RB.044.A Urine Drug Testing

Original Implementation Date : 05/14/2026
Version [A] Date : 05/14/2026
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PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans/Health Partners Plans lines of business.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

Presumptive (Qualitative) Testing {80305, 80306, 80307}

Presumptive drug screening tests are covered and reimbursable when used as an initial screening tool to detect the presence of prescribed, non-prescribed, or illicit substances.

Definitive (Confirmatory or Quantitative) Testing {G0480, G0481, G0482, G0483, G0659}

Definitive (confirmatory or quantitative) drug testing using quantitative methodologies is not covered; however, the following exceptions will be considered reimbursable:

- Precise identification of a drug or metabolite is necessary to confirm adherence, misuse, diversion, or exposure to non-prescribed or illicit substances.

- The presumptive test results are positive AND the definitive testing is only for substances identified as present or positive on the presumptive test AND the definitive test is ordered within 24 hours of a presumptive test OR the presumptive test result is negative, and the finding is inconsistent with the individual's medical history/behavior AND the definitive test is ordered within 24 hours of the presumptive test.

In accordance with Centers for Medicare & Medicaid Services (CMS) guidelines, our Medicare advantage plan does not cover the following CPT codes for definitive drug testing, due to the potential for inappropriate payment when individual drug tests are billed instead of a single comprehensive code: 80320–80331, 80345–80354, 80356–80365, 80367–80373, 80375–80377, 83992

POLICY GUIDELINES

Drug screening is covered when medically necessary for clinical management of patients receiving controlled substances or being treated for substance use disorders. Testing must be ordered by the treating clinician and supported by documented medical necessity.

The plan may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

Presumptive (Qualitative) Testing (80305, 80306, 80307)

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 (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 (Confirmatory or Quantitative) Testing {G0480, G0481, G0482, G0483, G0659}

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

HCPCS Code	Description
	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

ICD-10 Codes	Description
N/A	

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the members' benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

Drug testing looks for the presence or absence of specific drugs in a biological sample, such as urine, blood, or hair. Drug testing cannot diagnose a substance use disorder. Drug testing can monitor a patient's progress and inform their treatment.

Presumptive drug tests are used to detect the presence or absence of a drug or drug class; they do not typically indicate a specific level of drug but rather give a positive or negative result. A presumptive drug test may be followed with a definitive drug test in order to identify specific drugs or metabolites. Definitive drug tests are quantitative tests used to identify specific drugs, specific drug concentrations, and associated metabolites.

DEFINITIONS

Definitve (Confirmatory/Quantitative) Testing are used to verify or refute initial screening results. These tests are more specific and sensitive, and results typically take longer because samples are processed in a laboratory. Gas chromatography/mass spectrometry (GC/MS) or liquid chromatography/mass spectrometry (LC/MS) methods are used to analyze specimens. Results can identify specific drugs and provide more precise information about drug concentration.

Presumptive (Qualitative) Testing (Initial drug screens) are used to identify possible use of a drug or drug class. These tools are also called point-of-care testing and are useful because they can produce rapid results. Initial drug screens use the immunoassay method for analysis, which uses antibodies to detect drugs at the molecular level.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan

benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
New policy.	A	05/14/2026

REFERENCES

1. National Institute on Drug Abuse. Drug Testing: https://nida.nih.gov/research-topics/drug-testing#drug-test

2. Forward Health: https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=43&s=2&c=61&nt=Testing+for+Drugs+of+Abuse

3. Billing and Coding: Urine Drug Testing: A56818 https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56818&ver=50&=

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