OHCA 2014-36

July 24, 2014

RE: Urine Drug Screening/Testing – Effective August 1, 2014

Dear Provider,

The Oklahoma Health Care Authority (OHCA) has identified potentially abusive patterns of billing for urine drug screening/testing that exceed the recommended allowances based on clinical evidence and standards of care. OHCA will reimburse for medically necessary laboratory services as indicated in OAC 317:30-5-20. Criteria that meets medical necessity is defined in OAC 317:30-3-1(f). Claims for laboratory services exceeding the recommended testing frequency will be subject to post-payment review and possible recoupment of reimbursement.

Per the Centers for Medicare and Medicaid Services (CMS) CPT® codes 80100, 80101, and 80104 are considered bundled services and will not be covered.

Qualitative drug screen testing (point of care) is only eligible for separate reimbursement when reported with HCPCS codes G0431 and/or G0434. Use of G0434 is for urine dipsticks or multiple drug cup devices, whereas G0431 comprises those chemical analyzers that are designed for high complexity office-based testing.

If a drug confirmation procedure is required, CPT 80102 (drug confirmation, each procedure) is the correct procedure code to report. This is based on the procedure, or methodology, which was used to perform the test. Drug confirmations should not be reported with procedure codes for therapeutic drug assays or chemistry listings in CPT. Reporting an assortment of individual qualitative and quantitative tests with various combinations of procedure codes from the 80001 – 89999 code range is considered to be unbundling and subject to both coding and documentation audits and/or medical review. Routine testing of therapeutic drug levels when there is no impact to the patient’s treatment plan is not allowed.

It may be appropriate to perform 80102 when the point of care drug screen is:

- positive for prescription drugs the patient is not reported to be taking;
- negative for prescribed drugs; or
- positive for illicit drugs.

Confirmation testing may not be necessary when the patient admits to drug utilization and a point of care screening is positive.

For patients in chronic opioid treatment, the recommended testing frequency is at the initiation of opioid treatment, compliance monitoring within one to three (1-3) months later, and random monitoring every six to twelve (6-12) months. Even for high risk patients, the standard of care is to perform random urine drug screens every three to six (3-6) months. These recommendations are based on evidence-based peer reviewed literature recommendations and medical standards of care. Routine testing is not
recommended, and the OHCA does not consider such testing as medically necessary. Effective **August 1, 2014**, OHCA will allow four (4) point of care tests (G0431 or G0434, or a combination of these two codes) every twelve (12) months. Confirmatory drug testing (80102) will be restricted to allow two (2) per day, with a limit of eight (8) in a 12 month period per member. Therapeutic drug assays and chemistry codes should not be used for urine drug testing; however, limits have been implemented on these as well.

Drug confirmation testing must only be utilized if it is expected to affect patient care and should be tailored to the individual patient. Standing orders or panels are not allowed. The ordering/referring provider must issue a written order for all drugs to be tested, and documentation should be present in the patient’s medical file to support the order. Laboratories must have on record and available upon request a physician-signed, patient-specific order for every test performed and reported for reimbursement. Claims of laboratory services in excess of the recommended testing frequency will be subject to post-payment review and possible recoupment of reimbursement.

Drug screening for medico-legal purposes and for employment purposes is not considered medically necessary by the OHCA and is not covered. Additionally, testing is only covered for patient sample/sources of urine or blood.

Most basic urine immunoassays have specimen validity checks built into the screening process and allow for basic determination of urine sample tampering. Specimen validity testing (SVT), consisting of pH, specific gravity, oxidants, creatinine, or other tests, is considered to be a quality control measure and coverage is excluded. Performing a routine urinalysis is not allowed when it is performed specifically for specimen validity testing.

There is also no coverage for testing of two different specimen types (blood and urine) from the same patient, for the same test, on the same date of service.

For further information please call the OHCA at (800) 522-0114. The OHCA seeks to ensure appropriate utilization of medical services and to be good stewards of taxpayer’s dollars. We appreciate your attention to and cooperation in these matters.

Sincerely,

Garth L. Splinter, MD
State Medicaid Director