PROVIDER REIMBURSEMENT GUIDANCE			
Urine Drug Test			
Original Date Approved	Effective Date Senior Care Options/ICO	Effective Date Medicare Advantage*	Revision Date
04/08/2022	08/01/2022	08/01/2022	

Scope: Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options (MA)
☒ One Care (MA)
☒ Medicare Preferred – (PPO) MA*
☒ Medicare Value - (PPO) MA*
☒ Medicare Preferred – (PPO) RI*
☒ Medicare Value - (PPO) RI*
☒ Medicare Maximum – (HMO DNSP) RI*

PAYMENT POLICY SUMMARY:

CCA reimburses contracted providers for medically necessary urine drug testing (UDT) to detect drugs/drug metabolites as part of medical treatment for alcohol or substance abuse, or the abuse of prescription medications including medical pain management.

Urine drug testing services include clinical studies and testing of urine obtained from the patient to monitor and/or detect drug levels for medical treatment purposes related to the above.

AUTHORIZATION GUIDELINES:

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

CCA REIMBURSES:

- Definitive or confirmation drug testing on individual drugs only when requested by the ordering physician and only in instances where the identified drug has been detected by an initial presumptive drug screening test

  Exceptions: When there is no commercially available presumptive screening method, or the identified drug is part of an authorized HPHC/UBH provider's treatment plan for the member and the initial drug screening test returned an unexpected negative result.
- 1 unit of presumptive testing and/or 1 unit of definitive testing per date of service
- Up to a maximum of 20 dates of service for all urine drug testing tests per calendar year

Standing orders for urine drug testing that do not exceed 30 days when tests are medically necessary and required as part of the members treatment plan.

REIMBURSEMENT GUIDELINES (cont.):

CCA DOES NOT REIMBURSE:

- Definitive drug testing where there has been no underlying presumptive test or where the presumptive test is consistent with expected findings
- Presumptive, definitive, or confirmatory testing ordered by or on behalf of a provider or facility that receives per-diem reimbursement for a service which includes clinical diagnostic laboratory testing as an integral component (i.e., Inpatient Hospital Stay, Skilled Nursing Facility, or Behavioral Health Facility-Based Treatment Program)
- For residential monitoring when testing is mandatory for participation in the program
- Specimen validity/adulteration testing
- Mandated drug testing (e.g., court-ordered, residential monitoring, non-medically necessary testing)
- Blanket Orders – test request that is not for a specific patient; rather, it is an identical order for all patients in a clinician's practice without individualized decision making at every visit
- Urine specimen collection
- Employment or job screening testing

Billing and Coding Guidelines:

CPT Code	Description
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, GCMS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
80375	Drug(s) or substance(s), definitive, qualitative, or quantitative, not otherwise specified; 1-3
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
G0480	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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); 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 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); 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 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); 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 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); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed

REQUIRED DOCUMENTATION:

Requests or laboratory services must be in writing to the lab and include the following information:

- Date of the request
- The name or any other means of identifying the member to be tested
- The name (legible) and address of the authorized ordering, referring, and/or prescribing provider
- The name of the specific laboratory tests to be performed
- The frequency for performing each laboratory test (applicable to standing orders only)
- The duration and maximum number of times each laboratory test or tests are to be performed (applicable to standing orders only)
- A statement by the authorized ordering, referring, and/or prescribing provider that such testing is required as part of the member's medical or drug treatment plan
- The Identification number of the specimen
- If the specimen is referred from another laboratory, the name of the referring laboratory
- The date the specimen was collected, the name of the authorized ordering, referring, and/or prescribing provider or other person who collected the specimen and the location of the collection
- The date on which the specimen was received by the laboratory
- The specific tests performed
- The date or dates on which each test was performed

REQUIRED DOCUMENTATION (cont.):

- The results of each test, the name and address of all persons to whom the test result is reported, and the date of reporting
- The name and address of the laboratory to which the specimen was referred, if applicable

NOTE** If a laboratory refers a specimen to a testing laboratory, the referring laboratory must forward the original request to perform the service to the testing laboratory. Both laboratories must keep a record of each request for laboratory services, each specimen, and each test result for at least six years from the date on which the results were reported to the authorized prescriber.

RELATED SERVICE POLICIES:

Laboratory and Pathology

AUDIT and DISCLAIMER INFORMATION:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- Payment Policies:
  Massachusetts / Rhode Island
- Provider Manuals:
  Massachusetts / Rhode Island
- Prior Authorization Forms:
  Massachusetts / Rhode Island

POLICY TIMELINE DETAILS:

1. Effective 08/01/2022