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Provider Bulletin

Date:	July 16, 2018
Purpose:	Provider Bulletin: Urine Drug Testing (UDT)
Subject:	Urine Drug Testing Important Information
Products:	Florida Medicaid / Florida Healthy Kids
From:	<u>Provider Relations - Medicaid</u>

Dear Provider,

We take great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service. We are committed to making sure providers receive the best possible and latest information, technology and tools available to ensure their success and their ability to provide for clients.

Drug testing is a very important clinical tool that can be used for a variety of tests. Please review the attached documentation that includes specific details regarding Aetna Better Health of Florida drug testing policy.

A Guidance for Clinicians has been included for your review. If you have any questions, please feel free to reach out to your Network Relations Consultant. For additional assistance you can also reach the Provider Relations Department via:

- Fax #: 844-235-1340
- 1-844-528-5815
- FLMedicaidProviderRelations@aetna.com

Provider Relations Department

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RE: Urine Drug Testing (UDT)

Dear Provider:

Drug testing is an important clinical tool in the treatment of chronic pain and substance use disorders. Trends over the past several years indicate that increasingly these tests are not being ordered or performed in a patient-specific, evidence-based manner.

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.

Effective on or after **10/01/2018** Aetna Better Health of Florida will institute the following policy regarding drug testing:

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.

For more details please review the attached Guidance for Clinicians document that has been included for your reference.

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Sincerely,

Yanet Espino
Manager, Provider Relations
Aetna Better Health of Florida

Guidance for Clinicians

URINE DRUG TESTING: Evidence-based Test Ordering

Introduction:

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.

Tests and Test Ordering:

- Urine drug tests are defined as Presumptive and Definitive
 - 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
 - “Presumptive testing should be a routine part of initial and on-going assessment.”*
 - Definitive testing is medically indicated when:
 - The presumptive test was negative for prescribed medications **AND** the patient disputes the results; OR
 - The presumptive test was positive for a prescription drug with abuse potential that was no prescribed **AND** the patient disputes the results; OR
 - The presumptive test was positive for an illegal drug **AND** the patient disputes the results
 - Routine use of definitive testing following expected negative presumptive testing is not medically necessary.

- 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).
 - ASAM (American Society of Addiction Medicine) has defined a total of 9 classes of substances of abuse*; they are:
 - Amphetamines
 - Opiates
 - Phencyclidine
 - Barbiturates
 - Propoxyphene
 - Benzodiazepines
 - Marijuana
 - Cocaine
 - Methadone
- 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.

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
- 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
 - Standing orders for definitive testing, including quantitative testing, for all presumptive positive and negative tests
- 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

For additional detail, clinicians ordering drug testing for their patients are directed to:

*ASAM “Consensus Statement: Appropriate Use of Drug Testing in Clinical Addiction Medicine,” American Society of Addiction Medicine, Chevy Chase, MD, 20817.

<http://email.asam.org/h/t/BAA5F97766658441>

Effective on or after 10/01/2018 any provider or lab submitting a claim for G0482 or G0483 for an outpatient place of service must submit clinical records with the claim that substantiate 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.