ForwardHealth
Wisconsin serving you

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Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Programs

New Coverage Policy for Testing for Drugs of Abuse

This *ForwardHealth Update* announces new policy regarding testing for drugs of abuse effective for dates of service on and after January 1, 2015.

New Coverage Policy

The American Medical Association and Centers for Medicare and Medicaid Services (CMS) have developed separate and distinct *Current Procedural Terminology* (CPT) and Healthcare Common Procedure Coding System (HCPCS) Level II code sets to describe testing for drugs of abuse. Effective for dates of service (DOS) on and after January 1, 2015, providers are required to use HCPCS procedure codes G0431, G0434, and G6030-G6058 when submitting claims for testing for drugs of abuse. Claims for testing for drugs of abuse submitted using CPT codes 80300-80377 will not be reimbursed. Providers should continue to submit claims for therapeutic drug testing using CPT procedure codes.

Covered Services

Qualitative Drug Tests

Qualitative drug testing is used to determine the presence or absence of a drug or drug metabolite in the sample. The test result is expressed in non-numerical terms, with a negative or positive result.

ForwardHealth will cover medically necessary qualitative drug tests. Qualitative tests are appropriate in the following circumstances or for the following purposes:

- When a member presents with a suspected drug overdose, an unreliable medical history, and an acute medically necessary situation. Medically necessary situations include, but are not limited to, unexplained coma, unexplained altered mental status, severe or unexplained cardiovascular instability, undefined toxic syndrome, and seizures with an undetermined history.
- For monitoring members on chronic opioid therapy for pain management. Testing is medically necessary for members at high risk for medication abuse or a significant pre-test probability of non-adherence to the prescribed drug regimen.
- For monitoring member compliance during active treatment for substance abuse or dependence. This applies to testing during an initial assessment and ongoing monitoring of drug and alcohol compliance. Ambulatory laboratory testing for drugs of abuse is a medically necessary and useful component of chemical dependency treatment. Decisions about which substances to screen for should be well-documented and based on and tailored to the following:
  - ✓ The member, including his or her history, the results of any physical examination, and previous laboratory findings, if any.
  - ✓ The substance suspected of being misused.
  - ✓ Local information about substances commonly abused and misused, such as input from the

Substance Abuse and Mental Health Services Administration's Drug Abuse Warning Network that compiles prevalence data on drug-related emergency department visits and deaths (available at *www.samhsa.gov/data/emergency-department-data-dawn/*).

- ✓ Substances that may present high risk for additive or synergistic interactions with prescribed medication.

Confirmatory Drug Tests

Confirmation testing is used to evaluate initial qualitative screening results to minimize the potential of a clinician relying on a false positive result. A confirmation test order must be medically necessary and reasonable. A member self-reporting may, in some cases, reduce the need for confirmation of screen results. Confirmation tests may be expressed in *qualitative* or *quantitative* values. The use of qualitative versus quantitative confirmation testing depends upon the individual member's case and medical necessity. Quantitative drug testing is used when it is medically necessary to determine the specific quantity of a drug or drug metabolite present in the sample. The test result is expressed in numerical terms.

ForwardHealth will only cover confirmatory drug tests when the result of a qualitative drug screen is positive and the confirmatory test is for the drug class represented by the positive qualitative screening. A confirmatory test is reasonable and necessary for the following:

- Identification of a quantitative concentration of the drug when needed to guide treatment.
- Specific drug identification in a large family of drugs (e.g., benzodiazepines, barbiturates, and opiates).
- Ruling out a false positive screening test.

Noncovered Services

ForwardHealth does not cover the following:

- Testing of two different specimen types from the same member on the same DOS.
- Routine, nonspecific, wholesale, or standing orders for drug tests.
- Drug screening solely for legal purposes (e.g., court-ordered drug screening) or for employment purposes (e.g., as a pre-requisite for employment or as a requirement for continuation of employment).
- Specimen validity testing.
- Automatic confirmatory testing without documented member-specific indications and a positive qualitative test result.

In all cases, drugs or drug classes for which testing is performed should reflect only those likely to be present, based on the member's medical history, current clinical presentation, and illicit drugs that are in common use. In other words, it is *not* medically necessary or reasonable to routinely test for substances (licit or illicit) that are not used in the member treatment population or, in the instance of illicit drugs, in the community at large.

Procedure Codes

Providers should use procedure code G0431 or G0434 when submitting claims for qualitative drug screens. Procedure code G0431 is only allowable for high complexity test methods. Providers submitting claims with procedure code G0431 are required to maintain additional documentation specifically supporting the Food and Drug Administration-approved complexity level of the instruments used in testing and/or a Clinical Laboratory Improvement Amendment (CLIA) Certificate of Registration, Compliance, or Accreditation as a high-complexity laboratory. Procedure code G0434 should be used for all moderate complexity or CLIA-waived tests.

When submitting claims for a confirmatory test, providers should use the following:

- Procedure code G6058 when the results are expressed in *qualitative* terms.
- The appropriate procedure code (G6030-G6057) when the results are expressed in *quantitative* terms.

For all codes listed above, one unit of each procedure code may be submitted per day, per member.

Refer to the Attachment of this *ForwardHealth Update* for a list of allowable testing for drugs of abuse procedure codes, including descriptions and restrictions/guidelines to be followed.

