

# Payment Policy: Urine Specimen Validity Testing

Reference Number: CC.PP.056

Last Review Date: 04/2024

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Policy Overview

Urine specimen testing is necessary to treat patients for specific medical problems. Providers use the results to detect and monitor drug levels for medical treatment purposes.

The purpose of this policy is to define payment criteria for urine specimen validity testing to be used in making payment decisions and administering benefits.

## Application

Physician Office Laboratory, Independent Laboratories, Qualified Hospital Laboratory, Referring Laboratory, Reference Laboratory

## Policy Description

Adulteration testing is the tampering or manipulation of a urine specimen with the intention of altering the test results. This tampering can cause false negative results by destroying drugs present in the urine sample and/or interfering with drug screening results.

CMS guidelines for Drug Testing documented in the **National Correct Coding Initiative Policy Manual, Chapter X Pathology and Laboratory Services** states, *“Providers performing validity testing on urine specimens utilized for drug testing should not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.”*

Providers that perform validity/adulteration testing on urine specimens should not separately bill for this testing. Confirmation testing is considered incidental to the more complex procedure (urine definitive drug test) and is clinically integral to the successful outcome of the primary procedure. Laboratory procedure codes in the 80305-80377 and G0480-G0483 ranges, along with 83992 and G0569 include sample validation when performed.

## Reimbursement

The health plan will disallow separate reimbursement for testing to confirm that a urine drug specimen is unadulterated. Validity testing is an internal control process that is not separately reportable.

## Utilization

The health plan’s code editing software will deny laboratory procedure codes **82570** (Creatinine; other source) when billed with 80305-80307, 80320-80377, 83992, G0480-G0483, G0659 and

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will also deny **83986** (pH; body fluid, not otherwise specified) when billed with 80305-80307, 80320-80377, 83992, G0480-G0483 and G0659.

**Documentation Requirements**

Not applicable

**Coding and Modifier Information**

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**Specimen Validity Codes Which Are Not Covered**

| CPT/HCPCS Code | Descriptor                              |
|----------------|---|
| 82570          | Creatinine; other source                |
| 83986          | pH; body fluid, not otherwise specified |

**Definitive Urine Drug Testing Procedure Codes**

| CPT/HCPCS Code | Descriptor   |
|----------------|--|
| 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 |
| 80320          | Alcohols   |
| 80321          | Alcohol biomarkers; 1 or 2   |
| 80322          | Alcohol biomarkers; 3 or more  |
| 80323          | Alkaloids, not otherwise specified   |
| 80324          | Amphetamines; 1 or 2   |

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| <b>CPT/HCPCS Code</b> | <b>Descriptor</b>  |
|-----------------------|--|
| 80325                 | Amphetamines; 3 or 4                                     |
| 80326                 | Amphetamines; 5 or more                                  |
| 80327                 | Anabolic steroids; 1 or 2                                |
| 80328                 | Anabolic steroids; 3 or more                             |
| 80329                 | Analgesics, non-opioid; 1 or 2                           |
| 80330                 | Analgesics, non-opioid; 3-5                              |
| 80331                 | Analgesics, non-opioid; 6 or more                        |
| 80332                 | Antidepressants, serotonergic class; 1 or 2              |
| 80333                 | Antidepressants, serotonergic class; 3-5                 |
| 80334                 | Antidepressants, serotonergic class; 6 or more           |
| 80335                 | Antidepressants, tricyclic and other cyclical; 1 or 2    |
| 80336                 | Antidepressants, tricyclic and other cyclical; 3-5       |
| 80337                 | Antidepressants, tricyclic and other cyclical; 6 or more |
| 80338                 | Antidepressants, not otherwise specified                 |
| 80339                 | Antiepileptics, not otherwise specified; 1-3             |
| 80340                 | Antiepileptics, not otherwise specified; 4-6             |
| 80341                 | Antiepileptics, not otherwise specified; 7 or more       |
| 80342                 | Antipsychotics, not otherwise specified; 1-3             |
| 80343                 | Antipsychotics, not otherwise specified; 4-6             |
| 80344                 | Antipsychotics, not otherwise specified; 7 or more       |
| 80345                 | Barbiturates   |
| 80346                 | Benzodiazepines; 1-12                                    |
| 80347                 | Benzodiazepines; 13 or more                              |
| 80348                 | Buprenorphine  |
| 80349                 | Cannabinoids, natural                                    |
| 80350                 | Cannabinoids, synthetic; 1-3                             |
| 80351                 | Cannabinoids, synthetic; 4-6                             |
| 80352                 | Cannabinoids, synthetic; 7 or more                       |
| 80353                 | Cocaine  |
| 80354                 | Fentanyl   |
| 80355                 | Gabapentin, non-blood                                    |
| 80356                 | Heroin metabolite  |
| 80357                 | Ketamine and norketamine                                 |
| 80358                 | Methadone  |
| 80359                 | Methylenedioxyamphetamines (MDA, MDEA, MDMA)             |
| 80360                 | Methylphenidate  |
| 80361                 | Opiates, 1 or more                                       |
| 80362                 | Opioids and opiate analogs; 1 or 2                       |
| 80363                 | Opioids and Opiate analogs; 3 or 4                       |
| 80364                 | Opioids and Opiate analogs; 5 or more                    |
| 80365                 | Oxycodone  |
| 80366                 | Pregabalin   |
| 80367                 | Propoxyphene   |

