Drug Testing Reimbursement Policy					
Policy Number	2016RP504A	**Annual Approval Date**	7/26/2016	**Approved By**	Optum Behavioral Reimbursement Committee

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 procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure 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 services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. 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 our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum 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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Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms and to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. 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

The purpose of this reimbursement policy is to ensure accurate and appropriate claims processing in accordance with industry standards.

This policy defines the daily limits for presumptive drug testing codes (80305, 80306, 80307 and H0003), definitive drug testing codes (G0480, G0481, G0482, G0483, G0659) and addresses Specimen Validity Testing.

All services described in this policy may be subject to additional Optum reimbursement policies including, but not limited to, the Facility-Based Behavioral Health Program, 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. Optum has determined that specimen validity testing is an excluded service.

Clinical drug testing is used 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.

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 Current Procedural Terminology (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. Consistent with CMS, definitive drug testing CPT codes 80320-80377 are considered non-reimbursable and the appropriate HCPCS G0480-G0483, or G0659 should be reported. The HCPCS codes describe a per day service that represents the total number of different Drug Classes performed.

In accordance with the code descriptions and the CPT and CMS guidelines, Optum 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.

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 by either a same or different provider. Optum 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.

Clinical drug testing may be performed to monitor a patient's compliance during active treatment for substance abuse or dependence. To be considered "active" services must be as follows:

- Supervised and evaluated by the attending/rendering provider;
- Provided under an individualized treatment plan;
- Are reasonably expected to improve the member's presenting problems within a reasonable period of time; and
- Testing is individualized to the patient based on clinical history and risk assessment and is documented in the medical record.

Drug testing is an adjunct to the assessment and treatment of Substance-Related Disorders. It is not applicable to other

circumstances such as the following:

- The assessment or treatment other conditions (e.g., toxicology testing to establish if conditions such as coma or stupor are the result of an overdose;
- Federally regulated drug testing for Federal employees, and non-Federal employees in safety-sensitive positions (e.g., pilots);
- Drug testing related to sports;
- At-home drug testing;
- As a condition of participation in supportive living program (e.g., a sober living arrangement); and
- Routine standing or blanket orders are not reimbursable.

Benefits are available for covered services that are not otherwise limited or excluded. Examples of limitations and exclusions include testing related to:

- Judicial or administrative proceedings or orders except when otherwise necessary;
- Obtaining or maintaining a license;
- Employment.

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.

Codes (Note: This list of representative codes is not intended as exhaustive of all relevant codes.)	
Presumptive Codes	**Description**
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 (e.g., 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 (e.g., 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 (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., 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 only to be 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.) This code is not reimbursable for Commercial and Medicare plans.
Definitive Codes	**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 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); qualitative or quantitative, all sources(s), 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.

Codes (Note: This list of representative codes is not intended as exhaustive of all relevant codes.)	
Professional Fees, Ancillary Services and all Facility Based Levels of Care	
0	Specimen Validity Testing Codes are considered 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 by either a same or different provider.

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.
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.

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
Centers for Medicare and Medicaid Services, Clinical Laboratory Fee Schedule (CLFS)
Centers for Medicare and Medicaid Services, Medicare Administrative Contractors (MACs)
Individual state Medicaid regulations, manuals & fee schedules

History / Updates	
May, 2022	Annual review; No Updates
May, 2021	Annual review; updated specimen validity codes list based on CMS guidelines
March, 2020	Annual review Specimen Validity testing language and codes have been added to the Drug Testing Policy
January, 2019	Annual review
March, 2019	Annual review
April, 2018	Annual review
January, 2017	Removed HPHC Codes (G0477, G0478, G0479) and moved to CPT codes (80305, 80306, 80307) also updated the descriptions for G0480 and G0481 per AMA and CMS updates
July, 2016	Policy approved by Reimbursement Policy Committee