Coding Policy

Urine Drug Testing

CODING POLICY NUMBER: 28

Effective Date: 1/1/2024

Last Review Date: 1/2024

Next Annual Review: 2025

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies"). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

☒ Providence Health Plan Participating Providers   ☒ Non-Participating Practitioners

☒ Commercial   ☐ Medicaid/Oregon Health Plan   ☐ Medicare

POLICY STATEMENT

I.   Urine drug testing is covered when criteria listed on Providence Health Plan's Medical Policy "Drug Testing for Therapeutic or Substance Use Monitoring (All Lines of Business Except Medicare)" are met. **Payment is restricted to codes listed on this policy.** Codes are subject to National Correct Coding Initiative policies and edits.

II.   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.

GENERAL

Presumptive Testing

CPT codes 80305, 80306, and 80307 are covered for presumptive testing when medical necessity criteria listed in Providence Health Plan's Company Medical Policy *"Drug Testing for Therapeutic or Substance Use Monitoring"* are met.

- **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

HCPCS code G0480 is covered for definitive testing when medical necessity criteria 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:

- **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

Code G0480 is the only code allowed for definitive testing and is limited to 14 tests in a 12-month period.

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
1/2023	Annual review (converted to new template 5/2023). Original policy effective date: 11/2019
1/2024	Annual review. No changes.