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Aetna Better Health® of Kentucky

Reimbursement Policy Statement Kentucky Medicaid			
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Policy Number	Aetna-2224		
Policy Name	DEFINITIVE DRUG TESTING		
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Kentucky reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Kentucky Department for Medicaid Services and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

CONTENTS OF POLICY

A. Policy

Aetna Better Health of Kentucky implements comprehensive and robust policies to ensure alignment with Kentucky Department for Medicaid Services (DMS) and to warrant that regulatory standards are met. It is the responsibility of the ordering clinician to choose the specific, medically necessary test(s) for each patient based on current evidence and clinical guidelines. The effective date of implementation for this reimbursement policy is contingent upon the Kentucky Department for Medicaid Services (DMS) endorsement.

When any provider or lab submits a claim for G0482 (definitive drug testing for 15 – 21 drug classes) or G0483 (definitive drug testing for more than 21 drug classes) for an outpatient place of service, they must submit clinical records with the claim that substantiates the medical necessity of the test. Records must include a specific list of drug classes in question. Claims received without records will be denied for lack of documentation.

In the rare instances where these tests may be clinically indicated, the medical record shall include a specific rationale, based on the patient's history and other relevant details, for the use of such expansive, definitive testing.

B. Overview

Urine Drug Testing is an important tool in the care of patients with substance use disorder, chronic pain and other medical conditions. The challenge for clinicians who order these tests is making sure that the test they order for each individual patient is the right test, done in the right order and right frequency in a manner consistent with clinical practice guidelines. National data from the past several years have documented a rapid rise in the use of these tests that is excessive and not consistent with evidence-based practice. The purpose of this communication is to help ordering clinicians understand and use these tests more effectively.

Aetna Better Health of Kentucky reserves the right to retrospectively review submitted medical documentation to support the need for definitive drug testing in the outpatient setting. This process is implemented to evaluate if this policy was followed, and criteria were satisfied. When a claim is submitted to Aetna Better Health of Kentucky for G0482 (definitive drug testing for 15 – 21 drug classes) or G0483 (definitive drug testing for more than 21 drug classes), a retrospective review will be performed, and the claim will be assessed for medical necessity. Outpatient definitive drug testing that does not meet the criteria in this policy will not be reimbursed.

C. Definitions

Presumptive Testing: In contrast to definitive testing, testing performed using a method with lower sensitivity and/or specificity, which establishes preliminary evidence regarding the absence or presence of drugs or metabolites in a sample.

Definitive Testing: In contrast to presumptive testing, testing performed using a method with high sensitivity and specificity that is able to identify specific drugs, their metabolites, and/or drug quantities.

American Society of Addiction Medicine (ASAM): American Society of Addiction Medicine is the Nation's leading addiction medicine society representing physicians, clinicians, and other professionals.

D. Reimbursement Guidelines

The Department for Medicaid Services (DMS) has established guidelines for the appropriate use of urine drug testing (UDT) to be used in the outpatient care of adults. Urinary Drug testing should be individualized based on the specific patient's clinical needs. Evidence-based practice suggests adherence is best measured through random testing. The clinical practice of routine drug testing that occurs in circumstances such as occurring at every clinic visit or in the context of a set schedule is not preferred. The number of UDTs (Urine Drug Testing) ordered will be monitored by provider type and place of service. These guidelines apply to beneficiaries enrolled in managed care organizations (MCOs) and fee for service (FFS).

Presumptive and definitive urinary drug tests done on the same date of service are allowed within the set limits below but only one presumptive test and one definitive test is allowed per date of service.

The chart below represents the number of UDTs allowed without a prior authorization (PA) per calendar year, per individual beneficiary.

80305, 80306, 80307 Presumptive UDT Codes Non-PA Limit	G0480, G0481, G0482, G0483 Definitive UDT Codes Non-PA Limit
35	16

Limits do not apply to UDT done in the Emergency Department or while the beneficiary is in any inpatient facility.

