



PROVIDER ALERT

Directed to: Providers Performing Substance Use Services re: Use of LABORATORY SERVICES

AUGUST 23, 2017

ASAM recently published new guidelines for “**Smart Testing**” in the treatment of Substance Use Disorders: [https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-\(7\).pdf?sfvrsn=2](https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2). Providers are encouraged to become familiar with these guidelines for “Appropriate Use of Drug Testing in Clinical Addiction Medicine” and use best practices when ordering laboratory testing.

When ordering drug toxicology tests, it is important to know exactly how many drugs are being tested and billed by the laboratory provider. There has been a steep increase since early in 2016 in laboratory claims for the highest, costliest codes for definitive testing for more than 14 drug classes. For routine Substance Abuse treatment, there is generally no clinical indication to order definitive tests for 22+ drugs.

Clinicians treating individuals with Substance Use Disorders should do **random testing** and **order tests only for the number of drugs medically indicated**. Providers should check laboratory results and work with the laboratories to make sure that only the number of drugs intended for testing by the ordering clinician is what is actually tested.

Laboratories bill Medicaid using the following **Definitive Codes** with the associated rates:

G0480	1-7 drug classes, including metabolites:	\$63.55
G0481	8-14 drug classes, including metabolites:	\$97.78
G0482	15-21 drug classes, including metabolites:	\$131.99



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G0483 22 or more drug classes, including metabolites: **\$171.10**

When ordering **Presumptive Testing**, the following codes are used with the associated rates:

- **80305**, Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipstick, cups, cards, cartridges), includes sample validation when performed, per date of service: **\$11.81**
- **80306**, Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by instrument-assisted direct optical observation (e.g., dipstick, cups, cards, cartridges), includes sample validation when performed, per date of service: **\$15.75**
- **80307**, Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (e.g., immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service: **\$63.00**

As a reminder:

1) The bundled rate for OTPs includes the costs for all laboratory testing. Contracts must be in place with laboratories that specifies that when a lab test is requested for an OTP patient, the lab is to bill the OTP directly for the testing. Laboratories may not separately submit claims for OTP patient testing sent by the OTP (or staff from the OTP for OTP patients).



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2) OTPs whose patients attend IOP are to support the IOP by providing random drug tests and coordinate lab needs that the IOP has for the shared patient. IOPs are not to separately test or send out labs for testing if an individual is also seen by the OTP.

Lab utilization is closely monitored by the ASO due to the high utilization and high cost of some of these services. Providers are reminded to document all services, clinical rationale for tests, and results of tests ordered to be used in their clinical management in treating substance use disorders.