

Drug Testing Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT^{®}), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Payment Policies for Medicare & Retirement, UnitedHealthcare Community Plan Medicare and Employer & Individual please use [this link](#).

Medicare & Retirement and UnitedHealthcare Community Plan Medicare Policies are listed under Medicare Advantage Reimbursement Policies.

Employer & Individual is listed under Reimbursement Policies-Commercial.

Table of Contents

[Application](#)

[Policy](#)

[Overview](#)

[Reimbursement Guidelines](#)

[Definitions](#)

[Questions and Answers](#)

[Codes](#)

[Attachment](#)

[Resources](#)

[History](#)

Policy

Overview

This policy defines the daily and annual limits for presumptive (CPT® codes 80305, 80306, 80307, and H0003) and definitive drug testing (HCPCS codes G0480, G0481, G0482, G0483 G0659, 0006U, 0007U, 0011U, 0082U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, and 0150U, and CPT Definitive Drug Classes Codes 80320-80377, 83992) and addresses Specimen Validity Testing.

All services described in this policy may be subject to additional UnitedHealthcare Community Plan reimbursement policies including, but not limited to, the Maximum Frequency Per Day Policy, Laboratory Services Policy, and CCI Editing Policy.

Reimbursement Guidelines

This policy enforces the code description for presumptive and definitive drug testing in that the service should be reported once per day and it includes specimen validity testing. It also provides annual units of service (UOS) limits.

Clinical drug testing is used in pain management and in substance abuse screening and treatment programs. The testing may be used to detect prescribed, therapeutic drugs, prescription drugs of abuse, illicit drugs, and/or other substances such as nicotine.

Presumptive drug testing, also known as drug screening, is used when necessary to determine the presence or absence of drugs or a Drug Class. Results are expressed as negative or positive. The methodology is considered when coding presumptive procedures. Per CPT guidelines each presumptive drug testing code represents all drug and Drug Class tests performed by the respective methodology per date of service. The test is a single per patient service that should only be reported once irrespective of the number of Drug Class procedures or results on any date of service.

Definitive drug testing, also known as confirmation testing, is used when it is necessary to identify specific medications, illicit substances and metabolites. Definitive urine drug test (UDT) reports the results of drugs absent or present in concentrations of ng/ml. Definitive drug testing is qualitative or quantitative to identify possible use or non-use of a drug. These tests identify specific drugs and associated metabolites. A presumptive drug test is not required to be provided prior to a definitive drug test. When applicable Proprietary Laboratory Analysis CPT codes 0006U, 0007U, 0011U, 0082U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, or 0150U, may be reported and are considered under the policy guidelines pertaining to definitive drug testing.

In addition to the definitive drug testing codes in the HCPCS manual (G0480, G0481, G0482, G0483 and G0659) use 80320-80377, and 83992 to report definitive drug class procedures. Each category of a drug class, including metabolite (s) if performed, is reported once per date of service. For example, to report codeine, hydrocodone, hydromorphone, morphine, oxycodone, oxymorphone, naloxone, naltrexone performed using any number of definitive procedures report 80361 X 1, 80362 X 1, and 80365 X 1 per facility per date of service.

Some examples of drugs or a Drug Class that are commonly assayed by presumptive tests, followed by definitive testing are: alcohols, amphetamines, barbiturates/sedatives, benzodiazepines, cocaine and metabolites, methadone, antihistamines, stimulants, opioid analgesics, salicylates, cardiovascular drugs, antipsychotics, and cyclic antidepressants.

In accordance with the code descriptions and the CPT and CMS guidelines, UnitedHealthcare Community Plan will only allow one drug test within the presumptive Drug Class and one drug test within the definitive Drug Class per date of service by the same or different provider.

An annual frequency UOS limitation of 18 dates of service will be applied for presumptive drug testing. In addition, an annual frequency UOS limitation of 18 dates of service will be applied for definitive drug testing using HCPCS and CPT

Drug Classes codes. These limits are applied whether services are applied by the same or different provider.

Specimen Validity Testing to assure that a specimen has not been compromised or that a test has not been adulterated may be required. However, Specimen Validity Testing is included in the presumptive and definitive drug testing CPT and HCPCS code descriptions and is considered a quality control which is an integral part of the collection process and is not separately reimbursable. UnitedHealthcare Community Plan will deny Specimen Validity Testing when performed on the same date of service as a presumptive and/or definitive drug test by the same or different provider. A modifier may be appropriate when a service commonly used for Specimen Validity Testing is performed distinctly separate from the drug test service and the documentation supports the service was not related to the drug testing.

