COMMERCIAL REIMBURSEMENT POLICY

Urine Drug Testing

Active

Policy Number: Lab Path Services – 009
Policy Title: Urine Drug Testing
Section: Lab Path Services
Effective Date: 10/02/23

Description

This policy addresses presumptive and definitive urine drug testing (UDT) and defines daily limits. It also addresses specimen validity testing.

Definitions

Presumptive urine drug testing: Used to determine the presence or absence of multiple drug classes in a urine sample. This may also be referred to as drug screening.

Definitive urine drug testing: Used when it is necessary to identify specific illicit substances or metabolites present in the urine sample. It can be qualitative or quantitative and is typically measured in ng/ml. This may also be referred to as confirmative drug testing.

Specimen validity testing: Used to ensure that urine is consistent with normal human urine and has not been adulterated or substituted. This may include, but is not limited to pH, specific gravity, oxidants, and creatinine.

Policy Statement

Blue Cross and Blue Shield of Minnesota (Blue Cross) recommends the use of presumptive UDT codes 80305, 80306, or 80307. Per National Correct Coding Initiative (NCCI) guidance, only one code from this code range may be reported per date of service. If the less specific HCPCS codes H0003 and H0049 are reported, supporting documentation will be required (note: H0049 will not be reimbursed for FEP). Each presumptive UDT code is considered a single service that should only be reported once irrespective of the number of drug classes tested on any given date of service.

For reimbursement of definitive UDT, Blue Cross requires use of either code G0480, G0481, G0482, G0483, or G0659 when testing of one or more drug classes is performed on the same date of service. Per NCCI guidance, only one code from this code range may be reported per date of service.

If testing of a single drug class is performed, a code from the CPT range (80320-80377 or 83992) may be submitted. The use of more than one of these CPT codes on the same date of service, however, would constitute unbundling of the drug classes that are indicated in the HCPCS G-codes above and Blue Cross may request additional supporting documentation.

Validity testing of the urine specimen (specimen validity testing) is not separately reimbursable if billed in conjunction with presumptive or definitive UDT. Urinalysis codes 81000-81005, 82570, and 83986 will deny if reported on the same date of service as UDT. If the urinalysis is performed for a reason unrelated to drug testing, the urinalysis code should be submitted with an appropriate modifier and separate reimbursement will be considered.

Documentation Submission

Test results must clearly identify and support the urine drug test code(s) on the claim. If a denial is appealed, these test results must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies, and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: N/A
ICD-10 Diagnosis: N/A
ICD-10 Procedure: N/A
CPT/HCPCS: Refer to Appendix
Revenue Codes: N/A

Resources

Current Procedural Terminology (CPT®)
National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services

Policy History

06/29/2021	Initial Committee Approval Date

03/22/2022	Clarified definitive UDT requirements and added statements regarding modifier usage.
04/25/2023	Revised
09/26/2023	Revised

BlueCross BlueShield Minnesota

APPENDIX

80305	80306	80307	80320	80320	80321	80322	80323	80324	80325
80326	80327	80328	80329	80330	80331	80332	80333	80334	80335
80336	80337	80338	80339	80340	80341	80342	80343	80344	80345
80346	80347	80348	80349	80350	80351	80352	80353	80354	80355
80356	80357	80358	80359	80360	80361	80362	80363	80364	80365
80366	80367	80368	80369	80370	80371	80372	80373	80374	80375
80376	80377	81000	81001	81002	81003	81005	82570	83986	83992
G0480	G0481	G0482	G0483	G0659	H0003	H0049			