BlueCross BlueShield of Oklahoma

2016 Billing/Documentation Guidelines for Urine Drug Tests

Blue Cross and Blue Shield of Oklahoma (BCBSOK) will continue to follow Medicare's lead and will zero-price the CPT® drug testing codes (80300 – 80377).

With a few exceptions, BCBSOK's billing guidelines for urine drug testing are intended to be consistent with those established by CMS for safety, accuracy and quality of diagnostic testing and will make use of the HCPCS G codes (G0477, G0478, G0479 for presumptive testing and G0480, G0481, G0482 and G0483 for definitive testing) that CMS established to replace the deleted 2015 HCPCS drug test codes.

All testing and services that share the same date of service for a patient must be billed on one claim. Split billing is a violation of network participating provider agreements.

CLIA Certification

Facilities and private providers who perform laboratory testing on human specimens for health assessment or the diagnosis, prevention, or treatment of disease are regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Therefore, any provider who performs laboratory testing, including urine drug tests, must possess a valid a CLIA certificate for the type of testing performed.

Qualitative Drug Screen (Presumptive Drug Testing)

All of these codes include any number of drug classes, devices or procedures. Only one of the presumptive G codes may be billed per date of service.

Use **G0477** for testing capable of being read by direct optical observation only. Test includes validity testing when performed and may be performed only once per date of service.

Use **G0478** when test is read by instrument- assisted direct optical observation. Test includes validity testing when performed and may be performed only once per date of service.

Use **G0479** when test is performed by instrumented chemistry analyzers (e.g. Immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, CHPC, GC mass spectrometry). Test includes validity testing when performed and may be performed only once per date of service.

Qualitative or presumptive drug screening must meet medical policy criteria, including appropriate medical record documentation.

Confirmation Drug Test

Consistent with HCSC Medical Policy MED207.154, Drug confirmation (definitive testing) is indicated when the result of
the drug screen is different than that suggested by the patient's medical history, clinical presentation or patient's own
statement.[1]

[1] HCSC Medical Policy MED207.154 states: *Confirmatory testing is not appropriate for every specimen and should not be done routinely. This type of test should be performed in a setting of unexpected results and not on all specimens. The rationale for each confirmatory test must be supported by the ordering clinician's documentation. The record must show that an inconsistent positive finding was noted on the qualitative test testing or that there was not an available qualitative test to evaluate the presence of semisynthetic or synthetic opioid in a patient.*

Definitive Drug Testing

All of these codes are tests 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 (eg. Alcohol dehydrogenase)); qualitative or quantitative, all sources, including specimen validity testing. Only one of the definitive G codes may be billed per date of service.

G0480 – 1-7 drug class(es), including metabolites

G0482 – 15-21 drug class(es), including metabolites

G0481 – 8-14 drug class(es), including metabolites

G0483 – 22 or more drug class(es), including metabolites

Documentation Requirements

The clinician's documentation must be patient specific and 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. As stated more fully in HCSC Medical Policy MED207.154:

> *Drugs or drug classes for which screening is performed should only reflect those likely to be present, based on the patient's medical history or current clinical presentation and without duplication. Each drug or drug class being tested for must be indicated, by the referring clinician, in a written order and so reflected in the patient's medical record. Additionally, the clinician's documentation must be patient specific and accurately reflect the need for each test.*

Orders

Orders for diagnostic tests, including laboratory tests, must be specific to both the patient and the need for the test requested. Panel testing is restricted to panels published in the current CPT manual. Orders must be signed and dated by the ordering health care professional. "Custom" panels are not specific to a particular patient and are not allowed. Further, the following are not reimbursable: **Routine screenings**, including quantitative (definitive) panels, performed as part of a clinician's protocol for treatment, **Standing orders** which may result in testing that is not individualized and/or not is used in the management of the patient's specific medical condition and **Validity testing**, an internal process to affirm that the reported results are accurate and valid.

Claims that are accompanied by medical records that do not meet documentation requirements will not be reimbursed.

BCBSOK may monitor the manner in which these new test codes are billed, including frequency of testing. Abusive billing, poor or no documentation to support the billing, including a lack of appropriate orders, may result in action taken against the provider's network participation and/or 100% review of medical records for such claims submitted.

Reimbursement is subject to:

- Medical record documentation, including appropriately documented Orders
- Correct CPT/HCPCS coding
- Member Benefit and Eligibility
- Applicable BCBS Medical Policy(ies)