

Commercial Reimbursement Policy

Subject: **Outpatient Drug Screen Testing - Facility**

Policy Number: **C-17004**

Policy Section: **Facilities**

Last Approval Date: **07/23/2021**

Effective Date: **07/23/2021**

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross (Anthem) benefit plan. The determination that a service, procedure, item, etc., is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and non-participating professionals and facilities as indicated.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or state contract language, or state, federal requirements or mandates. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. Anthem reserves the right to review and revise these policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Anthem allows reimbursement for presumptive drug screen testing (*Current Procedural Terminology (CPT®)*) and definitive drug screen testing (HCPCS Level II) when submitted on an outpatient facility claim.

The Health Plan considers the CPT® *definitive* drug screen testing codes to be always bundled codes and not eligible for reimbursement. When HCPCS Level II definitive drug code G0659 is reported with G0480, G0481, G0482, or G0483, only G0659 will be eligible for reimbursement.

Definitive drug testing may be used to detect specific substances not identified by presumptive methods and to refine the accuracy of the presumptive test results. Provider's documentation and member's medical records should reflect that the test was properly ordered. For cases where the definitive testing is confirmatory, the provider's documentation should support that the order was based on the result of the presumptive test.

Related Coding

Code	Description	Comments
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	Reimbursable

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	Reimbursable
80307	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg utilizing immunoassay, enzyme assay, [eg EIA, ELISA, EMIT, FPIA, IA KIMS, RIA]) and mass spectrometry either with or without chromatography, (eg DART, DESI, GCMS, CG-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when preformed, per date of service	Reimbursable
80320-80374	Drug test(s), individual types	Not reimbursed
80375-80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified	Not reimbursed
83992	Drug test, individual type	Not reimbursed
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, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed	Reimbursable

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, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed	Reimbursable
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, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed	Reimbursable

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, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed	Reimbursable
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	Reimbursable NOTE: When G0659 is reported with definitive HCPCS codes G0480, G0481, G0482, or G0483, only G0659 will be eligible for reimbursement

Policy History

07/23/2021	Biennial review approved: Policy language updated for clarity only
11/26/2019	Biennial review approved: Policy language updated
06/01/2019	New template updated
08/17/2017	Initial approval and effective 12/14/17: UniCare exemption added; did not adopt this policy

References and Research Materials

This policy has been developed through consideration of the following:

- Optum360, 2020
- Centers for Medicare and Medicaid Services (CMS)
- Clinical Laboratory Improvement Amendments (CLIA) guidelines

Definitions

Presumptive Drug Class Screening	Identifies possible use or non-use of a drug or drug class (presumptive drug screening may or may not be followed by definitive drug class screening).
Definitive Drug Class Screening	Includes qualitative (drug is present or absent), semi-quantitative, or quantitative (measured) tests to identify possible use or non-use of a specific drug; typically therapeutic drug assay procedures are quantitative tests.
General Reimbursement Policy Definitions	

Related Policies and Materials

None

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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