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| <b>CPT/HCPCS Code</b> | <b>Descriptor</b>  |
|-----------------------|--|
| 80368                 | Sedative hypnotics (non-benzodiazepines)   |
| 80369                 | Skeletal muscle relaxants; 1 or 2  |
| 80370                 | Skeletal muscle relaxants; 3 or more   |
| 80371                 | Stimulants, synthetic  |
| 80372                 | Tapentadol   |
| 80373                 | Tramadol   |
| 80374                 | Stereoisomer (enantiomer) analysis, single drug class  |
| 80375                 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3   |
| 80376                 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6   |
| 80377                 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more   |
| 83992                 | Phencyclidine (PCP)  |
| 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  |

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| CPT/HCPCS Code | Descriptor   |
|----------------|--|
|                | 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  |

| Modifier | Descriptor     |
|----------|----------------|
| NA       | Not Applicable |

| ICD-10 Codes | Descriptor     |
|--------------|----------------|
| NA           | Not Applicable |

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**Definitions**

**Physician’s Office Laboratory**

A physician office laboratory is a laboratory maintained by a physician or group of physicians for performing diagnostic tests in connection with the physician practice.

**Qualified Hospital Laboratory**

A qualified hospital laboratory is one that provides some clinical laboratory tests 24 hours a day, 7 days a week, to serve a hospital’s emergency room that is also available to provide services 24 hours a day, 7 days a week. For the qualified hospital laboratory to meet this requirement, the hospital must have physicians physically present or available within 30 minutes through a medical staff call roster to handle emergencies 24 hours a day, 7 days a week; and hospital laboratory technologists must be on duty or on call at all times to provide testing for the emergency room.

**Independent Laboratory**

An independent laboratory is one that is independent both of an attending or consulting physician’s office and of a hospital that meets at least the requirements to qualify as an emergency hospital as defined in §1861(e) of the Social Security Act (the Act.)

**Referring Laboratory**

A Medicare-approved laboratory that receives a specimen to be tested and that refers the specimen to another laboratory for performance of the laboratory test.

**Reference Laboratory**

A Medicare-enrolled laboratory that receives a specimen from another, referring laboratory for testing and that actually performs the test.

**Definitive Drug Testing**

Drug testing identification methods that can identify individual drugs and detect possible use or non-use of a drug. These tests may be either qualitative or quantitative in nature.

**Additional Information**

Not Applicable

**Related Documents or Resources**

| <b>Policy Number</b> | <b>Policy Name</b>                    |
|----------------------|---------------------------------------|
| CP.MP.50             | Outpatient Testing for Drugs of Abuse |

**References**

1. *Current Procedural Terminology (CPT)®*, 2024
2. *HCPCS Level II*, 2024
3. Centers for Medicare and Medicare Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, Chapter X, Pathology and Laboratory Services

## PAYMENT POLICY

### Urine Specimen Validity Testing

| Revision History |   |
|------------------|---|
| 08/13/2017       | Initial Policy Draft  |
| 04/24/2019       | Conducted review and updated policy                                 |
| 04/26/2020       | Conducted review and updated policy and removed effective date      |
| 04/26/2021       | Conducted review and updated policy                                 |
| 04/26/2022       | Conducted annual review, updated policy dates, removed product type |
| 04/17/2023       | Conducted annual review, verified codes, updated policy dates       |
| 06/13/2024       | Conducted annual review, verified codes, updated policy             |

#### **Important Reminder**

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

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and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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