Drug testing services that are determined to be court ordered and/or funded by a county, state, or federal agency will continue to be denied. For additional information refer to the Services and Modifiers Not Reimbursable to Healthcare Professionals Policy.

State Exceptions

Arizona	Arizona is exempt from the annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
California	California is exempt from this policy based on state requirements.
Florida	Florida is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements. Per State regulations, Florida Medicaid does not reimburse for Definitive Drug Testing codes G0480, G0481, G0482, G0483, G0659, 0006U, 0007U, 0011U and 0020U. CPT codes 80320-80377, 83992 should be used to reflect the Definitive Drug Class with a limit of 7 different tests per Member per day.
Iowa	Iowa is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Kansas	Kansas is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Maryland	Maryland is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Mississippi	Mississippi is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Missouri	Missouri is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Ohio	Ohio is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Pennsylvania	Pennsylvania is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Rhode Island	Rhode Island reimburses for presumptive codes 80305, 80306, and 80307.
Tennessee	Tennessee is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Texas	Texas is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Washington	HCPCS code H0003 is excluded from the Drug Testing Policy; Per State regulations, Washington Medicaid allows 1 of 3 presumptive codes CPT 80305,

	80306, & 80307 and 1 of 4 definitive HCPCS code G0480, G0481, G0482 & G0483 to be billed per member per day. Washington Medicaid allows up to 24 presumptive tests and 16 definitive tests to be billed per member per year.
Wisconsin	Wisconsin is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy, except for code H0003 which has an annual frequency limit of 39 based on state requirements.

Definitions	
Drug Class	A group of drugs that have the same chemical structure, work in the same way and/or are used for the same purpose.
Proprietary Laboratory Analysis (PLA) Codes	Describe proprietary clinical laboratory analysis and can be provided either by a single ("sole-source") laboratory or licensed or marketed to multiple providing laboratories (eg, cleared or approved by the Food and Drug Administration [FDA]). These codes include advanced diagnostic laboratory tests (ADLTs) and clinical diagnostic laboratory tests (CDLTs) as defined under the Protecting Access to Medicare Act (PAMA) of 2014.
Specimen Validity Testing	Generally pertains to urine specimen testing to ensure that the sample has not been adulterated or substituted. It may be applicable to other types of specimens.

Questions and Answers	
1	<p>Q: Will UnitedHealthcare Community Plan reimburse more than one presumptive and/or one definitive drug test on the same date of service if a modifier is appended?</p> <p>A: No, each of the presumptive and definitive drug codes define a single manual or automated laboratory service that is reported once per day, per patient, irrespective of the number of Drug Classes, sample validations, or Specimen Validity Tests performed related to that service on any date of service. In accordance with the CPT and CMS guidelines UnitedHealthcare Community Plan will not reimburse more than one presumptive and/or one definitive drug test per day regardless of the number of billing providers.</p>
2	<p>Q: Will UnitedHealthcare Community Plan reimburse a urinalysis performed by a primary care physician for a suspected urinary infection on the same day that the patient's alcohol and drug counselor performed a urine drug screening test?</p> <p>A: Yes, if the urinalysis is appended with an appropriate modifier to identify the test was distinctly separate and not related to the drug testing as a Specimen Validity Test. The records must also support that the urinalysis performed was not for Specimen Validity Testing and the modifier was appropriately reported.</p>
3	<p>Q: What is the difference between Presumptive and Definitive testing?</p> <p>A: A presumptive test is one used to identify possible use or non-use of a drug or Drug Class. Presumptive tests are not definitive. They only screen for the presence of a compound. A definitive or confirmation test is one that uses instrument analysis to positively identify the presence or quantity of a drug.</p>
4	<p>Q: If multiple presumptive and/or definitive drug tests are submitted on the same date of service will each one count towards the 18 annual limit?</p> <p>A: No, only one presumptive and/or one definitive is reimbursable per day, therefore only the reimbursed code will count toward the annual limit of 18 presumptive and/or 18 definitive tests.</p>

