



AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name:	Definitive Drug Testing	Page:	1 of 6
Department :	<u>Reimbursement</u>	Policy Number:	ABHLA-RP-0001
Subsection:		Effective Date:	08/01/2018
Applies to:	Aetna Better Health of Louisiana		

PURPOSE:

~~Aetna Better Health of Louisiana 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 Louisiana Department of Health (LDH) 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.~~

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) 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 **patientenrollee** based on current evidence and clinical guidelines. ~~The effective date of implementation for this reimbursement policy is contingent upon the Louisiana Department of Health's 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.~~

STATEMENT OF OBJECTIVE/OVERVIEW:

Urine Drug Testing is an important tool in the care of **patientenrollees** 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 **patientenrollee** is the right test, done in the right order and right frequency in a manner consistent with clinical practice guidelines **and the Louisiana Department of Health Professional Provider Services Manual**. ~~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.~~

ADMINISTRATION



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Reimbursement Guidelines

Aetna Better Health of LA will employ a claim edit ~~that will to~~ eliminate coverage **of CPT codes 80320-80377 to test for individual substance(s) or metabolites and will employ a claim edit eliminating coverage of G0482 and G0483 unless detailed patient specific medical records are submitted substantiating the medical necessity of definitive testing.**

- ~~Presumptive drug testing is limited to twenty-four (24) total tests per beneficiary enrollee per calendar year, with no more than two (2) in one (1) month. No more than one presumptive drug test is allowed per day per recipient from the same or different provider.~~
- ~~Definitive drug testing is limited to eighteen twelve (1812) total tests per beneficiary enrollee per calendar year, with no more than one (1) per month. No more than one definitive drug test is allowed per day per recipient from the same or different provider. Testing more than fourteen (14) definitive drug classes per day is not reimbursable.~~

NOTE: No more than one presumptive drug test AND one definitive test are reimbursed per day per enrollee, from the same or different provider.

Codes/Condition of Coverage

~~Presumptive Tests: CPT codes 80305—80307—Establishes preliminary evidenced 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.~~

Definitive tests should not routinely be the first tests of choice. **Rather, P**presumptive testing should be a routine part of initial and on-going assessment.



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Definitive testing is medically indicated when:

- The presumptive test was negative for prescribed medications AND the **patient/enrollee** disputes the results
- The presumptive test was positive for a prescription drug with abuse potential that was not prescribed AND the **patient/enrollee** disputes the results
- The presumptive test was positive for an illegal drug AND the **patient/enrollee** disputes the results.

Routine use of definitive testing following expected negative presumptive testing is not medically necessary.

Definitive tests may be ordered when definitive testing for substances of abuse are required based on the enrollee-specific history and treatment plan and the indications above.

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

~~If definitive testing for an individual drug or drugs (qualitative or quantitative) is required based on the patient-specific history and treatment plan and the indications above, use a targeted and limited number of codes in the CPT range 80320—80377; the rationale for each test ordered should be included in the medical record.~~

~~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
- Propoxyphene
- Benzodiazepines
- Marijuana
- Cocaine
- Methadone

ADMINISTRATION

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When choosing between G0480 and G0481, consider which drug classes are pertinent to the care of each **patient/enrollee** 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.~~

Frequently Asked Questions

~~What are examples of medically inappropriate drug testing?~~

- ~~• Routine use of or standing orders for large, arbitrary test panels — G0482 or G0483
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- ~~• 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 o Standing orders for presumptive and definitive testing on all patients o Standing orders for any drug testing at a frequency that does not reflect the current clinical status of each individual patient~~



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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 The Nation's leading addiction medicine society representing physicians, clinicians and other professionals.

LEGAL/CONTRACT REFERENCE:

Louisiana Department of Health ~~State Contract, regulations, Provider Manual, fee schedules and notices~~
<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf>

Louisiana Department of Health, Health Plan Advisory, HPA 19-10: Definitive Drug Testing (retired)
https://ldh.la.gov/assets/docs/BayouHealth/HealthPlanAdvisories/2019/HPA19-10/HPA19-10_revised_7.19.19.pdf

Louisiana Department of Health Informational Bulletin, IB 19-9: Definitive Drug Testing **(retired)**
http://www.ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2019/IB19-9/IB19-9_revised_7.19.19.pdf

Individual state Medicaid regulations, manuals & fee schedules
http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm



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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/>

Review/Revision History	
06-20-2018	Approved by Louisiana Department of Health (LDH)
10-11-2019	IB 19-9 issued 7/19/19; policy name changed, and limitations added.
08-01-2018	Effective date
<u>06-18-2020</u>	<u>HPA19-10 issued 07-19-19; limitations added. Template updated.</u>
<u>03-03-2021</u>	<u>Updated per Professional Services Manual Revised 08-26-2019; Submitted to LDH</u>