Drug Testing Policy, Professional

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 code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other 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 those billed on UB04 forms. 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 UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement may, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and 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

This policy defines the daily and annual limits for presumptive (CPT® codes 80305, 80306, 80307, and H0003) and definitive drug testing (HCPCS codes 0007U, 0011U, 0082U, 0328U, G0480, G0481, G0482, G0483 G0659, 0517U, 0518U, 0519U, 0520U, 0587U and CPT Definitive Drug Classes Codes 80320-80377, 83992) and addresses Specimen Validity Testing.

All services described in this policy may be subject to additional UnitedHealthcare Community Plan reimbursement policies including, but not limited to, the Maximum Frequency Per Day Policy, Laboratory Services Policy, 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 and it includes specimen validity testing. It also provides annual units of service (UOS) limits.

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Clinical drug testing is used in pain management and 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 such as nicotine.

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 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. When applicable Proprietary Laboratory Analysis CPT codes 0007U, 0011U, 0082U and 0328U may be reported and are considered under the policy guidelines pertaining to definitive drug testing.

In addition to the definitive drug testing codes in the HCPCS manual (G0480, G0481, G0482, G0483 and G0659) use 80320-80377, and 83992 to report definitive drug class procedures. Each category of a drug class, including metabolite (s) if performed, is reported once per date of service. For example, to report codeine, hydrocodone, hydromorphone, morphine, oxycodone, oxymorphone, naloxone, naltrexone performed using any number of definitive procedures report 80361 X 1, 80362 X 1, and 80365 X 1 per facility per date of service.

Some examples of drugs or a Drug Class that are commonly assayed by presumptive tests, followed by definitive testing are: alcohols, amphetamines, barbiturates/sedatives, benzodiazepines, cocaine and metabolites, methadone, antihistamines, stimulants, opioid analgesics, salicylates, cardiovascular drugs, antipsychotics, and cyclic antidepressants.

In accordance with the code descriptions and the CPT and CMS guidelines, UnitedHealthcare Community Plan 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.

An annual frequency UOS limitation of 18 dates of service will be applied for presumptive drug testing. In addition, an annual frequency UOS limitation of 18 dates of service will be applied for definitive drug testing using HCPCS and CPT Drug Classes codes. These limits are applied whether services are applied 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. UnitedHealthcare Community Plan 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.
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. For additional information refer to the Services and Modifiers Not Reimbursable to Healthcare Professionals Policy.

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State Exceptions	
Arizona	Per Arizona state regulations, • Exempt from the annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements • 80305, 80306, 80307 allow 3 units per calendar week; 12 per calendar month; unless billed with KX modifier then allow the additional units • G0480 allow 1 unit per calendar week; 4 per calendar month; unless billed with KX modifier then allow the additional units • G0481 allow 1 unit per calendar week; 2 per calendar month; unless billed with KX modifier then allow the additional units • G0482 allow 1 unit per day; allow 1 unit per 30 days; 6 per calendar year; unless billed with KX modifier then allow the additional units • G0483 allow 1 unit per 30 days; 6 per calendar year; unless billed with KX modifier then allow the additional units
Colorado	Colorado is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements. • Per state regulations, CPT codes 80305, 80306 and 80307 have a unit limit of four (4) per month per member for each code. • CPT codes G0480, G0481, G0482 and G0483 are limited to 12 combined units per State Fiscal Year
Florida	Per Florida state regulations • Exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements. • Does not reimburse for Definitive Drug Testing codes G0480, G0481, G0482, G0483, G0659, 0007U, and 0011U. • CPT codes 80320-80377, 83992 should be used to reflect the Definitive Drug Class with a limit of 7 different tests per member per day
Idaho	Per state regulations, Idaho allows 24 tests for presumptive codes (80305, 80306, 80307, H0003) and 12 tests for definitive codes (G0480, G0481, G0659), per calendar year.
Indiana	Indiana is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements. • Per state requirements, Indiana will allow definitive codes G0480, G0481 and G0659 once per date of service up to a maximum of 16 tests per calendar year.
Kansas	Kansas is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Kentucky	Per state regulations, Kentucky allows 35 DOS for presumptive and 16 DOS for definitive drug tests, per calendar year.
Maryland	Maryland is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Michigan	Michigan is exempt from this policy based on state requirements.
Minnesota	Per state regulations, Minnesota Medicaid: • Allows 15 definitive or 15 presumptive tests per calendar year. • Minnesota uses 80305-80307 presumptive drug testing codes and G0480-G0483 definitive drug testing codes. • 83992 should reflect in the drug testing code class.
Mississippi	Mississippi is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.

