SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

5.11 DRUG SCREENING ASSAYS

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

DRUG SCREENING ASSAYS

Louisiana Blue requires that claims be filed using CPT codes 80305–80377 rather than the temporary Medicare HCPCS codes G0480–G0483. Claims filed with HCPCS codes G0480–G0483 will be denied and must be refiled with current CPT codes.

Presumptive drug screening: CPT codes 80305-80307

- Louisiana Blue will only allow payment for one presumptive drug screen for drugs from Drug Class A and/or B (CPT codes 80305–80307) regardless of the number of services performed.

To ensure you have the most up-to-date information about our coverage guidelines, please review our Urinary Drug Testing medical policy (policy No. 00387).

Note: This medical policy and all our other medical policies are available on iLinkBlue (www.lablue.com/ilinkblue) under the "Authorizations" section.

Definitive Drug Testing

Definitive drug testing codes will be subject to a multiple-service reduction as follows:

(for the same patient for the same encounter)

- First or initial lab will be considered for 100% of the allowable charge
- Second lab will be considered for 100% of the allowable charge
- Third lab will be considered for 50% of the allowable charge
- Fourth lab will be considered for 25% of the allowable charge
- Fifth lab and any additional labs will be considered for 5% of the allowable charge
- Multiple services for urine validity will be bundled

Note: Providers will not be separately reimbursed for validity testing, such as urinary pH, specific gravity, nitrates, oxidants or urine specimens used for drug testing.