

SMART TESTING FOR SUBSTANCE USE IN AMBULATORY SETTINGS

A recent utilization review of laboratory drug testing in Maryland identified a significant increase in the number of drug tests performed corresponding to the higher-end, costliest definitive G codes: G0482 (15+ drugs) and G0483 (22+ drugs).

In the first half of 2017, **laboratory costs were 22 percent of the total dollars spent on substance use disorder (SUD) treatment**; this is greater than the costs of outpatient ASAM level 1 services.

Laboratories have been billing Medicaid using the following **definitive codes** with the associated rates as follows:

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**

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

Subsequent to the CMS code changes in 2016, some laboratories began primarily billing for tests with the highest definitive test codes (G0482 and G0483) resulting in an increase in Medicaid costs from **2015 to 2016 of almost \$40 million.**

Providers have a critical role in helping address this issue, as drug testing starts with a laboratory requisition or test order.

For routine SUD testing, there is no clinical indication to order definitive tests for 15+ or 22+ substances. As such these definitive tests will no longer be covered as of January 1, 2018.

Drug testing should be used as needed to improve outcomes, and should be integrated into the process of making treatment decisions.

Providers are encouraged to use ASAM's **Smart Testing**:

- Clinicians treating individuals who are at risk for or have a previous SUD diagnosis should do **random testing, be aware of the most prevalent drugs within the community, and order only those tests which are medically indicated.**
- On site CLIA-waived tests, which provide immediate results, should be rapidly integrated into treatment decisions and clinical assessments.
- Ordered tests should match **individualized treatment needs.** In the clinical setting, this would correlate with more **frequent testing during initial phase of treatment** or during relapse, followed by less frequent random tests when medically indicated by the individual's recovery progress.
- When ordering drug toxicology tests, it is important to know exactly how many drugs are being tested. The **number and types of tests ordered should match the number and types of tests on the results.** Report any discrepancies or concerns regarding laboratory issues to Beacon.
- **For more detailed information on Smart Testing, see ASAM's Guidelines:** [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)

