Kansas City

PAYMENT INTEGRITY COMPLIANCE
Prescription Medication and Illicit Drug Testing in the Outpatient Setting

POLICY INFORMATION			
Policy Number:	POL-PP-303 AHS – T2015 – Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: https://providers.bluekc.com/ContactUs/PaymentPolicies.

PROVIDER/ENTITY IMPACTED					
☒ PROFESSIONAL	☒ FACILITY	☐ DME	☐ AMBULATORY SURGERY	☒ LAB	☐ OTHER

LINES OF BUSINESS IMPACTED						
☒ COMMERCIAL	☒ BLUE MEDICARE ADVANTAGE	☒ ACA QHP[1]	☒ SMALL GROUP ACA	☒ JAA[2]	☒ FEP[3]	☐ DENTAL

[1] ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family [2] JAA: Joint Administrative Account [3] FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.
Final payment is subject to the application of claims adjudication and edits common to the industry.
For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern

Description/Application

Abuse of both prescription and illicit drugs is extremely common. Drugs of abuse (DOA) may be defined as "a drug, chemical, or plant product that is known to be misused for recreational purposes," which can include drugs such as pain relievers that have legitimate prescriptions. Drug tests may be performed for a variety of reasons, such as compliance with treatment program or medical regimen. Numerous biological substances, such as blood, hair, or saliva may be tested, but urine is the most commonly tested biological substance in drug tests (Hoffman, 2023).

This policy addresses clinical toxicology in the outpatient setting and does not address forensic testing or therapeutic drug monitoring (TDM). Forensic drug testing is used for legal proceedings and requires secondary confirmatory testing (Jones, 2016). TDM "involves sampling of plasma or serum drug levels to determine optimal drug dosing" (Eaton & Lyman, 2022).

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

This policy concerns only coverage criteria and does not describe or define the legal responsibility of providers. Providers should refer to state and federal laws for such guidance.

This policy does not address the use of drug testing in the following circumstances:

- *State, federally regulated, and legally mandated drug testing (i.e., court-ordered drug screening, forensic examinations).*
- *Non-forensic testing for commercial driver's licensing or any other job-related testing (i.e., as a prerequisite for employment or as a means for continuation of employment).*
- *As a component of routine physical/medical examination.*
- *As a component of care rendered in an urgent/emergency situation.*
- *As a routine component of a behavioral health assessment.*
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<u>PRESUMPTIVE DRUG SCREENING USING URINE SAMPLES</u>

Presumptive drug screening using urine samples (qualitative, semi-quantitative or quantitative) **may be reimbursed** in **any** of the following situations:

- To assess an individual being treated for chronic, non-cancer pain when clinical evaluation of the individual (history/signs/symptoms) suggests the use of non-prescribed medications or illegal substances:

    - Prior to initiating chronic opioid pain therapy in chronic non-cancer pain to determine if the individual has been exposed to controlled substances or potentially confounding illicit drugs.

    - To verify an individual's compliance with treatment or identify undisclosed drug abuse as part of routine monitoring for individuals who are receiving treatment for non-cancer chronic pain with prescription opioid pain medication. The random testing interval and drugs selected for testing should be based on the individual's history, condition, and treatment, as documented in the medical record.

    - Monitoring of low risk (as defined by a risk assessment tool) individuals on chronic opioid therapy, up to one (1)

time per year after initiation of therapy.

- Monitoring of moderate risk (as defined by a risk assessment tool) individuals on chronic opioid therapy, up to two (2) times per year after initiation of therapy.

- Monitoring high risk (as defined by a risk assessment tool) individuals on chronic opioid therapy, up to four (4) times per year after initiation of therapy.

For individuals with aberrant behavior (lost prescriptions, multiple requests for early refills, and opioids from multiple providers, unauthorized dose escalation, apparent intoxication, etc.), testing at the time of visit may be reimbursed.

- In pregnant individuals at high-risk for substance abuse in whom the suspicion of drug use exists based on the answers to substance abuse screening questions or as indicated by information from the prescription drug monitoring program (PDMP), as documented in the medical record.

- In newborns when there is a history of maternal substance abuse or agitated/altered mental status in the birthing parent.

- In candidates for organ transplant who have a history of substance abuse (to demonstrate abstinence prior to transplant).

- In individuals with a suspicion of or a diagnosis of mental illness (e.g., anxiety disorders, schizophrenia, major depressive disorder, mood disorders, suicidal ideations, substance abuse disorder).

