

Reimbursement Policy

Subject: Drug Screen Testing

Policy Section: **Laboratory**

Last Approval Date: **06/25/2021**

Effective Date: **03/01/2022**

Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://providers.healthybluelua.com>.

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Healthy Blue Dual Advantage (HMO D-SNP) member's plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT[®] codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue Dual Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Healthy Blue Dual Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue Dual Advantage strives to minimize these variations.

Healthy Blue Dual Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

Healthy Blue Dual Advantage allows reimbursement for presumptive and definitive drug testing unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

In certain circumstances, Healthy Blue Dual Advantage allows reimbursement for presumptive drug testing by instrumented chemistry analyzers and definitive drug screening services, for the same member, provided on the same day by an independent clinical laboratory.

<https://provider.healthybluelua.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BLACRRP-0131-21 October 2021

Definitive drug testing may be used to detect specific substances not identified by presumptive methods and to refine the accuracy of the presumptive test results. Provider's documentation and member's medical records should reflect that the test was properly ordered. For cases where the definitive testing is confirmatory, the provider's documentation should support that the order was based on the result of the presumptive test.

Nonreimbursable

Healthy Blue Dual Advantage does not allow separate reimbursement for specimen validity testing when utilized for drug screening. Specimen validity testing is included in the presumptive and definitive drug testing CPT and HCPCS code descriptions. No modifiers will override the bundle edit.

Healthy Blue Dual Advantage does not allow reimbursement for employment/pre-employment drug screening.

Coding

| Policy Section | Code(s) | Comments |
|----------------|---------|----------------------------------|
| N/A | N/A | Standard correct coding applies. |

Policy History

| Date ↑ | Specific action on date entered |
|------------|---|
| (06/25/21) | Biennial review approved 06/25/21 and effective 03/01/2022: Policy language updated to not allow separate reimbursement for specimen validity testing |
| (01/01/20) | Initial approval and effective date 01/01/20 |

References and Research Materials

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| <p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contract • Optum360, 2020 |
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Definitions

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| Presumptive Drug Class Screening | Screening used to identify possible use or nonuse of a drug or drug class (presumptive drug screening may or may not be followed by definitive drug class screening); presumptive drug testing is either done on a random basis or for cause; the latter which should be documented in the medical record |
| Definitive Drug Class Screening | Screening which includes qualitative (drug is present or absent), semi-quantitative or quantitative (measured) tests to identify possible use or nonuse of a specific drug; typically, therapeutic drug assay procedures are quantitative tests |
| Specimen Validity Testing | Testing used to detect for substitution, adulteration, or dilution of a urine drug test |
| General Reimbursement Policy Definitions | |

Related Policies and Materials

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| <ul style="list-style-type: none"> • None |
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