

Urine Drug Testing

Policy

Harvard Pilgrim reimburses contracted providers for medically necessary urine drug testing (UDT) to detect drugs/drug metabolites as part of medical treatment for alcohol or substance abuse, or the abuse of prescription medications including medical pain management.

Policy Definition

Urine drug testing services include clinical studies and testing of urine obtained from the patient to monitor and/or detect drug levels for medical treatment purposes related to the above.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to [*Referral, Notification and Authorization*](#) for more information.

HMO/POS/PPO

- Order required for laboratory and pathology services
- A referral is required for outpatient specialist services for HMO and in-network POS members (excludes mental health services)

Open Access HMO and POS

For [*Open Access HMO and Open Access POS*](#) products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

- Definitive or confirmation drug testing on individual drugs only when requested by the ordering physician and only in instances where the identified drug has been detected by an initial presumptive drug screening test

Exceptions: When there is no commercially available presumptive screening method, or the identified drug is part of an authorized HPHC/UBH provider's treatment plan for the member and the initial drug screening test returned an unexpected negative result.

- 1 unit of presumptive testing and/or 1 unit of definitive testing per date of service
- Up to a maximum of 20 dates of service for all urine drug testing tests per calendar year

Standing orders for urine drug testing that do not exceed 30 days when tests are medically necessary and required as part of the members treatment plan.

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

- Definitive drug testing where there has been no underlying presumptive test or where the presumptive test is negative.
- Presumptive, definitive or confirmatory testing ordered by or on behalf of a provider or facility that receives per-diem reimbursement for a service which includes clinical diagnostic laboratory testing as an integral component (i.e.; Inpatient Hospital Stay, Skilled Nursing Facility, or Behavioral Health Facility-Based Treatment Program).
- Specimen validity/adulteration testing.
- Mandated drug testing (e.g., court-ordered, residential monitoring, non-medically necessary testing).
- Urine specimen collection.
- Employment or job screening testing.

- Harvard Pilgrim will no longer reimburse the CPT definitive urine drug testing codes (80320-80377 and 83992). To report definitive urine drug testing providers should use HCPCS codes G0480-G0483 and G0659.

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Office copayments are not applied to routine post-operative visits that have an assigned number of days in the global period.

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comment
80320-80377, 83992	Definitive Drug Testing	Not reimbursed
ICD-10	Laboratory examination, unspecified	UDT services will not be reimbursed when billed with these diagnoses
ICD-10	Laboratory examination ordered as part of a routine general medical examination	UDT services will not be reimbursed when billed with these diagnoses
ICD-10	Other laboratory examination	UDT services will not be reimbursed when billed with these diagnoses

Other Information

General Billing

- Report the date of service on any UDT code as the date of the specimen collection.
- Harvard Pilgrim does not accept as appropriate documentation for UDT requisitions referring to the “custom profile,” or any similar document, as the means of designating which tests are to be performed. UDT orders and requisitions must be in writing and specific to an individual member and to the individual member’s medical treatment plan.
- Compliance with the provisions of this policy may be monitored and addressed through post payment data analysis and medical review audits.

Providers are required to use only Harvard Pilgrim contracted labs. Referring a member to a non-participating lab may result in unnecessary services being performed (such as, tests not ordered by the treating provider being administered) and greater financial liability for the member. If this occurs, Harvard Pilgrim may hold the referring provider accountable for any inappropriate behavior on the part of the non-participating lab.

Required Documentation

Requests or laboratory services must be in writing to the lab and include the following information:

- Date of the request
- The name or any other means of identifying the member to be tested
- The name (legible) and address of the authorized ordering, referring, and/or prescribing provider
- The name of the specific laboratory tests to be performed
- The frequency for performing each laboratory test (applicable to standing orders only)
- The duration and maximum number of times each laboratory test or tests are to be performed (applicable to standing orders only)
- A statement by the authorized ordering, referring, and/or prescribing provider that such testing is required as part of the member’s medical or drug treatment plan
- The Identification number of the specimen

- If the specimen is referred from another laboratory, the name of the referring laboratory
- The date the specimen was collected, the name of the authorized ordering, referring, and/or prescribing provider or other person who collected the specimen and the location of the collection
- The date on which the specimen was received by the laboratory
- The specific tests performed
- The date or dates on which each test was performed
- The results of each test, the name and address of all persons to whom the test result is reported, and the date of reporting
- The name and address of the laboratory to which the specimen was referred, if applicable

If a laboratory refers a specimen to a testing laboratory, the referring laboratory must forward the original request to perform the service to the testing laboratory. Both laboratories must keep a record of each request for laboratory services, each specimen and each test result for at least six years from the date on which the results were reported to the authorized prescriber.

Related Policies

Payment Policies

- Behavioral Health – Division of Financial Responsibilities
- Laboratory Services
- Non-Covered Services

Clinical Policies

- Urine Drug Testing

PUBLICATION HISTORY

12/15/13	original documentation
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
01/15/15	annual coding update
04/15/15	coding update
07/15/15	ICD-10 coding update
12/15/15	annual review, no changes
01/15/16	annual coding update
12/15/16	annual review; no changes
01/15/17	annual coding update
11/15/17	administrative updates for clarity; added Behavioral Health-Division of Financial Responsibilities as a related policy
02/01/18	updated Open Access Product referral information under Prerequisites
09/04/18	added as of date of service 11/01/18 CPT definitive urine drug testing codes (80320–80377 and 83992) will no longer be reimbursed
12/03/18	annual review; removed ICD-9 indications; updated Related Policies
12/02/19	annual review; replaced “prescriber” with ordering, referring, and/or prescribing provider, administrative edits
12/01/20	annual review; updated Provider Billing Guidelines and Documentation
12/01/21	annual review; administrative changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to urine drug testing.