Medicare Local Coverage Determination Policy

Pathology and Laboratory:
Qualitative Drug Testing
CPT: 80305, 80306, 80307

CMS Policy for Alabama, Georgia, and Tennessee
Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Coverage Indications, Limitations, and/or Medical Necessity
A qualitative drug screen is used to detect the presence of a drug in the body. A blood or urine sample may be used. However, urine is the best specimen for broad qualitative screening, as blood is relatively insensitive for many common drugs. Analysis is comparative, matching the properties or behavior of a substance with that of a valid reference compound. Drugs or classes of drugs are commonly assayed by qualitative testing. A qualitative test may be followed by confirmation with a second method, only if there is a positive or negative finding inconsistent with the setting of a symptomatic patient.

Examples of drugs or classes of drugs that are commonly assayed by qualitative tests, followed by confirmation with a second method, are: alcohols, amphetamines, barbiturates/sedatives, benzodiazepines, cocaine and metabolites, methadone, antihistamines, stimulants, opioid analgesics, salicylates, cardiovascular drugs, antipsychotics, and antidepressants. Most toxicological diagnoses and therapeutic decisions are made based on historical or clinical considerations:

1. Laboratory turnaround time can often be longer than the critical intervention time course of an overdose;
2. For many toxins there are no established cutoff levels of toxicity, making interpretation of the results difficult. Qualitative screening panels should be used when the results will alter patient management or disposition. The clinical utility of drug tests in the emergency setting is limited since most therapy for drug poisonings is symptom directed and supportive.

Indications
Medicare will consider performance of a qualitative drug test reasonable and necessary:

1. When a patient presents with suspected drug overdose and one or more of the following conditions
   a. Unexplained coma;
   b. Unexplained altered mental status in the absence of a clinically defined toxic syndrome or toxidrome;
   c. Severe or unexplained cardiovascular instability (cardiotoxicity);
   d. Unexplained metabolic or respiratory acidosis in the absence of a clinically defined toxic syndrome or toxidrome;
   e. Testing on neonates suspected of prenatal drug exposure
   f. Seizures with an undetermined history;
2. For monitoring patient compliance during active treatment for substance abuse or dependence.
3. In patients on chronic opioid therapy:
   a. In whom illicit drug use, non-compliance or a significant pre-test probability of non-adherence to the prescribed drug regimen is suspected and documented in the medical record; and/or
   b. In those who are at high risk for medication abuse due to psychiatric issues, who have engaged in aberrant drug-related behaviors, or who have a history of substance abuse.
4. In patients with chronic pain to:
   a. Determine the presence of other substances prior to initiating pharmacologic treatment;
   b. Detect documented suspected non-adherence to the plan of care.
   c. Periodic random (not routine) testing to confirm adherence to pharmacologic treatment plan.
5. In patients with symptoms of schizophrenia suspected to be secondary to drug or substance intoxication. Confirmation of drug testing (80102) is indicated when:
   a. The results of the qualitative screen are presumptively positive; or
   b. Results of the qualitative screen are negative and this negative finding is inconsistent with the patient's medical history.

Limitations
1. It is considered not reasonable or necessary to test for the same drug with both a blood and a urine specimen simultaneously.
2. CPT codes 80150 through 80299 are examples of quantitative therapeutic assays for specific drugs. These codes should not be billed when only qualitative screening is performed.
3. Drug screening for medico-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) is not covered.
4. Routine “per visit” drug testing in chronic pain patients is noncovered.

Visit QuestDiagnostics.com/MLCP to view current limited coverage tests, reference guides, and policy information.
To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.gov.
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The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare’s limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

*Note—Bolded diagnoses below have the highest utilization

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>F11.20</td>
<td>Opioid dependence, uncomplicated</td>
</tr>
<tr>
<td>F19.20</td>
<td>Other psychoactive substance dependence, uncomplicated</td>
</tr>
<tr>
<td>G40.309</td>
<td>Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus</td>
</tr>
<tr>
<td>G40.909</td>
<td>Epilepsy, unspecified, not intractable, without status epilepticus</td>
</tr>
<tr>
<td>I47.1</td>
<td>Supraventricular tachycardia</td>
</tr>
<tr>
<td>R56.9</td>
<td>Unspecified convulsions</td>
</tr>
<tr>
<td>Z79.891*</td>
<td>Long term (current) use of opiate analgesic</td>
</tr>
<tr>
<td>Z79.899</td>
<td>Other long term (current) drug therapy</td>
</tr>
<tr>
<td>Z91.14</td>
<td>Patient’s other noncompliance with medication regimen</td>
</tr>
<tr>
<td>Z91.19</td>
<td>Patient’s noncompliance with other medical treatment and regimen</td>
</tr>
</tbody>
</table>

**Group 1 Medical Necessity ICD-10 Codes**

Asterisk Explanation: *Z79.891: Use for the monitoring of patients on methadone maintenance and chronic pain patients with opioid dependence, suspected of abusing other illicit drugs.

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**Disclaimer:**

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient’s symptoms or conditions and must be consistent with documentation in the patient’s medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.