. A presumptive test may/may not be followed by definitive testing in order to specifically identify drugs or metabolites.</p> <p><b>Definitive/Quantitative Drug Class confirmatory procedures:</b> Qualitative or quantitative tests to identify use or non-use of a drug. These tests identify specific drugs or the presence of a quantity of drug and associated metabolites if performed. A presumptive test prior to a definitive drug test is not required.</p>
<b>Policy</b>	<p><b><u>Presumptive/Qualitative Screening Drug Class Procedures</u></b></p> <p>Presumptive drug class services are reported using one of the following Presumptive Drug Class CPT procedure codes, whichever most appropriately reflects the service(s) rendered and the date of service: 80305, 80306, 80307, 0007U or 0227U (see Codes/Coding Guidelines for specific code descriptions and guidelines).</p> <p>Per CPT coding guidelines, codes 80305, 80306, 80307, 0007U and 0227U are limited to the following daily frequencies:</p> <ul style="list-style-type: none"> <li>• <b>80305</b> – Use to report procedures where the results are read by optical observation; <b>report once, irrespective of the number of direct observation drug class procedures performed or results on any date of service</b></li> <li>• <b>80306</b> – Use to report procedures when an instrument is used to assist in determining the result of the direct optical observation methodology; <b>report</b></li> </ul>

	<p><b>only once irrespective of the number of drug class procedures or results on any date of service</b></p> <ul style="list-style-type: none"> <li>• <b>80307</b> – Use to report any number of devices or procedures by instrumented chemistry analyzers; <b>report once, irrespective of the number of drug class procedures or results on any date of service</b></li> <li>• <b>0007U</b> – Use to report any number of classes; <b>once per date of service</b></li> <li>• <b>0227U</b> – Use to report 30 or more drugs or metabolites, <b>once per date of service</b></li> </ul> <p><b>Only one of these presumptive testing codes (80305-80307, 0007U or 0227U) can be billed per day with one unit.</b> Select the code that most appropriately/accurately reflects the method of testing performed.</p> <p><b><u>Definitive/Quantitative Drug Class Confirmatory Procedures</u></b></p> <p><b>CPT procedure codes 80320-80377 and 83992 are no longer reimbursed for definitive/quantitative drug testing.</b></p> <p>HCPCS codes G0480, G0481, G0482, G0483, G0659 and Proprietary Lab Analysis (PLA) codes 0051U, 0082U, 0093U, 0143U-0150U and 0328U are to be used to report definitive drug class procedures, based on the number of <u>drug classes</u> tested per day.</p> <p><b><u>Only one</u> of these definitive testing codes (G0480-G0483, G0659, 0051U, 0082U, 0093U, or 0328U) can be billed per day with one unit.</b> Select the code that most appropriately and accurately reflects the number of drug classes tested or drug test rendered.</p>
<p><b>Codes/Coding Guidelines</b></p>	<p><b><u>Presumptive/Qualitative Screening Drug Class Procedure Codes:</u></b></p> <ul style="list-style-type: none"> <li>• <b>80305</b> – Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay (e.g., Dipsticks, cups, cards, cartridges)), includes sample validation when performed, per date of service</li> <li>• <b>80306</b> - Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (e.g., utilizing immunoassay (e.g., Dipsticks, cups, cards, cartridges)), includes sample validation when performed, per date of service</li> <li>• <b>80307</b> – 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, LAMDI, TOF) includes sample validation when performed, per date of service</li> </ul>

- **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.

**NOTE:** Proprietary Laboratory Analysis Code (PLA) for the test ToxProtect from Genotox Laboratories LTD

- **0227U** – Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation:

**NOTE:** Proprietary Laboratory Analysis Code (PLA) for the test Comprehensive Screen from Aspent Health

#### **Definitive/Quantitative Drug Class Confirmatory Procedure Codes:**

- **G0480** – Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers, including but not limited to GC/MS (any type) and LC/MS (any type) and enzymatic methods; qualitative or quantitative, all sources, include specimen validity testing, per day, **1-7 drug classes**, including metabolites if performed
- **G0481** – Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers, including but not limited to GC/MS (any type) and LC/MS (any type) and enzymatic methods; qualitative or quantitative, all sources, include specimen validity testing, per day, **8-14 drug classes**, including metabolites if performed
- **G0482** – Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers, including but not limited to GC/MS (any type) and LC/MS (any type) and enzymatic methods; qualitative or quantitative, all sources, include specimen validity testing, per day, **15-21 drug classes**, including metabolites if performed or
- **G0483** - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers, including but not limited to GC/MS (any type) and LC/MS (any type) and enzymatic methods; qualitative or quantitative, all sources, include specimen validity testing, per day, **22 or more drug classes**, including metabolites if performed
- **G0659** - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers, including but not limited to GC/MS (any type) and LC/MS (any type) and enzymatic methods, performed without method or drug specific calibration, without matrix-matched quality control material or without use of stable isotope or other