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Missouri	Missouri is exempt from this policy based on state requirements.
Nebraska	HCPCS code G0659 applies to Medicare Crossover Claims only. Codes H0003, 0011U, 0007U, 0517U, 0518U, 0519U, and 0520U are not covered by the state.
New Jersey	New Jersey is exempt from this policy based on state requirements. New Jersey has their own State Specific Drug Testing Reimbursement Policy.
New Mexico	New Mexico is exempt from the annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
New York	New York is exempt from the annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests. • Per state requirements, New York will allow presumptive codes 80305, 80306, 80307, and 80348 with no frequency limitation. • New York will allow definitive code G0480 once per date of service, up to a maximum of six times within a calendar year.
North Carolina	Per state regulations, North Carolina Medicaid allows 24 definitive and 24 presumptive tests per calendar year.
Ohio	Ohio is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Pennsylvania	Pennsylvania is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Tennessee	Tennessee is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Texas	Texas is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Virginia	Virginia is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy based on state requirements.
Washington	• Per State regulations, Washington Medicaid allows Drug Testing CPT codes 80305, 80306 and 80307 - only one of the three presumptive codes may be billed per client per day. • Up to 24 presumptive tests will be reimbursed per client per year. HCPCS Codes G0480, G0481, G0482, and G0483 – only one of the four definitive G codes may be billed per client per day. ○ Up to 12 definitive tests (follow-up tests to presumptive tests) will be reimbursed per client per year. • The following codes are not covered for WA: 0007U, 0011U, 0082U, 0328U, G0659, H0003, 0517U, 0518U, 0519U, 0520U. • HCPCS code H0003 is excluded from the Drug Testing Policy
Washington DC	Washington DC is exempt from this policy based on state requirements.
Wisconsin	• Wisconsin is exempt from annual frequency UOS limitation of 18 DOS for presumptive and 18 DOS for definitive drug tests of policy, except for code H0003 which has an annual frequency limit of 40 based on state requirements. • WI Medicaid will reimburse CPT code 80305 for up to 5 tests per month, and an annual benefit limit of 42 tests per calendar year. • The following codes are not covered for WI: 0007U, 0011U, 0082U, 0328U, 0517U, 0518U, 0519U, 0520U, 0587U, 80320-80377, 83392.

Definitions

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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.
Proprietary Laboratory Analysis (PLA) Codes	Describe proprietary clinical laboratory analysis and can be provided either by a single ("sole source") laboratory or licensed or marketed to multiple providing laboratories (e.g., cleared or approved by the Food and Drug Administration [FDA]). These codes include advanced diagnostic laboratory tests (ADLTs) and clinical diagnostic laboratory tests (CDLTs) as defined under the Protecting Access to Medicare Act (PAMA) of 2014.
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.