To be reimbursed for G0482 (definitive drug testing for 15 – 21 drug classes) or G0483 (definitive drug testing for more than 21 drug classes) for an outpatient place of service, Aetna Better Health of Kentucky will perform a retrospective review and providers must submit clinical records with the claim that substantiates the medical necessity of the test. Claims for G0482 and G0483 received without records will automatically be denied for lack of documentation.

E. Codes/Condition of Coverage

Presumptive Tests: CPT codes 80305 – 80307 – Establishes preliminary evidence regarding the absence or presence of drugs or metabolites in a sample.

Definitive Tests: CPT codes 80320 – 80377 and HCPCS G0480 – G0483 – Performed using a method with high sensitivity and specificity that is able to identify specific drugs, their metabolites, and/or drug quantities.

It is the responsibility of the Provider to perform medically necessary drug tests based on current evidence and clinical guidelines, meaning they have a responsibility to ensure that lab tests submitted for reimbursement are properly justified by the ordering/referring clinician. The Provider that submits the claim is responsible for ensuring documentation is sufficient to support all services submitted on the claim form. The ordering/referring clinician should document the clinical indication/medical necessity in the order for the drug test.

The documentation must be patient-specific and must accurately reflect the need for each test ordered; each drug or drug class being tested for must be indicated by the ordering clinician in a written order and documented in the patient's medical record; and the laboratory's or ordering provider's medical records or other documentation must be sufficient to show that the testing performed was medically necessary.

To be considered medically necessary, drug testing should be individualized to test for substances only specific to the individual member's plan of treatment. Clinical documentation must specify how the test results will be used to guide clinical decision making. The medically necessary frequency of drug testing for any indication should be individualized to the treatment plan.

Presumptive urine drug testing is considered medically necessary for the following indications for persons in chronic pain programs or substance use disorder program:

1. Persons who are initiating treatment in a pain management or substance use disorder program; *or*
2. Persons whose clinical evaluation suggests use of illegal substances or non-prescribed medications with abuse potential; *or*
3. Suspected drug overdose in persons with unexplained coma or altered mental status, severe or unexplained cardiovascular stability, unexplained metabolic or respiratory acidosis, or seizures of undetermined etiology; *or*
4. Monitoring of persons on chronic opioid therapy who are receiving treatment for chronic pain with prescription opioid or other potentially abused medications; *or*
5. Persons on chronic opioid therapy or other potentially abused medications who have a history of substance abuse, exhibit aberrant behavior (e.g., multiple lost prescriptions, multiple requests for early refill, obtained opioids from multiple providers, unauthorized dose escalation, and apparent intoxication), or who are otherwise at high risk for medication abuse; *or*
6. Persons in a pain management or substance abuse program when medical records document testing as part of an active treatment plan.

Presumptive testing should be a routine part of the initial and on-going assessment. Definitive testing may be medically indicated when the presumptive test results were unexpected, and the

patient disputes the results. Routine use of definitive testing following expected negative presumptive testing is not medically necessary.

Definitive drug testing is considered medically necessary for persons who meet medical necessity criteria for presumptive drug testing, and have the following medically necessary indications for definitive drug testing:

A. There is a documented history or suspicion of drug use by the Member including (but not limited to) illicit and prescription drug use, noncompliance, or high likelihood of non-adherence to a drug regimen prescribed by a Provider. In addition, ALL of the following must be met:

   1. Presumptive testing has been performed within the previous 7 days (based on original date of service for definitive testing); AND,

   2. Results from presumptive testing (positive or negative) are either:
      a. Varying with respect to the expected results when reviewed with the Member's medical history, clinical presentation, and/or their individual statement following a discussion about their recent medication and drug use; OR,

      b. Reflect the clinical documentation however, drug class-specific assays are necessary to identify the drug(s) that resulted in a positive test result. AND

   3. Definitive testing will confirm the discrepancy that is crucial to the Member's ongoing care; AND,

   4. Request for definitive testing includes only the specific drug(s) or number of drug classes that initial testing resulted in unpredicted results. OR

B. Provider anticipates that the presumptive test results will be positive (e.g., due to recent drug use) AND:

   1. It is medically necessary to conduct definitive testing to determine the specific substance(s) used by a Member; AND

   2. Established standards for specific substance(s) and/or drug class levels have been identified for making a medical necessity determination. OR

C. Member requires definitive testing as it relates to serum drug therapeutic levels for the treatment of a specific disease of condition (confirmed by medical documentation submitted by the Provider).