- In individuals with attention-deficit hyperactivity and disruptive behavior disorders.

- In cancer patients on opioid pain medication.

- In individuals with epilepsy.

- For the management and compliance monitoring of an individual under treatment for substance abuse or dependence at the following frequency (after baseline at initial evaluation) and must be documented in the patient's medical record:
  - For patients with 0 to 90 consecutive days of abstinence, random qualitative drug testing at a frequency of 1 to 2 per week.
  - For patients with > 90 consecutive days of abstinence, random qualitative drug testing at a frequency of 1 to 3 per month.
  - In individuals where substance abuse is in the differential diagnosis of the presenting conditions.

DEFINITIVE DRUG TESTING

Confirmatory/definitive qualitative or quantitative drug testing (up to seven drug classes) **may be reimbursed** when laboratory-based definitive drug testing is specifically requested, the rationale is documented by the patient's treating physician, and any of the following conditions are met:

- The result of the presumptive drug screen is different than that suggested by the patient's medical history, their clinical presentation, or patient's own statement (e.g., test was negative for prescribed medications, test was positive for prescription drug with abuse potential which was not prescribed, test was positive for an illegal drug).

- For diagnosing and monitoring individuals with substance use disorder or dependence, when accurate and reliable results are necessary for treatment decisions:
  - Individuals with 0 to 30 consecutive days of abstinence, random definitive drug testing at a frequency not to exceed 1 per week.
  - Individuals with 31 to 90 consecutive days of abstinence, random definitive drug testing at a frequency of 1 to 3 per month. No more than 3 definitive drug tests in one month will be allowed.
  - Individuals with greater than 90 consecutive days of abstinence, definitive drug testing at a frequency of 1 to 3 every three months. No more than 3 definitive drug tests in a 3-month period will be allowed.

- For monitoring of individuals on opioid therapy (to ensure adherence to the therapeutic plan, for treatment planning, and for detection of other, non-prescribed opioids).

- A presumptive test does not exist or does not adequately detect the specific drug or metabolite to be tested (e.g., specific drugs within the amphetamine, barbiturate, benzodiazepine, tricyclic antidepressants, and opiate/opioid drug classes, as well as synthetic/analog or "designer" drugs).

- To definitively identify specific drugs in a large family of drugs.

- To identify drugs when a definitive concentration of a drug is needed to guide management.

When laboratory-based definitive drug testing is requested for larger than seven drug classes panels, confirmatory/definitive qualitative or quantitative drug testing **may not be reimbursed**.

Confirmatory/definitive qualitative or quantitative or presumptive (qualitative, semi-quantitative or quantitative) drug testing using proprietary tests (e.g., CareView360) **may not be reimbursed**.

SPECIMEN VALIDITY TESTING

Specimen validity testing (e.g., urine specific gravity, urine creatinine, pH, urine oxidant level, genetic identity testing [e.g., NextGen Precision™ Testing]) **may not be reimbursed.**

Coding

CPT	Code Description
80305	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 [eg, dipsticks, cups, cards, or 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; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or

CPT	Code Description
	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 (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
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 Proprietary test: ToxProtect Lab/Manufacturer: Genotox Laboratories LTD
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites Proprietary test: Cordant CORE™ Lab/Manufacturer: Cordant Health Solutions
0051U	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 Proprietary test: UCompliDx Lab/Manufacturer: Elite Medical Laboratory Solutions, LLC (LDT)
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service Proprietary test: AssuranceRx Micro Serum Lab/Manufacturer: Firstox Laboratories, LLC
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification Proprietary test: ToxLok™ Lab/Manufacturer: InSource Diagnostics
0082U	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 Proprietary test: NextGen Precision™ Testing Lab/Manufacturer: Precision Diagnostics LBN Precision Toxicology, LLC
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected Proprietary test: ComplyRX Lab/Manufacturer: Claro Labs
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

CPT	Code Description
	Proprietary Test: Comprehensive Screen Lab/Manufacturer: Aspenti Health
0328U	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 Proprietary test: CareView360 Lab/Manufacturer: Newstar Medical Laboratories, LLC
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
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
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
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);

CPT	Code Description
	qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed
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

References and Resources

Avalon Medical Policy AHS – T2015 – Prescription Medication and Illicit Drug Testing in the Outpatient Setting

Related Documents

Policy Number	Policy Title
N/A	

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version