Questions and Answers

1	**Q: Will** UnitedHealthcare Community Plan reimburse more than one presumptive and/or one definitive drug test on the same date of service if a modifier is appended? **A:** No, each of the presumptive and definitive drug codes define a single manual or automated laboratory service that is reported once per day, per patient, irrespective of the number of Drug Classes, sample validations, or Specimen Validity Tests performed related to that service on any date of service. In accordance with the CPT and CMS guidelines UnitedHealthcare Community Plan will not reimburse more than one presumptive and/or one definitive drug test per day regardless of the number of billing providers.
2	**Q:** Will UnitedHealthcare Community Plan reimburse a urinalysis performed by a primary care physician for a suspected urinary infection on the same day that the patient's alcohol and drug counselor performed a urine drug screening test? **A:** Yes, if the urinalysis is appended with an appropriate modifier to identify the test was distinctly separate and not related to the drug testing as a Specimen Validity Test. The records must also support that the urinalysis performed was not for Specimen Validity Testing and the modifier was appropriately reported.
3	**Q:** What is the difference between Presumptive and Definitive testing? **A: A** presumptive test is one used to identify possible use or non-use of a drug or Drug Class. Presumptive tests are not definitive. They only screen for the presence of a compound. A definitive or confirmation test is one that uses instrument analysis to positively identify the presence or quantity of a drug.
4	**Q:** If multiple presumptive and/or definitive drug tests are submitted on the same date of service will each one count towards the 18-annual limit? **A:** No, only one presumptive and/or one definitive is reimbursable per day, therefore only the reimbursed code will count toward the annual limit of 18 presumptive and/or 18 definitive tests.

Codes

Presumptive Drug Testing Codes

80305	80306	80307	H0003

Definitive Drug Testing Codes

0007U	0011U	0082U	0328U	G0480	G0481	G0482	G0483
G0659	0517U	0518U	0519U	0520U	0587U		

Specimen Validity Testing Codes

81000	81001	81002	81003	81005	82542	82570	83516
83518	83519	83520	83789	83986	84156	84311	

CPT Definitive Drug Classes Codes

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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	83992	

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Clinical Laboratory Fee Schedule (CLFS)

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Centers for Medicare and Medicaid Services, Medicare Administrative Contractors (MACs)

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History

8/23/2026	Policy Version Change State Exceptions section: New Jersey updated History section: Entries prior to 8/23/2024 archived
6/28/2026	Policy Version Change State Exceptions section: Rhode Island removed History section: Entries prior to 6/28/2024 archived
6/7/2026	Policy Version Change State Exceptions section: Colorado updated History section: Entries prior to 6/7/2024 archived
4/20/2026	Policy Version Change State Exceptions section: Idaho updated
2/22/2026	Policy Version Change State Exceptions section: Wisconsin updated History section: Entries prior to 2/22/2024 archived
11/19/2025	Policy Version Change State Exceptions section: Idaho updated
11/9/2025	Policy Version Change State Exceptions section: Arizona updated. History section: Entries prior to 11/9/2023 archived
9/21/2025	Policy Version Change Codes section: Definitive Drug Testing Codes updated. History section: Entries prior to 9/21/2023 archived
7/13/2025	Policy Version Change State Exceptions section: California removed. History section: Entries prior to 7/13/2023 archived

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5/18/2025	Policy Version Change State Exceptions section: Idaho updated
3/23/2025	Policy Version Change State Exceptions section: Washington updated
3/9/2025	Policy Version Change State Exceptions section: Nebraska added
2/23/2025	Policy Version Change State Exceptions section: Colorado updated
2/9/2025	Policy Version Change State Exceptions section: Washington updated
1/12/2025	Policy Version Change State Exceptions section: Washington updated. History section: Entries prior to 1/12/2023 archived
1/1/2025	Policy Version Change Overview Section: New Definitive drug codes were added. State Exceptions section: Arizona updated. History section: Entries prior to 1/1/2023 archived
10/6/2024	Policy Version Change State Exceptions section: Arizona updated. History section: Entries prior to 10/6/2022 archived
9/22/2024	Policy Version Change Policy List Change: Definitive Drug Testing Codes list updated. History section: Entries prior to 9/22/2022 archived
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9/1/2017	Policy implemented by UnitedHealthcare Community & State
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