California | Anthem Blue Cross | Medi-Cal Managed Care

Reimbursement Policy	
Subject: **Drug Screen Testing**	
Policy Number: **G-19001**	Policy Section: **Laboratory**
Last Approval Date: **08/06/2024**	Effective Date: **08/06/2024**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to providers.anthem.com/ca. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem covered the service for the member's benefit 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 Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional 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.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

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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 definitive drug testing of one to seven 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.

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.

Related Coding
Standard correct coding applies

Policy History	
08/06/2024	Review approved and effective: removed *The Health Plan does not allow reimbursement for employment/pre-employment drug screening* from the policy
12/11/2023	Review approved: updated Presumptive and Definitive Qualitative Drug Testing in Definitions section
06/25/2021	Review approved 06/25/2021 and effective 03/01/2022: policy language updated for clarity and to add language around specimen validity
03/15/2019	Initial approval 03/15/2019 and effective 11/01/2019

References and Research Materials

This policy has been developed through consideration of the following:

- Clinical Laboratory Improvement Amendments (CLIA) guidelines
- CMS
- Optum EncoderPro 2023
- State contract
- State Medicaid

Definitions	
Presumptive/Qualitative Drug Testing	Used to determine the presence or absence of drugs or drug classes in a urine sample; results expressed as negative or positive or as a numerical result.
Definitive/Quantitative Drug Testing	Used to identify specific medications, illicit substances, and metabolites; reports the results of analytes absent or present typically in concentrations such as ng/ml.
Specimen Validity Testing	Urine specimen testing to ensure that it is consistent with normal human urine and has not been adulterated or substituted, may include, but is not limited to pH, specific gravity, oxidants, and creatinine.
General Reimbursement Policy Definitions	

Related Policies and Materials
None