



PRICING GUIDELINES
Change: Added statement about PLA codes

ORIGINAL EFFECTIVE DATE: 4/1/2017
REVISION DATE: 2/1/2023

DRUG URINE SCREENING TEST PRICING GUIDELINE

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pricing Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" and "Definitions" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" and "Pricing Criteria" defines criteria to determine the appropriate reimbursement, coding, or unit limit of a service, procedure or device according to BCBSAZ coding/pricing guidelines.

Pricing Guidelines are subject to change as new information becomes available.

Description:

Technical analysis of a urine sample to determine the presence or absence of specified parent drugs or their metabolites.

Definitions:

Presumptive Testing

A test used to detect the presence of a drug in a urine sample. The test is performed by a provider with Certification of Waiver or a Medical test Site Accredited License. Findings are reported qualitatively as either positive or negative.

Definitive Testing

Definitive tests are performed in a laboratory or by a provider with Certificate of Registration, Compliance of Accreditation or Medical Test Site Categorized Licence or Accredited License. The tests are able to quantify the amount of drug or metabolite present in a urine sample. Definitive tests can be used to confirm the presence of a specific drug identified by a screening test and can identify drugs that cannot be isolated by currently available presumptive testing. Results are reported as specific levels of substances detected in the urine samples.

Criteria:

This policy applies to surgicenters, physicians, laboratories, other qualified health care professionals, hospitals and other facilities.



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DRUG URINE SCREENING TEST PRICING GUIDELINE (cont.)

Pricing Criteria:

Current Procedural Terminology (CPT®) codes 80320-80377 and 83992 and HCPCS® (Healthcare Common Procedure Coding System) procedure code G0659 are **not eligible for reimbursement**.

Presumptive drug tests must be reported using Current Procedural Terminology (CPT®) procedure codes 80305-80307 or applicable **Proprietary Laboratory Analysis (PLA) code** (based on description). Reimbursement is limited to one unit per day. Only one of the above codes may be reported per day.

Definitive drug tests must be reported using HCPCS® G0480-G0483 or applicable **Proprietary Laboratory Analysis (PLA) code** (based on description). Reimbursement is limited to one unit per day. Only one of the above codes may be reported per day. The number of drug classes tested determines the appropriate code to use.

Modifiers 59, XE, XP, XS, XU and 91 should not be reported with procedure codes 80305-80307, G0480-G0483 or applicable **Proprietary Laboratory Analysis (PLA) code**.

The following are not eligible for reimbursement:

- Unbundled tests when using a multi-test kit screening
- Definitive testing as a routine supplement to drug screens or in lieu of drug screens except when immunoassay testing is not commercially available
- Specimen collection and preparation
- Pass through billings. Only the provider who is rendering/performing the presumptive and/or definitive tests should report and will be reimbursed for these types of drug testing.

Coding Referenced:

80305-80307, 80320-80377, 83992, G0480-G0483, G0659

Resources:

1. American Medical Association. Current Procedural Terminology (CPT®)
2. Health Care Procedure Coding System (HCPCS®)
3. Centers for Medicare & Medicaid Services (CMS®)

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