Definitive tests may be ordered individually or in groups of drug classes.

If definitive testing for substances of abuse are required based on the patient-specific history and

treatment plan and the indications above, use HCPCS G0480 (1 – 7 drug classes) or G0481 (8 – 14 drug classes).

American Society of Addiction Medicine (ASAM) has defined a total of 9 classes of substances of abuse

- Amphetamines
- Opiates
- Phencyclidine
- Barbiturates
- Benzodiazepines
- Marijuana
- Cocaine
- Methadone
- Propoxyphene

When choosing between G0480 and G0481, consider which drug classes are pertinent to the care of each patient based on the medical indications listed above; the target drug classes should be documented on the order for the test and in the medical record.

Definitive tests G0482 (15 – 21 drug classes) and G0483 (22 or more drug classes) are rarely, if ever, indicated for routine testing in the outpatient setting.
In the rare instances where these tests may be clinically indicated the medical record must include a specific rationale, based on the history and other relevant details (including a detailed list of all drug classes in question), for such expansive definitive testing.

The following drug tests are considered not medically necessary and not reimbursable:

1. Standing or blanket orders of drug tests (i.e., routine orders that are not individualized to the member's history and clinical presentation).
2. Simultaneous performance of presumptive and definitive tests for the same drugs or metabolites at the same time (Definitive testing should be guided by the results of presumptive testing).
3. Same-day testing of the same drug or metabolites from two different specimen types (e.g., both a blood and a urine specimen).
4. Broad panels of drug tests (to be considered medically necessary, the specific drugs being tested should be supported by the person's clinical presentation (e.g., drug abuse history, symptoms, physical findings). An exception may be in an emergency setting for persons in a coma or with altered mental status where a reliable history is not available).
5. Immunoassay (IA) testing to definitively identify or "confirm" a presumptive drug test result (e.g., performance by a clinician of a qualitative point-of-care test and ordering a presumptive test from a reference laboratory for the

same drug). Definitive urine drug testing provides specific identification and/or quantification typically by gas chromatography-mass spectrometry (GC-MS) or liquid chromatography - tandem mass spectrometry (LC-MS/MS).

6. Reflex definitive testing of point-of-care presumptive urine drug tests.
7. Performance of definitive tests of excessive frequency not justified by medical necessity (for example, routine weekly ordering of definitive testing to confirm buprenorphine/norbuprenorphine levels without change in member status).
8. Testing ordered by or on the behalf of third parties (e.g., courts, school, employment, sports and recreation, community extracurricular activities, residential monitoring, marriage licensure, insurance eligibility) are considered not medically necessary treatment of disease.
9. Routine use of definitive testing following expected negative presumptive testing is not medically necessary.

The following represents suggested guidance for Independent Laboratory providers that will assist in the justification of definitive testing and should be considered as information they obtain via their requisition form.

- A list of the specific drugs or drug classes being tested. Reference to a standard order or a "custom panel" is not acceptable.
- Information about any relevant qualitative point-of-care or screening testing performed, including the date of the testing, what drugs or drug classes were tested, and the results.
- A list of medications prescribed to the patient, to the extent the medications are relevant to the tests ordered.
- Note if a presumptive test was negative for prescribed meds and if the member disputes the drug testing results.
- Note if a presumptive test was positive for a prescription drug with abuse potential that was not prescribed to the member and the member disputes the drug testing results.
- Note if a presumptive test was inconclusive or inconsistent.
- Note if a presumptive test was positive for an illegal drug and the member disputes the presumptive drug testing results.
- Note that if a presumptive test was not performed that indicates any of the above, clearly explain the rationale for definitive testing.
- Note if there is suspected misuse.
- Note if there have been instances of adulteration, substance misuse or diversion of prescribed drugs within the last 6 months.

- Note the clinical utility of the definitive testing (therapeutic interventions will be made in response to the testing results or that results will inform clinical decision making.

