

		<b>Reimbursement Policy</b>	
<b>Subject: Drug Screen Testing</b>			
Effective Date: <b>11/01/19</b>	Committee Approval Obtained: <b>03/15/19</b>	Section: <b>Laboratory</b>	
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="https://providers.amerigroup.com/TX">https://providers.amerigroup.com/TX</a>.*****</p>			
<p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) benefits. 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 CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup STAR+PLUS MMP may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Amerigroup STAR+PLUS MMP reimbursement policies for Amerigroup STAR+PLUS MMP are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup STAR+PLUS MMP strives to minimize these variations.</p> <p>Amerigroup STAR+PLUS MMP reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>			
<b>Policy</b>	<p>Amerigroup STAR+PLUS MMP allows reimbursement for properly ordered presumptive and definitive drug screening services unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.</p> <p>In certain circumstances when definitive drug testing is submitted on the same date of service as presumptive drug testing by instrumented chemistry analyzers for the same member by an independent clinical</p>		

	<p>laboratory with a place of service 81, Amerigroup STAR+PLUS MMP will allow separate reimbursement for definitive drug testing.</p> <p>Definitive drug testing may be done to confirm a negative presumptive test or to identify substances when there is no presumptive test available. Provider’s documentation and member’s medical records should reflect that the test was properly ordered and support that the order was based on the result of the presumptive test.</p> <p>When a reference lab (POS = 81) performs both presumptive and definitive tests on the same date of service, records should reflect that the ordering/treating provider issued a subsequent order for definitive testing based on the results of the presumptive tests.</p> <p><b>Nonreimbursable</b>  Amerigroup STAR+PLUS MMP does not allow reimbursement for employment/pre-employment drug screening.</p>
<b>Exemptions</b>	<ul style="list-style-type: none"> <li>• Amerigroup Texas, Inc. and Amerigroup Insurance Company allows separate reimbursement for definitive testing when billed on the same day as presumptive drug testing. The HCPCS code identifying the specific drug class range is required.</li> </ul>
<b>History</b>	<ul style="list-style-type: none"> <li>• Initial approval <b>03/15/19</b> and effective date <b>11/01/19</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• Texas Health and Human Services Commission (HHSC)</li> <li>• Amerigroup STAR+PLUS MMP contract with HHSC</li> <li>• Optum, 2018</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>Presumptive Drug Class Screening:</b> screening used to identify possible use or non-use of a drug or drug class (presumptive drug screening may or may not be followed by definitive drug class screening); presumptive drug testing is either done on a random basis or for cause, the latter of which should be documented in the medical record</li> <li>• <b>Definitive Drug Class Screening:</b> screening which includes qualitative (drug is present or absent), semi-quantitative or quantitative (measured) tests to identify possible use or non-use of a specific drug; typically, therapeutic drug assay procedures are quantitative tests</li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>