

Clinical Policy: Definitive Drug Testing

Reference Number: CP.MP.204

Last Review Date: 12/20

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description Urine drug testing (UDT) provides objective information to assist clinicians in identifying the presence or absence of drugs or drug classes in the body and making treatment decisions.^{1,2} UDT encourages safe medication management of prescribed substances in risk-stratified pain management patients and/or in identifying and treating substance use disorders.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation[®] that definitive drug testing in substance use disorder (SUD) or chronic opioid therapy (COT) is **medically necessary** when the frequency of testing with any combination of definitive testing codes G0480, G0481, G0482, G0483, and G0659 meets all of the following:
 - A. One unit or less per day;
 - B. One unit or less per 30 days;
 - C. 12 units or less per 365 days.

- II. It is the policy of health plans affiliated with Centene Corporation[®] that high acuity substance use disorder definitive drug testing or high acuity definitive testing for chronic opioid therapy with codes G0482 and G0483 will be reviewed on a case by case basis.

Background

There are two major categories of drugs of abuse monitoring and testing. The first is known as Substance Use Disorder (SUD) and occurs when a person's use of alcohol or another substance (drug) leads to health issues or problems at work, school, or home. The second is known as Chronic Opioid Therapy (COT) and is recognized as the use of opioids or substances that act on the opioid receptors that produce morphine-like effects for a period of 90 days or more.

Presumptive/Qualitative drug testing is 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; includes competitive immunoassays (IA) and thin layer chromatography.

Definitive/Quantitative/Confirmation drug testing is used to identify specific medications, illicit substances and metabolites. It reports the results of analytes absent or present, typically in concentrations such as ng/ml.

Definitive UDT is reasonable and necessary to do the following:

- Identify a specific substance or metabolite that is inadequately detected by a presumptive UDT;
- Definitively identify specific drugs in a large family of drugs;
- Identify a specific substance or metabolite that is not detected by presumptive UDT such as fentanyl, meperidine, synthetic cannabinoids and other synthetic/analog drugs;

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- Identify drugs when a definitive concentration of a drug is needed to guide management (e.g., discontinuation of THC use according to a treatment plan);
- Identify a negative, or confirm a positive, presumptive UDT result that is inconsistent with a patient’s self-report, presentation, medical history, or current prescribed pain medication plan;
- Rule out an error as the cause of a presumptive UDT result;
- Identify non-prescribed medication or illicit use for ongoing safe prescribing of controlled substances; and
- Use in a differential assessment of medication efficacy, side effects, or drug-drug interactions.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS®*	Description
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, 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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); 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 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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); 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 drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily

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HCPCS ^{®*} Codes	Description
	stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); 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

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description
F10.11	Alcohol abuse, in remission
F10.20	Alcohol dependence, uncomplicated
F12.11	Cannabis abuse, in remission
F13.11	Sedative, hypnotic or anxiolytic abuse, in remission
F14.11	Cocaine abuse, in remission
F15.11	Other stimulant abuse, in remission
F16.11	Hallucinogen abuse, in remission
F18.10	Inhalant abuse, uncomplicated
F18.11	Inhalant abuse, in remission
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.90	Inhalant use, unspecified, uncomplicated
F19.11	Other psychoactive substance abuse, in remission
F19.20	Other psychoactive substance dependence, uncomplicated
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
F11.11	Opioid abuse, in remission
F11.20	Opioid dependence, uncomplicated
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified

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ICD-10-CM Code	Description
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date		12/13
Approved by MPC, added new drug detection chart.	05/14	05/14
Approved by MPC. Updated position statement and coding section.	05/15	05/15
Approved by MPC. State specific clarification.	08/15	08/15
Approved by MPC. Updated with 2016 CMS revisions.	12/15	12/15
Approved by MPC. Additional clarifications regarding 2016 codes.	04/16	04/16
Approved by MPC. Additions made for updated CMS LCD and coding section changes made.	03/17	03/17
Approved by MPC. Updated limits per changes by CMS.	02/18	02/18
Approved by MPC. Added items regarding pre-pay and post-pay review.	05/18	05/18
Approved by MPC. Condensed and revised overall guideline.	07/18	07/18
Approved by MPC. Deleted CPT code 80300.	08/18	08/18
Approved by MPC.	10/19	10/19
Renumbered, formerly HS-247. Policy transitioned to Centene template and presumptive drug testing criteria and coding removed. Minor rewording of criteria with no clinical significance. Condensed background. References reviewed and updated.	11/20	12/20

References

1. Local coverage determination: Controlled substance monitoring and drugs of abuse testing (L36668). Centers for Medicare and Medicaid Services. Retrieved from: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Published June 28, 2016 (revised October 1, 2019). Accessed November 23, 2020.
2. Local coverage determination: Urine drug testing (L36037). Centers for Medicare and Medicaid Services. Retrieved from: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Published December 1, 2015 (revised October 1, 2019). Accessed November 23, 2020.
3. Hoffman R. Testing for drugs of abuse. UpToDate website. www.uptodate.com. Published October 16, 2018. Accessed November 25, 2020.

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4. Mahajan G. Urine drug testing for patients with chronic pain. UpToDate website. www.uptodate.com. Published November 13, 2019. Accessed November 25, 2020.
5. Guideline for prescribing opioids for chronic pain. Centers for Disease Control and Prevention website. www.cdc.gov. Published August 28, 2019. Accessed November 25, 2020.
6. Consensus statement: Appropriate use of drug testing in clinical addiction medicine. American Society of Addiction Medicine website. www.asam.org. Published April 5, 2017. Accessed November 25, 2020.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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