

Commercial Reimbursement Policy

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

Policy Number: **C-17004**

Policy Section: **Facilities**

Last Approval Date: **12/11/2023**

Effective Date: **12/11/2023**

Disclaimer

These reimbursement 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 an Anthem member's 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. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. 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. We reserve the right to review and revise these policies 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 (CPT) and definitive drug screen testing (HCPCS Level II) when submitted on an outpatient facility claim, unless provider, state, federal contracts and/or requirements indicate otherwise.

Anthem 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

Description	Coding Grids
Definitive and Presumptive CPT and HCPC Level II codes	Definitive and Presumptive CPT and HCPC Level II codes

Policy History

12/11/2023	Review approved and effective: updated Definitions section; added coding link to Related Coding section
07/23/2021	Review approved: policy language updated for clarity only
11/26/2019	Review approved: policy language updated
06/01/2029	Policy template updated
08/17/2017	Initial approval 08/17/2014and effective 12/14/2017

References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • Clinical Laboratory Improvement Amendments (CLIA) guidelines • CMS • Optum EncoderPro 2023
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Definitions

Presumptive/Qualitative Drug Testing	Used to determine the presence or absence of drugs or drug classes in a urine sample; results expressed as negative or positive or as a numerical result
Definitive/Quantitative Drug Testing	Used to identify specific medications, illicit substances and metabolites; reports the results of analytes absent or present typically in concentrations such as ng/ml
General Reimbursement Policy Definitions	

Related Policies and Materials

Drug Screen Testing - Professional

Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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