



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM****Beacon Health Options Transmittal No. 11****Laboratory Transmittal No. 69****Substance Use Disorder Transmittal No. 20****February 10, 2017**

TO: Beacon Health Options  
Laboratories  
Substance Use Disorder Providers

FROM: Susan J. Tucker, Executive Director  
Office of Health Services

RE: Drug Testing Guidelines for Laboratories Not Regulated by HSCRC

**NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal**

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The Department is issuing recommended practices related to drug testing screens. The recommendations apply to behavioral health services providers, pain management clinics, and laboratories. All providers and labs have a responsibility to ensure that public funds are used in the most cost efficient way possible. The Department asks that providers share in the responsibility for effectively managing public funds by examining your use of toxicology screening.

**Laboratory Drug Screen Utilization Analysis**

A recent utilization analysis of laboratory drug screening and testing identified that 70% of drug tests performed corresponded to higher-end (definitive) G codes, with almost **50% of this testing performed under code G0483 (\$171.10 per test). This increased utilization of code G0483 (22 drugs or more) does not correlate with best clinical practice**, for which more limited panels of 1-7 drugs (G0480) or 8-14 drugs (G0481) are generally indicated to guide clinical practice. This increased use of the highest G code resulted in significantly increased expenses to the State's Medicaid budget.

The following direction under the Public Behavioral Health System pertains to any provider ordering drug tests, *except for OTPs (Provider Type 32) whose lab tests are included in their bundled rate*. However, OTPs should also consider the appropriate use of tests within their negotiated laboratory contracts.

- Providers who have only the appropriate CLIA and lab permit may perform point of care presumptive drug screens capable of being read by direct optical observation (code 80305) only. These providers should bill according to the June 23, 2015 provider alert here:

<http://maryland.beaconhealthoptions.com/provider/alerts/2015/062315-Updated-Billing-for-SUD-Lab-Services.pdf>. For updated codes for 2017 please find the December 20, 2016 transmittal here: <http://maryland.beaconhealthoptions.com/provider/alerts/2016/PT-17-17.pdf>.

- When the provider sends the collected sample for drug screen toxicology to the lab for definitive testing, the lab bills Beacon directly for the definitive testing and not for the collection of the specimen. The provider should order only the clinically appropriate level of toxicology tests that may include up to G0483 but would not regularly require that extensive level of testing.
- Once a test is performed using the chemical analyzer drug screen (CPT 80307) which is able to identify specific drug classes, the Department does **not** support the use of definitive drug tests with 22 or more drug classes (code G0483). When laboratories have the instrument to perform a chemical analyzer drug screen (code 80307), and the provider wishes to confirm the results of the sample, the expectation is that the provider will order G0480, G0481 in most cases.
- Providers should fully understand what tests they are ordering from laboratories and how those tests crosswalk to billing codes. Additionally, providers should never use laboratory slips that are pre-checked by the laboratory and laboratories should never supply these pre-checked slips to providers.
- In recognition that there may be exceptions for high-intensity drug users providers may still order the more extensive testing when medically necessary. When ordering high-end G codes (G0482 and G0483) providers must clearly state clinical or medical rationale in a patient's medical record.

### **SUD Laboratory Screening Guidelines**

The following guidelines support current standards of practice for laboratory screening and testing during Substance Use Disorder Treatment. As always, all treatment should be individualized. For most individuals beginning SUD treatment, drug screening and then testing if the presumptive is positive is recommended to be done 1-2 times per week for the first 2 months and then once per month if clinically stable until 6 months in treatment have been completed.

A maximum of 18 urine drug screens performed during the first 6 months in treatment should be sufficient for the majority of individuals. Providers should select the drug screen panels that meet the medical necessity of their patients. For most individuals who remain engaged in active treatment beyond 6 months and who are clinically stable, random monthly testing is recommended. Beacon will identify outlier providers who will be subject to audit for excessive testing, unless there is a clear clinical/medical rationale of the more extensive tests.

### **Guidelines for Laboratory Testing for Drug and Alcohol Use**

These clinical guidelines relate to laboratory testing used in the initial assessment and ongoing monitoring of drug and alcohol treatment compliance.

