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Urine Drug Testing

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.

ASAM guidelines state that "presumptive testing should be a routine part of initial and on-going assessment of a patient's use of substances." In rare clinical circumstances it may be appropriate to move directly to definitive testing without a preliminary presumptive test. Those circumstances and the clinical rationale for definitive testing without the results of prior presumptive test results should be documented in each patient's medical record.

Effective on or after **August 1, 2019**, Aetna Better Health of Virginia will institute the following policy regarding drug testing:

Consideration of payment for definitive drug tests (G0480, G0481, G0482, G0483) require either:

- A. Proof a presumptive test has been carried out within two calendar days of the definitive test.
- B. Medical records submitted with the claim document why it was medically necessary to carry out a definitive test in absence of an initial presumptive test.

Claims submitted without meeting either A. or B. above will be denied.

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

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 at **1-855-652-8249**.

Sincerely,
Aetna Better Health of Virginia

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, 2017. <http://email.asam.org/h/t/BAA5F97766658441>