UnitedHealthcare Community Plan

Reimbursement Policy
CMS-1500 and UB04
Policy Number 2026R7137A

NJ Drug Testing Policy, Professional and Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid.

This reimbursement policy applies to services reported using the UB-04 Form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or their electronic equivalents or their successor forms. This policy applies to all products, all network and non-network providers, including, but not limited to, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, physicians, and other qualified health care professionals.

Policy

Overview

This policy defines the limits for presumptive CPT® codes (80305, 80306 and 80307) and definitive drug testing HCPCS codes (G0480 and G0481) and addresses Specimen Validity Testing (84311, 83986, 82570, 83789, 84315).

UnitedHealthcare Community Plan will accept modifier HF when billed with presumptive CPT® codes 80305, 80306, and 80307.

All services described in this policy may be subject to additional UnitedHealthcare Community Plan reimbursement policies including, but not limited to, the Maximum Frequency Per Day Policy, Laboratory Services Policy, and CCI Editing Policy.

Reimbursement Guidelines

This policy enforces the code description for presumptive and definitive drug testing in that the service should be reported once per day and it includes specimen validity testing. It limits services to a maximum number of units within a rolling 28-day period.

Presumptive drug testing, also known as drug screening, is used when necessary to determine the presence or absence of drugs or a Drug Class. Results are expressed as negative or positive. The methodology is considered when coding presumptive procedures. Per CPT guidelines each presumptive drug testing code represents all drug and Drug Class tests performed by the respective methodology per date of service. The test is a single per patient service that should only be reported once irrespective of the number of Drug Class procedures or results on any date of service.

Definitive drug testing, also known as confirmation testing, is used when it is necessary to identify specific medications, illicit substances and metabolites. Definitive urine drug test (UDT) reports the results of drugs absent or present in concentrations of ng/ml. Definitive drug testing is qualitative or quantitative to identify possible use or non-use of a drug. These tests identify specific drugs and associated metabolites.

Some examples of drugs or a Drug Class that are commonly assayed by presumptive tests, followed by definitive testing are: alcohols, amphetamines, barbiturates/sedatives, benzodiazepines, cocaine and metabolites, methadone, antihistamines, stimulants, opioid analgesics, salicylates, cardiovascular drugs, antipsychotics, and cyclic antidepressants.

In accordance with the code descriptions and the CPT and CMS guidelines, UnitedHealthcare Community Plan will only allow one drug test within the presumptive Drug Class and one drug test within the definitive Drug Class per date of service by the same or different provider.

Claims billed by independent labs for a definitive drug test shall be denied payment when a previously paid claim for a presumptive drug test is not found for the same date of service or within seven (7) days prior to the date of service. The definitive drug test does not have to be the same drug class tested in the presumptive test but must meet the criteria for definitive testing below.

Presumptive drug testing is reimbursable for no more than one (1) unit per date of service and is limited to a maximum of ten (10) units per rolling 28-day period.

Definitive drug testing is reimbursable for testing of one (1) to seven (7) drug classes per date of service and is limited to no more than two (2) units per rolling 28-day period.

Specimen Validity Testing to assure that a specimen has not been compromised or that a test has not been adulterated may be required. However, Specimen Validity Testing (84311, 83986, 82570, 83789, 84315) are included in the presumptive and definitive drug testing CPT code descriptions and is considered a quality control which is an integral part of the collection process and is not separately reimbursable.

UnitedHealthcare Community Plan will deny Specimen Validity Testing when performed on the same date of service as a presumptive and/or definitive drug test by the same or different provider. A modifier may be appropriate when a service commonly used for Specimen Validity Testing is performed distinctly separate from the drug test service and the documentation supports the service was not related to the drug testing.

Drug testing services that are determined to be court ordered and/or funded by a county, state, or federal agency will continue to be denied. For additional information refer to the Services and Modifiers Not Reimbursable to Healthcare Professionals Policy.

Definitions	
Drug Class	A group of drugs that have the same chemical structure, work in the same way and/or are used for the same purpose.

Specimen Validity Testing	Generally pertains to urine specimen testing to ensure that the sample has not been adulterated or substituted. It may be applicable to other types of specimens.

Questions and Answers	
1	**Q:** Will UnitedHealthcare Community Plan reimburse more than one presumptive and/or one definitive drug test on the same date of service if a modifier is appended? **A:** No, each of the presumptive and definitive drug codes define a single manual or automated laboratory service that is reported once per day, per patient, irrespective of the number of Drug Classes, sample validations, or Specimen Validity Tests performed related to that service on any date of service. In accordance with the CPT and CMS guidelines UnitedHealthcare Community Plan will not reimburse more than one presumptive and/or one definitive drug test per day regardless of the number of billing providers.
2	**Q:** Will UnitedHealthcare Community Plan reimburse a urinalysis performed by a primary care physician for a suspected urinary infection on the same day that the patient's alcohol and drug counselor performed a urine drug screening test? **A:** Yes, if the urinalysis is appended with an appropriate modifier to identify the test was distinctly separate and not related to the drug testing as a Specimen Validity Test. The records must also support that the urinalysis performed was not for Specimen Validity Testing and the modifier was appropriately reported.
3	**Q:** What is the difference between Presumptive and Definitive testing? **A:** A presumptive test is one used to identify possible use or non-use of a drug or Drug Class. Presumptive tests are not definitive. They only screen for the presence of a compound. A definitive or confirmation test is one that uses instrument analysis to positively identify the presence or quantity of a drug.

Resources
State of New Jersey Department of Human Services Division of Medical Assistance & Health Services - Newsletter Volume 31 No. 07 The New Jersey Office of the State Comptroller, Medicaid Fraud Division (OSC)

History	
8/23/2026	Policy Implemented by UnitedHealthcare Community Plan

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