



REIMBURSEMENT POLICY STATEMENT INDIANA MARKETPLACE

Policy Name		Policy Number		Date Effective	
Drug Testing		PY-0329		01/01/2021-12/31/2021	
Policy Type					
Medical	Administrative	Pharmacy	REIMBURSEMENT		

Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements and applicable prior authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury, and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, or amputation of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

Reimbursement Policy Statement.....	1
A. Subject.....	2
B. Background.....	2
C. Definitions.....	2
D. Policy.....	3
E. Conditions of Coverage.....	5
F. Related Policies/Rules.....	5
G. Review/Revision History.....	5
H. References.....	5





A. Subject
Drug Testing

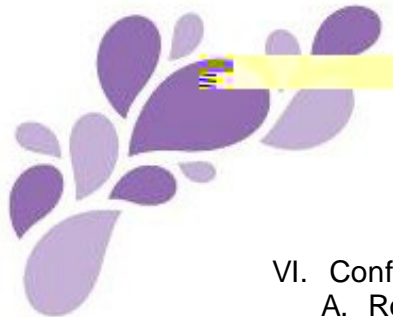
B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) Tc 0 Tw 1.429 0 m[3 (erd (r71 0 Tdd-.7 (ei)22.8 (m)1 (m)62.3 (ent

Archiving

Archived



VI. Confirmatory Testing

- A. Routine multi-drug confirmatory testing is not billable and will not be reimbursed by CareSource.
- B. Confirmatory testing must be individualized for the member and medically necessary. Routine confirmatory drug tests with negative presumptive results are not covered by CareSource.
- C. Confirmatory testing is billable when documentation supports
 - 1. How the test results will guide plan of care i.e. modification of treatment plan, consultation with specialist and one of the following:
 - a. Presumptive testing was negative for prescription medications; and provider was expecting the test to be positive for prescribed medication and member reports taking medication as prescribed;
 - b. Presumptive testing was positive for prescription drug with abuse potential that was not prescribed by provider and the member disputes the presumptive testing results;
 - c. Presumptive testing was positive for illegal drug and the member disputes the presumptive testing results; or
 - d. A substance or metabolite is needed to be identified that cannot be identified by presumptive testing. (e.g. semi-synthetic and synthetic opioids, certain benzodiazepines).

VII. Non-Billable Drug Testing

- A. Testing that is not individualized such as
 - 1. Reflexive testing.
 - 2. Routine orders.
 - 3. Standard orders.
 - 4. Preprinted orders.
 - 5. Requesting a broad spectrum of tests that a machine is capable of doing solely because a result may be positive.
 - 6. Large arbitrary panels.
 - 7. Universal testing.
 - 8. Conduct additional testing as needed.
- B. Testing required by third parties such as
 - 1. Testing ordered by a court or other medico-legal purpose such as child custody.
 - 2. Testing for pre-employment or random testing that is a requirement of employment.
 - 3. Physician's health programs (recovery for physicians, dentists, veterinarians, pharmacists, etc.).
 - 4. School entry or testing for athletics.
 - 5. Testing



H. REFERENCES

- 1.

Archived



17. Agency Medical Directors Group. (2010). Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain. Retrieved August 12, 2020 from www.agencymeddirectors.wa.gov

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.

Archived