



## Reimbursement Policy for Specimen Validity Testing

### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare’s reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member’s benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

### Reimbursement Guidelines

Molina Healthcare does not provide reimbursement for separate billing of validity testing on urine specimens used in drug testing. When billed appropriately, reimbursement is based on applicable fee schedules and provider contract terms. Any charges for separately billed validity testing on urine specimens for drug testing will not be included in the final claim payment calculation. Providers conducting validity testing on urine specimens for drug testing should not bill for validity testing separately when billing for drug testing. Specimen Validity Testing is already covered within the presumptive and definitive drug testing CPT (Current Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System) codes and is considered part of the quality control in the collection process, with no separate reimbursement.

#### Presumptive Drug Testing Codes

80305
80306
80307

#### Definitive Drug Testing codes

G0480
G0481
G0482
G0483
G0659

Providers conducting validity testing on urine specimens used in drug testing should not submit separate billing for the validity testing. To illustrate, if a laboratory conducts urinary pH, specific gravity, creatinine, nitrates, oxidants, or any other tests to verify the integrity of a urine specimen and ensure it is not adulterated, these tests should not be invoiced separately.

### Supplemental Information

#### Definitions

Term	Definition
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>Presumptive drug testing</b>	initial screens used to identify use or non-use of a drug or a drug class and to quickly rule out multiple drug classes before conducting definitive testing.
<b>Definitive drug testing</b>	identify specific drugs/metabolites present. Definitive testing has high sensitivity and is used to confirm or refute presumptive test results or for testing where

	presumptive tests are not available and reduces the occurrence of false-positive/false-negative results
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### References

This policy was developed using:

- CMS
- State Medicaid guidelines
- State Contracts
- [SE18001](#)
- [Medicare NCCI 2023 Coding Policy Manual](#)
- [Medicare Improperly Paid Providers for Specimen Validity Tests Billed in Combination With Urine Drug Tests \(A-09-16-02034\)](#)

### State Exceptions

State	Exception
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### Documentation History

Type	Date	Action
Published		
Revised Date		