	<p>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, <b>any number of drug classes</b></p> <p><b><u>Additional Proprietary Lab Analyses (PLA) codes:</u></b></p> <ul style="list-style-type: none"> <li>• <b>0051U</b> – 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 <ul style="list-style-type: none"> <li>○ <b>NOTE:</b> PLA test code for UCompliDx from Elite Medical Laboratory Solutions</li> </ul> </li> <li>• <b>0082U</b> - 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 <ul style="list-style-type: none"> <li>○ <b>NOTE:</b> PLA test for NextGen Precision Testing, Precision Diagnostics LBN Precision Toxicology LLC</li> </ul> </li> <li>• <b>0093U</b> – Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reports detected or not detected <ul style="list-style-type: none"> <li>○ <b>NOTE:</b> PLA test for Comply RX, Claro Labs</li> </ul> </li> <li>• <b>0328U</b> - 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 <ul style="list-style-type: none"> <li><b>NOTE:</b> PLA Test code for CareView360; NewStar Medical Laboratories LLC</li> </ul> </li> </ul>
<b>Violations of Policy</b>	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined at Plan’s sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>

<b>Exceptions</b>	None
<b>Laws, Regulations &amp; Standards</b>	
<b>References</b>	<ul style="list-style-type: none"> <li>• Center for Medicare and Medicaid Services (CMS)</li> <li>• Healthcare Common Procedure Coding System (HCPCS) Level II Codebook</li> </ul>

	<ul style="list-style-type: none"> <li>American Medical Association’s Current Procedural Terminology (AMA/CPT); Professional Edition codebook</li> <li>American Medical Association’s CPT Changes 2015 – An Insider’s View</li> <li>CMS CY-2017 Clinical Lab Fee Schedule (CLFS) Final Determination</li> </ul>	
<b>Policy Owner Review</b>	Payment Integrity Oversight Committee	
<b>Contact</b>	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
<b>Approval Dates</b>	10/03/24; 03/04/24; 05/19/23; 10/13/22; 11/01/21; 12/30/20; 01/10/20; 05/03/19; 12/06/18; 07/16/18; 01/15/18; 11/06/17; 01/05/17; 12/12/16; 01/08/16; 04/30/15; 12/16/14, 07/25/14, 08/01/13, 11/12/12	
<b>Version History</b>	01/15/18	<ul style="list-style-type: none"> <li>Added code 0002U effective for dates of service 10/01/2017 and after;</li> <li>Moved all code descriptions to the “Codes/Coding Guideline” section</li> </ul>
	07/16/18	<ul style="list-style-type: none"> <li>Corrected a transposition of numbers in code 0002U to 0020U;</li> <li>Added a definition for Drug Class;</li> <li>Revised the section titles for Presumptive and Definitive Drug Class procedures to match the definition titles;</li> <li>Removed codes 80300-80304 and G0477-G0479 which expired 12/31/2016</li> </ul>
	12/06/18	Updated code 0020U to indicate that it was terminated effective October 1, 2018,
	05/03/19	Updated policy with new codes 0082U effective 01/01/2019 and code 0093U effective 07/01/2019
	01/10/20	Updated policy with new codes 0143U through 0150U effective with dates of service 01/01/2020 and after
	12/30/20	<ul style="list-style-type: none"> <li>Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms.</li> <li>In the Presumptive Procedures section of the Policy, deleted code 0020U and added the new code 0227U effective January 1, 2021</li> <li>In the Codes/Coding Guideline section, added the full description for code 0227U</li> </ul>
	11/01/21	Revised the opening paragraphs of the Definitive/Quantitative Drug Class section in the Policy
	10/13/22	Added codes 0051U and 0328U to the Definitive/Quantitative Drug class sections of the Policy
	05/19/23	<ul style="list-style-type: none"> <li>At the end of the Policy section, noted that PLA codes 0143U through 0150U are terminated effective July 1, 2023.</li> <li>In the Codes/Coding Guidelines section, under the Additional Proprietary Lab Analysis (PLA) code section, moved code 0328U after code 0093U and</li> <li>Created separate section for code 0143U-0150U to indicate codes are valid through June 30, 2024 dates of service. Added a termination date of July 1, 2023 to each of these codes.</li> </ul>
	03/04/24	Policy title changed from “Drug Assay Services/Urine Drug Testing” to “Urine Drug Testing/Drug Assay Services”

	10/03/24	In the Definitive/Quantitative Drug Class Confirmatory Procedures and Codes/Coding Guidelines sections, removed codes 0143U-0150U which were deleted effective 07/01/23.
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