

Reimbursement Policy

Urine Drug Testing

REIMBURSEMENT POLICY NUMBER: 12

Effective Date: 10/1/2024

Last Review Date: 9/2024

Next Annual Review: 9/2025

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INSTRUCTIONS FOR USE: Company reimbursement policies serve as guidance for the administration of plan benefits. Reimbursement policies do not constitute medical advice nor a guarantee of coverage. Company reimbursement policies are reviewed annually. The Companies reserve the right to determine the application of reimbursement policies and make revisions to reimbursement policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Reimbursement Policy will be resolved in favor of the coverage agreement.

SCOPE AND APPLICATION

Provider Type:

- Providence Health Plan Participating Providers
- Non-Participating Providers

Plan Product:

- Commercial
- Medicare
- Medicaid/Oregon Health Plan (OHP)

POLICY STATEMENT

- I. Urine drug testing is covered when criteria listed on Providence Health Plan’s Company Medical Policy “Drug Testing for Therapeutic or Substance Use Monitoring” are met. **Payment is restricted to codes listed on this policy.** Codes are subject to National Correct Coding Initiative policies and edits.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

- A. CPT codes 80305, 80306, and 80307 may be eligible for reimbursement when medical necessity criteria for presumptive testing listed in Providence Health Plan’s Company Medical Policy “Drug Testing for Therapeutic or Substance Use Monitoring” are met.
 - B. HCPCS code G0480 may be eligible for reimbursement when medical necessity criteria for definitive testing listed in Providence Health Plan’s Company Medical Policy “Drug Testing for Therapeutic or Substance Use Monitoring” are met **AND** when performed by an independent laboratory or outpatient hospital.
 - i. Code G0480 is the only code allowed for definitive testing and is limited to 14 tests in a 12-month period
- II. Urine drug testing will be denied and **will not be eligible for reimbursement** when **any** of the following apply (A.-C.):
- A. Testing does not meet medical necessity criteria; or
 - B. Testing is not performed in a medically necessary place of service (POS); and/or
 - C. Testing exceeds established medically necessary frequency limits.
- III. Drug testing is not paid separately when performed for patients admitted to an inpatient facility or an independent drug treatment program, as testing is considered an integral part of the hospital admission or drug treatment program.

POLICY GUIDELINES

DEFINITIONS

Presumptive Testing

- **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 (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or 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 read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or 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

Definitive Testing

- **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

CROSS REFERENCES

Medical Policies

- Company: [Drug Testing for Therapeutic or Substance Use Monitoring](#), MP15

The full Company portfolio of current Reimbursement Policies is available online and can be [accessed here](#).

REFERENCES

1. Providence Health Plan Company Medical Policy “Drug Testing for Therapeutic or Substance Use Monitoring”
2. Providence Health Plan Clinical Editing System
3. National Correct Coding Initiative (NCCI) Policy Manual
4. National Correct Coding Initiative (NCCI) Edits

POLICY REVISION HISTORY

Date	Revision Summary
10/2024	New reimbursement policy (previously Coding Policy 28.0, <i>Urine Drug Testing</i>)