The assessment of continued drug use should be based on treatment interactions, behavioral observations as well as mental status and history and physical evaluation. Questioning the consumer about findings consistent with drug use in many cases results in self-disclosure of ongoing substance use. Providers are encouraged to test their patients randomly as a way to decrease misuse and diversion of drugs, as well as a way to monitor progress in treatment.

Ambulatory laboratory testing for substance use is a medically necessary and useful component of chemical dependency treatment. Drug test results are of importance in treatment programs and in outpatient substance use disorder treatment. The drug screen result can influence treatment and level of care decisions. It is important that ordered tests match treatment needs, the documented history and the most current version of the DSM-V diagnosis.

While level of care determinations are considered in the context of an individual's treatment history; Beacon Health Options never requires the attempt of a less intensive treatment as a criterion to authorize any service.

<b>Admission Criteria for SUD treatment</b>	The following criteria are necessary for determination:
	1. The individual has been evaluated by a licensed clinician and demonstrates symptomatology consistent with a DSM-V substance use diagnosis.
	2. The tests ordered are within the scope of license of the ordering practitioner, and support the medical necessity criteria for the Level of Care requested/recommended.
<b>Qualitative and Quantitative Testing</b>	1. Screening for substance use disorders, with rapid test immunoassay 5, 10 or 12 panel and alcohol screening are recommended upon admission for the treatment of substance use disorder.
	2. Post admission, screenings are expected to occur more frequently for the first 30-60 days of treatment, and less frequently after that period of time (such as once/month random testing when stable)
	3. On site CLIA-waived testing is preferred as results can rapidly be integrated into treatment decisions and clinical assessment.
	4. Quantitative testing maybe recommended when there is discrepancy between the results of the immunoassay urine testing and the clinical condition of the patient, when a patient reports drug use and the results of the immunoassay screening are negative, or when trying to differentiate the legitimate use of opiates in the context of pain management and the use of i.e. heroin. Quantitative testing can be used when necessary to confirm positive or negative tests.

### **Maryland Medicaid Covered Drug Testing Codes**

As described in the December 20, 2016 Maryland Medical Assistance Program Transmittal  
 “Community-based Medical Laboratory Billing for Substance Use Disorder Screening/ Testing for

Calendar Year 2017”, effective 01/01/17 the following 8000 series codes replaced the G codes for presumptive testing. Until CMS issues new rules on pricing, the fee schedule remains:

Calendar Year 2017		
Code	Description	Rate
Presumptive drug screens:		
80305	Immunoassay- Direct Observation (i.e. urine cups, dipsticks)	\$11.89
80306	Immunoassay- Instrument Assisted	\$15.86
80307	Instrumented Chemical Analyzers	\$63.45
Definitive drug testing:		
G0480	GC/MS-LC/MS or enzymatic methods 1-7 classes of drugs	\$63.55
G0481	GC/MS-LC/MS or enzymatic methods 8-14 drugs	\$97.78
G0482	GC/MS-LC/MS or enzymatic methods 15-21 drugs	\$131.99
G0483	GC/MS-LC/MS or enzymatic methods 22 drugs or more	\$171.10

For your reference, please find the 2016 codes below:

Calendar Year 2016		
Code	Description	Rate
Presumptive drug screens:		
G0477	Immunoassay- Direct Observation (i.e. urine cups, dipsticks)	\$11.81
G0489	Immunoassay- Instrument Assisted	\$15.75
G0479	Instrumented Chemical Analyzers	\$63.00
Definitive drug testing:		
G0480	GC/MS-LC/MS or enzymatic methods 1-7 classes of drugs	\$63.55
G0481	GC/MS-LC/MS or enzymatic methods 8-14 drugs	\$97.78
G0482	GC/MS-LC/MS or enzymatic methods 15-21 drugs	\$131.99
G0483	GC/MS-LC/MS or enzymatic methods 22 drugs or more	\$171.10

For questions please contact [dhmh.mabehavioralhealth@maryland.gov](mailto:dhmh.mabehavioralhealth@maryland.gov).