

## Payment Guideline: Drug Test

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**Read First****IMPORTANT INFORMATION CONCERNING  
WELLFLEET PAYMENT GUIDELINES**

This Payment Guideline serves as notice to health care providers of Wellfleet's payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

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**Applicable  
Plans**

- Student Health Insurance (for policies issued or renewing after May 2019)
  - Fully Insured
    - Excluding policies issued in the following states: N/A
    - Excluding ISO
  - Self-Funded
    - Excluding policies issued by the following schools: N/A
- Student Sports
  - Fully Insured; for policies issued by the following carriers:
    - AIG
    - Axis

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- Commercial Casualty Insurance Company/Wellfleet Insurance
- Self-Funded
  - Excluding policies issued by the following schools: N/A
- Fully Insured Student Accident; for policies issued by the following carriers:
  - AIG
  - Axis
  - Commercial Casualty Insurance Company/Wellfleet Insurance
- Self-Funded Employer Insurance
  - Excluding policies issued by the following employers: N/A

**Purpose** Drug tests have been identified as an area of possible high financial abuse by providers due to the potential for frequent utilization through standing orders and/or up-graded level testing. Drug tests are often performed more frequently or at a higher level than appropriate. Drug tests should not be performed solely due to “standing orders” and only should only be performed at the qualitative or quantitative level required for the situation. This policy is to assure Wellfleet avoids paying for abuse of Drug tests.

**Scope** All drug tests with the following CPT codes:

80305-80307	82075	G0434
80320-80326	83992	G0477-G0483
80332-80377	G0431	G6030-G6058

**Definitions** Drug Screen: a test used to analyze urine, blood or other tissue for the presence of certain illegal drugs and prescription medications

- Guidelines**
1. Wellfleet will only pay for appropriate drug tests. The following drug screens performed under the following circumstances are considered inherently appropriate:
    - A. During an episode of Emergency Room care (one per episode)
    - B. During an episode of acute inpatient level of care

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- C. Upon admission into a substance abuse rehabilitation program
- D. During an initial pregnancy examination
- E. Prior to general anesthesia

All other claims for drug tests may be pended for information supporting the appropriateness as per administrative review.

2. Requirements for information supporting the appropriateness drug tests:
  - A. All documentation must be maintained in the member's record and available to Wellfleet upon request.
  - B. Every page of the record must be legible and include appropriate member identification information [e.g., complete name, dates of service(s)]. The record must include the identity of the physician or non-physician practitioner responsible for and providing the care of the member.
  - C. If requested for review, the submitted record should support the use of the selected ICD-CM code(s). The submitted CPT/HCPCS code should describe the service performed. Documentation maintained by the ordering provider/treating provider must indicate the reason/requirement for performing the specific drug test. All tests must be ordered in writing by the treating provider and all drugs/drug classes to be tested must be indicated in the order. Orders which include statements such as "conduct additional testing as needed or custom profile" will not be accepted by Wellfleet.
  - D. If the provider of the service is other than the ordering/referring provider, the service provider must maintain printed copy documentation of the lab results, along with printed copies of the ordering/referring provider's order for the specific drug test. The ordering provider must include the clinical indication in the order for the specific drug test
3. A full panel screen should only be considered for initial testing when appropriate or when the member's behavior suggests the use of drugs not identified on the original screening. Documentation must support the justification for conducting a full panel screening. Subsequent testing should only be conducted for those substances identified on the member's initial profile
4. The preferred method of drug testing for a member with a history of poly-substance abuse during the monitoring period is by utilization of a multi-drug screening kit (qualitative analysis by multiplex method for 2-15 drugs or drug classes).
5. Confirmatory Testing: Drug confirmation (G0480-G0483) by a second method is indicated when either of the following has occurred:

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- A. The result of the screen is positive.
  - B. The result is negative and the negative finding is inconsistent with the patient's medical history and/or treatment plan. For coverage of confirmatory testing, the test results must be necessary for treatment planning and be requested by the ordering physician. Written orders are required.
6. Wellfleet may cover drug testing for medical conditions, such as those listed below, when appropriate and when treatment planning by the requesting provider is dependent upon the test results.
- A. Altered mental status
  - B. Medical or psychiatric condition where drug toxicity may be a contributing factor
  - C. Fetal withdrawal syndrome
  - D. Possible exposure of the fetus to illicit drugs taken by the mother
  - E. To assess and treat Members with substance abuse disorders
  - F. To assess adherence to prescribed medications
7. All drug testing should be performed at an appropriate frequency based on clinical needs. Substance abuse treatment adherence is often best measured through random testing rather than frequent scheduled testing
8. Wellfleet does not cover drug testing in any of the following circumstances:
1. Testing ordered by third parties, such as school, courts, or employers or requested by a provider for the sole purpose of meeting the requirements of a third party
  2. Testing for residential monitoring
  3. Routine urinalysis for confirmation of specimen integrity.

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**References**

1. Substance Abuse and Mental Health Services Administration. (2012) *Clinical drug testing in primary care*. TAP Series 32, HHS Publication No. SMA 12-4668. Rockville, MD: Substance Abuse and Mental Health Services Administration.
2. Urine Drug Testing. Practice resources. New Hampshire Medical Society. Accessed 10/19/18 @ <https://www.nhms.org/sites/default/files/Pdfs/UrineDrugTestingguide.pdf>

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3. Center for Substance Abuse Treatment. Substance Abuse: Clinical Issues in Intensive Outpatient Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2006. (Treatment Improvement Protocol (TIP) Series, No. 47.) Appendix B. Urine Collection and Testing Procedures and Alternative Methods for Monitoring Drug Use. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64092/>

**Change  
History**

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<b>Version</b>	<b>Effective Date</b>	<b>Next Review Date</b>
1.0	1/1/2019	1/1/2020
1.0 (No changes)	1/1/2019	9/1/2020
2.0	9/1/2020	9/1/2021

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