

Policy

Blue Cross Blue Shield of Massachusetts (Blue Cross*) reimburses contracted health care providers for covered, medically necessary drug testing services as defined in [Medical Policy # 674: Drug Testing in Pain Management and Substance Use Disorder Treatment](#).

General benefit information

Covered services and payment are based on the member's benefit plan and provider Agreement. Providers and their office staff may use our [online tools](#) to verify effective dates and member copayments before providing services. Visit our [eTools](#) page for information on member eligibility and benefits. Member liability may include, but is not limited to: copayments, deductibles, and co-insurance. Members' costs depend on member benefits.

Certain services require [prior authorization](#) or referral.

Payment information

Blue Cross reimburses health care providers based on your contracted rates and member benefits.

Claims are subject to payment edits, which Blue Cross updates regularly.

Blue Cross reimburses the following, according to the medical policy, when medically necessary:

- Presumptive and definitive (qualitative or quantitative) drug testing methods when a drug has been detected by a drug screening or presumptive test and only when such confirmation is subsequently requested in writing by the provider ordering the initial screening or presumptive test
- Up to 20 services, definitive or presumptive, for drug testing related to any diagnosis category per member per 365 days (emergency room, ambulatory surgery, and inpatient services are excluded)
- One unit of multi-drug screenings per day except when performed as a part of an emergency room visit, ambulatory surgery, or an inpatient admission (see medical policy for full list of exclusions)

Blue Cross does not reimburse the following drug testing according to the medical policy when:

- Mandated by any third party such as any court, residential monitoring, employer or potential employer, school, athletic, or other extracurricular program
- Hair drug testing
- Oral fluid drug testing

General reimbursement information based on the medical policy:

- After the member's drugs of use or abuse have been added to their profile, drug testing must be limited to:
 - The specific drugs present on the initial profile, *or*
 - Those for which the member has described a history of use during the initial or a subsequent medical evaluation.
- Providers submitting claims for drug testing must have *Clinical Laboratory Improvement Amendment (CLIA)* certification appropriate to the specific services rendered. Blue Cross will reimburse only providers whose CLIA certification is applicable to services rendered.
- Standing orders are not acceptable.
- Prior to performing drug screening and any associated confirmatory testing, the servicing provider must secure from the ordering provider a written request specific to the member. This request must be legibly signed and dated by the ordering provider. A rubber stamp is not an acceptable form of signature. The written request must specify the following:
 - Drugs to be screened; *and*
 - If adulteration testing is requested; *and*
 - If confirmatory testing of positive screening results is requested; *and*
 - The specific diagnosis for which the testing is requested.

- Specimen validity testing is included in the presumptive and definitive drug testing and is not separately reimbursable. Blue Cross will deny specimen validity testing when performed on the same date of service as a presumptive or definitive drug test.
- Presumptive drug testing may be reported with CPT codes 80305-80307. These codes differ based on the level of complexity of the testing methodology. Only one code from this code range may be reported per date of service.
- Definitive drug testing may be reported with HCPCS codes G0480-G0483 or G0659. These codes differ based on the number of drug classes including metabolites tested. Only one code from this code range may be reported per date of service.

See [Medical Policy # 674: Drug Testing in Pain Management and Substance Use Disorder Treatment](#) for additional information.

Billing information

Specific billing guidelines

The list of codes below is included for *informational purposes only*. This may not be a complete list of all the codes related to this service. Whether or not a code is listed here does not guarantee coverage or reimbursement.

All claims containing drug testing services must include:

- The ordering provider’s name, NPI number, credentials, and address.
- The specific diagnosis code identifying the reason the testing was requested. The generic “laboratory examination” diagnosis code is not sufficient and will not be reimbursed.

Code	Service description	Comments
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	Report only one of the four definitive codes per date of service Subject to Medical Policy service limit restrictions per member per 365 days
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 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	

Code	Service description	Comments
	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	Bill with a count of 1 Subject to Medical Policy service limit restrictions per member per 365 days
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g. immunoassay); capable of being read by direct optical observation only (e.g. dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	Bill with a count of 1 Subject to Medical Policy service limit restrictions per member per 365 days
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g. immunoassay); read by instrument assisted direct optical observation (e.g. dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	Bill with a count of 1 Subject to Medical Policy service limit restrictions per member per 365 days
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (e.g. utilizing immunoassay [e.g. EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g. GC, HPLC), and mass spectrometry either with or without chromatography, (e.g. DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	Bill with a count of 1 Subject to Medical Policy service limit restrictions per member per 365 days
80320 – 80377, 83992	Definitive drug testing	Not reimbursed Use G code for definitive tests (G0480 – G0483, G0659)

When submitting claims, report all services with:

- Up-to-date, industry-standard procedure and diagnosis codes, and
- Modifiers that affect payment in the first modifier field, followed by informational modifiers

Related policies

[Behavioral Health and Substance Use](#)

[Laboratory and Pathology](#)

[Medical Policies](#)

[Non-Reimbursable Services](#)

Policy update history

05/06/2014	Documentation of existing policy
05/30/2014	Minor edits for clarity
06/01/2015	Inclusion of information on frequency; inclusion of related policy Medical Policy # 674: Urine Drug Testing in Pain Management and Substance Use Treatment Settings
09/04/2015	Template update, annual review
01/01/2016	Removal of deleted CPT codes 80100, 80101, and 80104
09/30/2016	Annual review; template update; inclusion of detailed documentation on existing medical policy and specific billing guidelines per medical policy
01/01/2017	Inclusion of updated coding information effective 1/1/17
07/26/2018	Updated name of medical policy referenced from substance abuse to substance use
03/31/2019	Annual review; added additional information under general reimbursement section

This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

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Payment policies are intended to help providers obtain Blue Cross Blue Shield of Massachusetts' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy development takes into consideration a variety of factors, including: the terms of the participating provider's contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

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