F. Frequently Asked Questions

Who is responsible for ensuring the medical necessity of urine drug testing?

- Medical record documentation (e.g., history and physical, progress notes) maintained by the ordering physician/treating physician must indicate the medical necessity for performing a drug test.
- If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of the lab results, along with copies of the ordering/referring physician's order for the drug test. The provider should ensure that the ordering/referring physician include the clinical indication/medical necessity in the order for the drug test.

What are examples of medically inappropriate drug testing?

- Routine use of or standing orders for large, arbitrary test panels – G0482 or G0483
- Orders for definitive tests without a presumptive test that meets the medical indications above.
- Orders for definitive test(s) after a presumptive test that is positive for expected substance or substances.
- Multiple presumptive tests on the same date of service.
- Ordering definitive tests without documenting discussion of the presumptive test results with patient and documenting any dispute of the results.
- Standing orders.
- Standing orders for presumptive and definitive testing on all patients.
- Standing orders for any drug testing at a frequency that does not reflect the current clinical status of each individual patient.

What is the clinical value of drug testing?

- Providers should utilize drug testing to explore denial, motivation, and actual substance use behaviors with patients.
- If drug-testing results contradict self-reports of use, therapeutic discussions should take place.
- Providers should educate patients as to the therapeutic purpose of drug testing. To the extent possible, persuade patients that drug testing is therapeutic rather than punitive to avoid an "us versus them" mentality.
- Drug testing may be used to help determine optimal placement in a level of care.
- Drug testing can serve as an objective means of verifying a patient's substance use history.
- Drug testing can demonstrate a discrepancy between a patient's self-report of substance use and the substances detected in testing.

- For a patient presenting with altered mental status, a negative drug test result may support differentiation between intoxication and presence of an underlying psychiatric and/or medical condition that should be addressed in treatment planning.

How should appropriate drug tests be chosen?

- Providers should determine the questions they are seeking to answer and familiarize themselves with the benefits and limitations of each test and matrix.
- Drug testing panels should be based on the patient's drug(s) of choice and prescribed medications, and drugs commonly used in the patient's geographic location and peer group.

How should treating providers respond to test results?

- Providers should attach a meaningful therapeutic response to test results, both positive and negative, and deliver it to patients as quickly as possible.

What if the test results are unclear?

- Providers should contact the testing laboratory if they have any questions about interpreting a test result or to request information about the laboratory procedures that were used.
- If the provider suspects the test results are inaccurate, he or she should consider repeating the test, changing the test method, changing/adding to the test panel, adding specimen validity testing, or using a different matrix.
- If tampering is suspected, samples should not be discarded. Rather, further testing should be performed to help identify whether and how tampering occurred.
- Providers should consider samples that have been tampered with to be presumptive positive.

What is the appropriate testing frequency?

- For people in addiction treatment, frequency of testing should be dictated by patient acuity and level of care.
- Drug testing should be scheduled more frequently at the beginning of treatment; test frequency should be decreased as recovery progresses.
- A random-interval schedule is preferable to a fixed-interval schedule because it eliminates known non-testing periods (e.g., if Monday is randomly selected from a week interval, the patient knows they will not be tested Tuesday-Saturday) and it is preferable to a truly random schedule because it limits the maximum number of days between tests.

G. Review/Revision Date		
Action	Date	Comments
Date Issued		

Effective Date		

H. Resources

ABHKY Clinical Policy Bulletin: Drug Testing in Pain Management and Substance Use Disorder Treatment
https://www.aetna.com/cpb/medical/data/900_999/0965.html

Kentucky DMS Fee Schedules
https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx

Kentucky Cabinet of Health and Family Services Informational Bulletin
https://www.chfs.ky.gov/agencies/dms/dpo/bpb/Documents/UDTPolicy.pdf

Kentucky Board of Medical Licensure Information
https://kbml.ky.gov/hb1/Pages/Considerations-For-Urine-Drug-

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services
https://www.ama-assn.org/

American Society of Addiction Medicine (ASAM) https://www.asam.org/about-us

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
https://www.cms.gov/