Claim Submission

Providers should use HCPCS Level II procedure codes and follow CMS guidance in the most recent Clinical Laboratory Fee Schedule (CLFS) Final Rule when submitting claims for drug testing to ForwardHealth. HCPCS Level II procedure codes representing testing for drugs of abuse are appropriate when submitting claims for testing any specimen type unless otherwise specified in the code definition. One unit of each procedure code may be submitted per day, per member. The prescribing/referring/ordering provider is required to be Medicaid-enrolled and indicated on the claim form.

Providers should continue to submit claims using CPT codes for therapeutic drug testing and follow CMS guidance in the most recent CLFS Final Rule for any discrepancies between code sets.

Documentation Requirements

The member's medical record must contain documentation that fully supports the medical necessity for services rendered. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. The medical record must include the following information:

- A signed and dated member-specific order, for each ordered drug test that matches the number, level, and complexity of each testing panel component performed. Orders for "standing orders," "custom profiles," or "orders to conduct additional testing as needed" are insufficiently detailed and cannot be used to verify medical necessity.
- A copy of the test results entered into the member's record.
- Rationale substantiating qualitative drug tests.
- A requisition form for confirmatory testing indicating specific qualitative test results.

If the billing provider of the service is not the prescribing/referring/ordering provider, he or she is required to maintain documentation of the lab results, along with copies of the order for the drug test. The prescribing/ordering/referring provider is required to state the clinical indication/medical necessity for the test in the order; this documentation and the supporting medical records must be provided by the billing provider to ForwardHealth on request.

Prescribing/Referring/Ordering Providers Required to Be Medicaid-Enrolled

As a reminder, all physicians and other professionals who prescribe, refer, or order services for Wisconsin Medicaid and BadgerCare Plus members on and after July 15, 2013, are required to be Medicaid-enrolled. Prior authorization requests received on and after July 15, 2013, and claims for DOS on and after July 15, 2013, for services that are prescribed, referred, or ordered, will be returned or denied if they do not include the National Provider Identifier of a Medicaid-enrolled provider. For more information about enrollment options and requirements for prescribing/referring/ordering providers, refer to the Provider Enrollment Information home page of the ForwardHealth Portal and select the Prescribing/Referring/Ordering Providers link.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *www.forwardhealth.wi.gov/*.

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ATTACHMENT
Procedure Codes for Testing for Drugs of Abuse

The following table contains Healthcare Common Procedure Coding System procedure codes that providers are required to use when submitting claims for drug screens/tests performed by a physician or qualified health care provider.

Procedure Code	Description	Additional Information
G0431	Drug screen, qualitative; multiple drug classes by high complexity test method [e.g., immunoassay, enzyme assay, per patient encounter]	Procedure code G0431 is used to report more complex testing methods, such as multi-channel chemistry analyzers, where a more complex instrumented device is required to perform some or all of the screening tests for the member. This procedure code may only be reported if the drug screen test(s) is classified as a Clinical Laboratory Improvement Amendment (CLIA) high complexity test(s) with the following restrictions: • Procedure code G0431 may only be reported when tests are performed using instrumented systems (e.g., durable systems capable of withstanding repeated use). • Any CLIA-waived tests and comparable non-waived tests may not be reported using code G0431; they must be reported using procedure code G0434. • Any CLIA moderate complexity tests should be reported using procedure code G0434 with one unit of service. • Procedure code G0431 may only be reported once per day, per member. • Laboratories billing procedure code G0431 must not append modifier QW to claim lines.

Procedure Code	Description	Additional Information
G0434	Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter	Procedure code G0434 is used to report very simple testing methods, such as dipsticks, cups, cassettes, and cards that are interpreted visually, with the assistance of a scanner, or are read utilizing a moderately complex reader device outside the instrumented laboratory setting (i.e., non-instrumented devices). This procedure code is also used to report any other type of drug screen testing using test(s) that are classified as CLIA moderate complexity test(s), keeping the following points in mind: • Procedure code G0434 includes qualitative drug screen tests that are waived under CLIA as well as dipsticks, cups, cards, cassettes, etc., which are not CLIA waived. • Laboratories with a CLIA certificate of waiver may perform only those tests cleared by the Food and Drug Administration (FDA) as waived tests. Laboratories with a CLIA certificate of waiver should bill using modifier QW. • Laboratories with a CLIA certificate of compliance or accreditation may perform non-waived tests. Laboratories with a CLIA certificate of compliance or accreditation must not append modifier QW to claim lines. • Only one unit of service for procedure code G0434 can be billed per member per date of service, per provider, regardless of the number of drug classes tested and irrespective of the use or presence of modifier QW on claim lines.
G6030-G6057	Drug Test, specific analyte	The appropriate procedure code G6030-G6057 is used when submitting claims for a confirmatory test when the results are expressed in quantitative terms.
G6058	Drug confirmation, each procedure	Procedure code G6058 is used when submitting claims for a confirmatory test when the results are expressed in qualitative terms or the specific analyte is not defined in the G6030-G6057 series.

Note: One unit of each code may be submitted per day, per member. Providers who submit claims for G0431 are required to maintain additional documentation specifically supporting the FDA-approved complexity level of the instruments used in testing and/or a CLIA Certificate of Registration, Compliance, or Accreditation as a high-complexity laboratory.