



Urine Drug Testing

Reimbursement Policy

Purpose

Community Health Options reimburses for medically necessary Urine Drug Testing (UDT) to determine the presence or absence of drug(s) or a Drug Class as part of medical treatment for alcohol or substance abuse, or the abuse of prescription medications. Reimbursement is subject to prior authorization requirements, coding guidelines, and member benefits.

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.
- **Definitive/Confirmatory (Quantitative) UDT:** used for further analysis of a sample- to confirm a positive or sometimes, negative result and typically are done using gas chromatography/mass spectrometry or high-performance liquid chromatography. Confirmatory testing can identify a specific drug. If the goal is to detect a synthetic or semisynthetic opioid, this testing should be used, as immunoassays are not typically used to detect these opioids.
- **Screening/Presumptive (Qualitative) UDT:** Initial, qualitative drug tests conducted to identify classes of drugs present in the urine and typically are done using immunoassay. They rely on a set threshold above which a positive result is produced and therefore do not detect lower concentrations of a drug.
- **Specimen Validity Testing:** Pertains to urine specimen testing to ensure that the sample has not been adulterated or substituted.

Policy

UDT assists with monitoring adherence and abstinence in treatment; may improve patient outcomes and should be used in all addiction treatment settings. There are two general types of urine drug testing: presumptive (qualitative) screening by immunoassay (IA) to detect the presence of drug classes in the urine and definitive/confirmatory (quantitative) testing by chromatography to detect the presence of specific drugs and/or metabolites. Urine drug testing should not routinely include a panel of all drugs of abuse but should instead reflect patient preference, substance use history, and geographic and peer substance use patterns. The test should be focused on the detection of specific drugs/drug metabolites within the window(s) of detection for each. Testing should be done only as often as objectively needed to detect the presence of drugs and based on patient acuity and level of care.

Covered services are defined as: UDT (qualitative and quantitative) for members with suspected or confirmed substance use disorders and/or in treatment for substance use disorder to verify adherence with prescribed treatment program. Covered services are as follows:

CPT Code	Description
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only, 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; capable of being read by direct optical observation only, 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
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HCPCS Code	Description
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
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs

Non-covered Services

- Drug testing/screening that does not meet the above guideline for drug panel selection.
- Drug testing/screening that includes drug(s) without potential for abuse.
- Drug testing/screening that states “custom profiling” and/or “conduct additional testing as needed.”
- Quantitative tests as a replacement for drug screening services or as a routine supplement to drug screens.
- Mandated testing ordered for non-medical purposes by third parties, such as schools, courts, or employers or as requested by a provider for the sole purpose of meeting the requirements of such a request is excluded.
- Testing for residential monitoring and/or sober living if performed solely to comply with a sober home’s residential monitoring policy.
- Urine specimen collection.
- Specimen Validity Testing is included in the presumptive and definitive drug testing CPT and HCPCS codes and is not separately reimbursable.

Limitations

- Benefit limit of twenty qualitative tests in a twelve-month period and twenty quantitative tests in a twelve-month period. Additional testing is allowed after case review for Members who are confirmed pregnant or Members who are starting or ending treatment (tapering) with Medication-Assisted Treatment.
- In accordance with Medicare/CMS guidelines, only one drug test within the presumptive Drug Class and one drug test within the definitive Drug Class is reimbursable per date of service.

References/Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

Document Publication History

Initial publication 6/1/2020

This policy provides information on Community Health Options’ claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures, and claims editing logic. Community Health Options reserves the right to amend a payment policy at its discretion. Policies are enforced unless underpinning direction stated otherwise.