

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 Value & Balance Exchange reimbursement policies may use 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 Value & Balance Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Value & Balance Exchange 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 Value & Balance Exchange enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, 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 Value & Balance Exchange due to programming or other constraints; however, UnitedHealthcare Value & Balance Exchange strives to minimize these variations.

UnitedHealthcare Value & Balance Exchange 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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Table of Contents

[Application](#)[Policy](#)[Overview](#)[Reimbursement Guidelines](#)[Definitions](#)[Questions and Answers](#)[Attachments](#)[Resources](#)[History](#)

Application

This reimbursement policy applies to UnitedHealthcare Value & Balance Exchange 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, 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.

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, 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 Value & Balance Exchange 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.

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 Value & Balance Exchange 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 Value & Balance Exchange 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

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 (e.g., 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 Value & Balance Exchange 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 Value & Balance Exchange 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 Value & Balance Exchange 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>

	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.
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	80306	80307	H0003						
Definitive Codes									
G0480	G0481	G0482	G0483	G0659					
Specimen Validity Testing Codes									
81000	81001	81002	81003	81005	82542	82570	83516	83518	83519
83520	83789	83986	84156	84311					

Attachments	
 UnitedHealthcare Value & Balance Exchange CPT Definitive Drug Classes Codes	A List of Codes Used for CPT Definitive Drug Classes Procedures Testing

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

History		
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