

Overview

Patients with substance use disorders may require laboratory testing services in addition to the inpatient and/or outpatient psychotherapy and medical interventions included in their recovery plan. Urine drug testing services for a patient in an active Substance Use Disorder (SUD) treatment program may be needed to monitor levels of, and/or detect the presence of, prescribed therapeutic drugs, prescription drugs of abuse, and/or illicit drugs to support diagnosis and to assess adherence with the recovery plan.

Participating Network Providers

Participating providers should refer to your Provider Agreement which reflects contracted services and associated Fee Schedule for acceptable billing codes. Unless otherwise specified in your Agreement, lab charges are included in your contracted rates for services and will not be reimbursed separately. Claim submissions by participating providers which are not in compliance with your Agreement will be denied. Please identify and refer members to In Network labs based upon the particular member's benefit plan.

Out-of-Network Providers

For members in higher levels of care, refer to the Optum Reimbursement Policies posted at Provider Express > Admin Resources > [Reimbursement Policies](#) > Facility-Based Behavioral Health Program Reimbursement Policy. Drug testing services are considered an integral part of the program services that will be reimbursed under the single day rate paid by Optum. When applicable (e.g. for Non-Program Services), the following guidelines will apply.

Presumptive drug screening determines the presence or absence of a drug or drug metabolite in the sample. The results are usually expressed as either positive or negative with an exception of tests performed via chemistry analyzers. Services are billed using 80305-80307.

Definitive drug screening determines the specific quantity of a drug or drug metabolite present in the sample. These services are represented by a numerical value and are billed using G0480-G0483.

When clinically appropriate you may:

- ◆ Bill 80305-80307, G0480-G0483
- ◆ Submit only 1 unit of service per date of service for 80305-80307 and only 1 unit for G0480-G0483 per day

Claims for services performed in a non-participating facility using a Revenue Code (e.g., 300) are required to include the appropriate CPT or HCPCS code on the claim when billing for drug screening services.

Non-reimbursable codes

- ◆ **H0003 Alcohol and/or Drug Screening; laboratory analysis of specimens for presence of alcohol and/or drugs**

In-network providers may use H0003 as appropriate (if included in their Fee Schedule). However, OON providers should bill with the appropriate CPT or HCPCS code; claims submitted with H0003 will be denied.

Drug confirmation services repeat an initial test result to reduce the risk of a false positive result. For confirmation services, the testing methodology must be different from the method used to obtain the initial test results. **In alignment with Centers for Medicare and Medicaid Services (CMS), Optum does not consider CPT codes 80320-80377 as reimbursable. Claims submitted with these codes will be denied.**

In addition, Optum does not reimburse for the following services: 1) mandated drug testing (e.g., solely for the purpose of meeting court-ordered requirements, residential monitoring, non-medically necessary services, employment drug screening); 2) associated specimen collection and handling charges (these are inclusive within the reported testing codes); 3) specimen validity testing (such as creatinine, pH, specific gravity, etc.); and 4) experimental, unproven, or investigational procedures that are not supported by evidence-based medicine and established peer reviewed scientific data.

1. A complete copy of physician's order for laboratory testing
2. Specific indication for the test as part of the patient's recovery plan
3. Laboratory test results related to all billed services including presumptive testing
4. Specimen type and method of testing

5. Manufacturer and model number for the testing equipment used for billed services
6. Manufacturer and brand information for all test supplies used for billed services
7. CPT/HCPCS codes are required when billing revenue codes
8. All laboratory credentials including CLIA certificate

Documentation Requirements: Medical Record documentation for drug screening services should include the following information with appropriate Clinical Laboratory Improvement Amendments (CLIA) license or waiver:

Resources: American Medical Association CPT Assistant and CPT Manual; Local Coverage Determinations; Optum Coverage Determination Guidelines; and Reimbursement Policy: [Drug Testing Reimbursement Policy](#)