Presumptive Codes	
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges)

	includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs (The H codes are used by those state Medicaid agencies that are mandated by state law to establish separate codes for identifying mental health services that include alcohol and drug treatment services.)
Definitive Codes	
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers) including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); (2) stable isotope or other universally recognized internal standards in all samples (e.g. to control for matrix effects, interferences and variations in signal strength); and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed.
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers) including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength); and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed.
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers) including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength); and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed.
G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers) including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength); and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed.
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers) including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes.
0006U	Detection of interacting medications, substances, supplements and foods, 120 or more analytes, definitive

	chromatography with mass spectrometry, urine, description and severity of each interaction identified, per date of service
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service (PLA Code) (Proprietary Name and Clinical Laboratory and/or Manufacturer: ToxProtect; Genotox Laboratories LTD)
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites (PLA Code) (Proprietary Name and Clinical Laboratory and/or Manufacturer: Cordant CORE™; Cordant Health Solutions)
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service
0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
CPT Definitive Drug Classes Codes	
80320-80377, 83992	Please see attachments section for listing of CPT Definitive Drug Classes Codes

Attachments: Please right-click on the icon to open the file.

UnitedHealthcare Community Plan Specimen Validity Testing Codes List	A List of Codes Used for Specimen Validity Testing
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UnitedHealthcare Community Plan CPT Definitive Drug Classes Codes	A List of Codes Used for CPT Definitive Drug Classes Procedures Testing
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Resources

Individual state Medicaid regulations, manuals & fee schedules
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, Clinical Laboratory Fee Schedule (CLFS)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Centers for Medicare and Medicaid Services, Medicare Administrative Contractors (MACs)
Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History

3/23/2020	Policy Version Change State exceptions section: Removed reference to Louisiana Footer section: Updated copyright year from “2019” to “2020” Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the “Louisiana Only” policy
1/1/2020	Annual Policy Version Change Policy verbiage change: updated Definitive codes section to add 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, and 0150U as definitive codes and code description updated.
11/25/2019	State Exception Change: Removed MI state exception as MI is participating in annual 18 DOS limit for presumptive and definitive drug code tests effective 9/1/2019
7/17/2019	State Exception Change: Updated LA exception verbiage to reflect: Per state regulations, presumptive drug testing is limited to 24 total tests per enrollee per calendar year. Definitive drug testing is limited to 18 total tests per enrollee per calendar year using codes G0480 or G0481.
7/3/2019	State Exception Change: Wisconsin verbiage to reflect 39 DOS annual limits for presumptive code H0003.
6/24/2019	State Exception Change: Updated Washington verbiage to indicate 24 DOS annual limits for presumptive codes and 16 DOS annual limits for definitive codes, and updated Louisiana verbiage to indicate 24 DOS annual limits for presumptive codes and 18 DOS annual limits for definitive codes.
4/22/2019	State Exception Change: Updated RI verbiage to remove “Definitive and drug assay codes are noncovered services”
3/22/2019	State Exception Change: Updated RI verbiage to include the correct presumptive codes: 80305, 80306, and 80307.
3/6/2019	State Exception Change: RI added with the following verbiage: “Rhode Island reimburses for presumptive codes 88305, 88306, and 88307. Definitive and drug assay codes are noncovered services.”
2/8/2019	Policy Version Change: Removed 0020U from policy and added 0082U to policy verbiage. State exceptions: Updated FL exception verbiage to add “Per State regulations, Florida Medicaid does not

	reimburse for Definitive Drug Testing codes G0480, G0481, G0482, G0483, G0659, 0006U, 0007U, 0011U and 0020U. CPT codes 80320-80377, 83992 should be used to reflect the Definitive Drug Class with a limit of 7 different tests per Member per day.”
1/1/2019	Annual Policy Version Change Policy verbiage change: updated Definitive codes section to remove code 0020U(deleted code as of 10/1/2018), added code 0082U (added 1/1/2019), and updated code description for 0006U
9/23/2018	Pennsylvania is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
7/11/2018	Policy Approval Date Change, (no new version)
6/10/2018	State Exception Change: Verbiage of state exceptions changed to reflect - annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy for the following states- AZ, FL, IA, KS, LA, MD, MI, MS, MO, OH, TN, TX, and WI
2/11/2018	State Exception Change: Verbiage of state exceptions changed to reflect exempt from policy due to state requirements
1/1/2018	Policy verbiage change: Overview, Reimbursement Guidelines, Q&A, and Code sections updated to include annual drug testing limits and new CPT and HCPCS codes State Exception Section: Updated State exceptions Annual Policy Version Change
9/28/2017	State Exception Section: Added State exceptions
9/01/2017	Policy implemented by UnitedHealthcare Community & State
5/10/2017	Policy approved by the Reimbursement Policy Oversight Committee