

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202183 SEPTEMBER 14, 2021

IHCP updates PA and billing requirements for urine drug testing, effective Oct. 15, 2021

As published in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT201846](#), the IHCP covers presumptive urine drug testing (UDT) and definitive UDT when medically necessary. For individuals being treated for substance use disorder (SUD) or opiates for chronic pain, providers should use UDT to assess for prescribed opioids, as well as other controlled substances and illicit drugs that increase risk for overdose when combined with opioids, such as nonprescribed opioids, benzodiazepines and heroin. It is anticipated that presumptive testing is adequate for most clinical circumstances.

To better align policies between fee-for-service (FFS) and managed care plans, the IHCP is implementing a single UDT policy to be used across all managed care entities (MCEs) and programs including Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and Traditional Medicaid. Under this new policy, definitive UDT Current Procedural Terminology (CPT^{®1}) codes 80320–80377 will no longer be reimbursed under the IHCP. Instead, providers must bill the appropriate codes for UDT for dates of service (DOS) on or after Oct. 15, 2021:

- Presumptive UDT: 80305–80307
- Definitive UDT: G0480, G0481, G0482, G0483, G0659

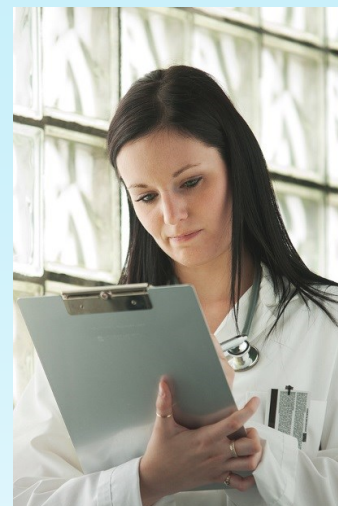


Table 1 – Urine drug testing PA requirements, effective for DOS on or after Oct. 15, 2021

Procedure code	Description	PA required
80305	Drug test prsmv/dir opt obs	Medical necessity documentation required in the member's record for 53 or more units per calendar year
80306	Drug test prsmv instrmnt	
80307	Drug test prsmv chm anyzr	
G0480	Drug test def 1-7 classes	Performed beyond 16 cumulative units per member per calendar year
G0481	Drug test def 8-14 classes	Required
G0482	Drug test def 15-21 classes	
G0483	Drug test def 22+ classes	
G0659	Drug test def simple all cl	Performed beyond 16 cumulative units per member per calendar year

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Effective for DOS on or after Oct. 15, 2021, prior authorization (PA) is required for all definitive drug panels with 15 or more drug classes (Healthcare Common Procedure Coding System [HCPCS] codes G0482 and G0483). PA will also be required for definitive testing performed beyond 16 cumulative units per member per calendar year. Otherwise, PA is not required for the first 16 units of definitive UDT of under 15 drug classes. Presumptive testing performed beyond 52 cumulative units per member per calendar year must maintain medical necessity documentation supporting the need for more than 52 units in a calendar year within the member's record.

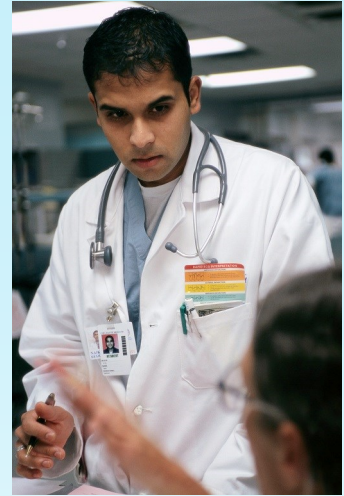
Presumptive drug testing may be reported with CPT codes 80305–80307. These codes differ based on the level of complexity of the testing methodology. Only one code from this code range may be reported per date of service. Providers performing validity testing on urine specimens used for drug testing shall not separately bill for validity testing of the specimen. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Per recommendations from the Division of Mental Health and Addiction (DMHA), IHCP providers are encouraged to use presumptive drug testing methods as these are clinically appropriate for detecting nearly all prescription opioids, benzodiazepines and illicit drugs. The use of definitive testing should instead be based on the need to detect specific substances that cannot be identified on presumptive UDTs, or in the presence of unexpected UDT results. For example, presumptive drug testing may be problematic for the accurate detection of amphetamines, and therefore definitive testing may be necessary for unanticipated results. Providers may also use definitive testing to assess for drug metabolites which may help identify if the member has been consistently taking prescribed medications as intended. Providers should not test for substances for which results would not affect patient management.

UDT continues to not be covered in any of the following circumstances:

- Unnecessarily frequent drug testing without consideration for a specific drug's window of detection
- Testing for the same drug with both a blood or saliva test and a urine specimen simultaneously (multiple tests seeking the same outcome)
- Testing for legal intervention or employment

The provider that is billing for UDT has the responsibility of ensuring that services were billed in accordance with these requirements.



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