

Reimbursement Policy

Subject: **Drug Screen Testing**

Policy Number: **G-19001**

Policy Section: **Laboratory**

Last Approval Date: **08/06/2024**

Effective Date: **08/06/2024**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Blue Cross and Blue Shield of North Carolina covered the service for the Healthy Blue + MedicareSM (HMO-POS D-SNP) member's benefit plan.

The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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NCBCBS-CR-RP-071916-24-CPN71525 December 2024

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Blue Cross NC Medicare Advantage allows reimbursement for presumptive and definitive drug testing unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

In certain circumstances, Blue Cross NC Medicare Advantage allows reimbursement for presumptive drug testing by instrumented chemistry analyzers and definitive drug screening services for the same member provided on the same day by an independent clinical laboratory.

Definitive drug testing may be used to detect specific substances not identified by presumptive methods and to refine the accuracy of the presumptive test results. The provider's documentation and member's medical records should reflect that the test was properly ordered. For cases where the definitive testing is confirmatory, the provider's documentation should support that the order was based on the result of the presumptive test.

Nonreimbursable

Blue Cross NC Medicare Advantage does not allow separate reimbursement for specimen validity testing when utilized for drug screening. Specimen validity testing is included in the presumptive and definitive drug testing CPT and HCPCS code descriptions. No modifiers will override the bundle edit.

Related Coding

Standard correct coding applies

Policy History

08/06/2024	Review approved and effective: removed <i>The Health Plan does not allow reimbursement for employment/pre-employment drug screening</i> from the policy
12/11/2023	Review approved: updated Presumptive and Definitive Qualitative Drug Testing in Definitions section
06/25/2021	Review approved 06/25/2021 and effective 03/01/2022: Policy language updated for clarity and to add language around specimen validity
03/15/2019	Initial approval 03/15/2019 and effective 11/01/2019

References and Research Materials

This policy has been developed through consideration of the following:

- Clinical Laboratory Improvement Amendments (CLIA) guidelines
- CMS
- Optum EncoderPro 2023
- State contract

Definitions

Presumptive/Qualitative Drug Testing	Used to determine the presence or absence of drugs or drug classes in a urine sample; results expressed as negative or positive or as a numerical result.
Definitive/Quantitative Drug Testing	Used to identify specific medications, illicit substances, and metabolites; reports the results of analytes absent or present typically in concentrations such as ng/ml.
Specimen Validity Testing	Urine specimen testing to ensure that it is consistent with normal human urine and has not been adulterated or substituted, may include, but is not limited to pH, specific gravity, oxidants, and creatinine.
General Reimbursement Policy Definitions	

Related Policies and Materials

None

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