

Reimbursement Policy	
Subject: Drug Screen Testing	
Policy Section: Laboratory	
Last Approval Date: 06/25/21	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.anthem.com/nv>.

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). 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 both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Anthem 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

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

Policy

Anthem allows reimbursement for properly ordered presumptive and definitive drug testing unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

When definitive drug testing is performed by an independent clinical laboratory (POS 81) on the same date of service as presumptive drug testing by instrumented chemistry analyzers for the same member, we will allow separate reimbursement for the definitive drug testing of 1 to 7 drug classes. Definitive drug testing for eight or more drug classes requires a subsequent order from the treating provider and will not be separately reimbursed when performed on the same date of service as presumptive testing.

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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

Anthem 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.

Anthem 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 06/25/2021 and effective 03/01/2022 : Policy language updated for clarity and to add language around specimen validity
(03/15/19)	Initial approval 03/15/19 and effective date 11/01/19

References and Research Materials
<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • State contracts • Optum360, 2020

Definitions	
Presumptive Drug Class Screening	Screening used to identify possible use or non-use 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 of 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 non-use 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
<ul style="list-style-type: none"> • None