# Quantitative and Qualitative Drug Testing

Reimbursement Policy ID: RPC.0039.2600

Recent review date: 10/2025

Next review date: 05/2026

*Blue Cross Complete of Michigan reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Blue Cross Complete of Michigan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.*

## Policy Overview

This policy addresses quantitative and qualitative drug testing and reimbursement limitations.

Urine drug testing is a diagnostic and therapeutic tool that is useful for patient care and monitoring of adherence to a controlled substance treatment regimen, e.g., for chronic non-cancer pain and to identify drug misuse or addiction prior to starting or during treatment with controlled substances.

Quantitative tests indicate drug levels in the urine, while qualitative tests indicate the presence or absence of a given drug relative to established cut-off levels. A quantitative drug test can estimate the amount of drug in a specimen.

Qualitative tests indicate the presence or absence of a substance. The results are expressed not numerically, but in qualitative terms such as positive, negative, reactive, nonreactive, normal, or abnormal.

Drug screen testing includes:

- Presumptive drug class screening is used to identify possible use or non-use of a drug or drug class. It is done on a random basis or for cause, the latter of which should be documented in the medical record.
- Definitive drug class screening is comprised of qualitative (drug is present or absent), semi-quantitative, or quantitative (measured) tests to identify possible use or non-use of a specific drug. Typically, therapeutic drug assay procedures are quantitative tests. Definitive testing may be used to detect specific substances not identified by presumptive methods and to refine the accuracy of the test results when the results are needed to inform clinical decisions.

## Exceptions

N/A

## Reimbursement Guidelines

Outpatient drug testing for drugs of abuse is reimbursable for confirmatory/definitive (quantitative) testing for a specific drug(s) when members meet the criteria in A, B, or C:

A. The member has a documented history or suspicion of illicit or prescription drug use or noncompliance or a high probability of non-adherence to a prescribed drug regimen documented in the medical record, and all of the following conditions are met:
    - Preliminary/presumptive drug test has been reimbursed in the past 30 days; unless the diagnosis exclusion applies (F10XX, Z79XX, Z5181).
    - The findings from that preliminary/presumptive (qualitative) test (either positive or negative) are either:
        - Inconsistent with the expected results as suggested by the member's medical history, clinical presentation, and/or member's own statement after a detailed discussion about their recent medication and drug use,
        - Consistent with the clinical scenario but drug class-specific assays are needed to identify the precise drug(s) that resulted in the positive test result.
    - Resolving the inconsistency is essential to the ongoing care of the member, and
    - The requested confirmatory/definitive test is only for the specific drug(s) or number of drug classes for which preliminary analysis has yielded unexpected results.
B. The provider expects the presumptive test to be positive, i.e., the member reports recent use, information regarding specific substance and/or quantity is desired, and there are established benchmarks for clinical decision making based on quantitative levels.
C. The request is for a serum therapeutic drug level in relation to the medical treatment of a disease or condition (e.g., phenobarbital level in the treatment of seizures).

Urine drug testing is not reimbursable if provided for reasons that include, but are not limited to, the following:

A. As a condition of:
   - Employment or pre-employment purposes (pre-requisite for employment or as a requirement for continuation of employment).
   - Participation in school or community athletic or extracurricular activities or programs.
   - Screening for medico-legal purposes such as court-ordered drug screening (unless required by state regulations).
   - Screening in asymptomatic patients.

B. As a component of a routine physical/medical examination, e.g., enrollment in school, enrollment in the military.
C. As a component of a medical examination for any other administrative purposes not listed above e.g., for purposes of marriage licensure, insurance eligibility, etc.
D. Same-day screening of drug metabolites in both a blood and urine specimen by either preliminary or confirmatory/definitive analyses.
E. Specimen validity/adulteration testing, as this is considered part of the laboratory quality control practices.

When a definitive drug testing code for “any number of drug classes” (HCPCS Level II) is reported with a definitive drug testing code for a specific number of drug classes, only the “any number of drug classes” definitive drug testing code will be eligible for reimbursement. When a definitive drug testing code and a presumptive drug testing code by instrumented chemistry analyzers (80307) are reported on the same date of service for the same member by the same independent clinical laboratory, Blue Cross Complete does not allow separate reimbursement for the definitive drug testing code.

**Applicable Codes**

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| 80305 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only includes sample validation when performed per date of service |
| 80306 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation, includes sample validation when performed, per date of service |
| 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 |
| 80320 | Alcohol screening |
| 80321 | Alcohol biomarkers; 1 or 2, screening |
| 80322 | Alcohol biomarkers; 3 or 4, screening |
| 80323 | Alkaloids, NOS, screening |
| 80324 | Amphetamines; 1 or 2, screening |
| 80325 | Amphetamines; 3 or 4, screening |
| 80326 | Amphetamines; 5 or more, screening |
| 80327 | Anabolic steroids; 1 or 2, screening |
| 80328 | Anabolic steroids; 3 or more, screening |
| 80329 | Analgesics, non-opioid; 1 or 2, screening |
| 80330 | Analgesics, non-opioid; 3-5, screening |
| 80331 | Analgesics, non-opioid; 6 or more, screening |
| 80332 | Antidepressants, serotonergic, class 1-2, screening |

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| 80333 | Antidepressants, serotonergic, class 3-5, screening |
| 80334 | Antidepressants, serotonergic, class 6 or more, screening |
| 80335 | Antidepressants, tricyclics and other cyclicals; 1 or 2, screening |
| 80336 | Antidepressants, tricyclics and other cyclicals; 3-5, screening |
| 80337 | Antidepressants, tricyclics and other cyclicals; 6 or more, screening |
| 80338 | Antidepressants, NOS, screening |
| 80339 | Antiepileptics, NOS; 1-3, screening |
| 80340 | Antiepileptics, NOS; 4-6, screening |
| 80341 | Antiepileptics, NOS; 7 or more, screening |
| 80342 | Antipsychotics, NOS; 1-3, screening |
| 80343 | Antipsychotics, NOS; 4-6, screening |
| 80344 | Antipsychotics, NOS; 7 or more, screening |
| 80345 | Barbiturates, screening |
| 80346 | Benzodiazepines; 1-12, screening |
| 80347 | Benzodiazepines; 13 or more, screening |
| 80348 | Buprenorphine, screening |
| 80349 | Cannabinoids, natural, screening |
| 80350 | Cannabinoids, synthetic; 1-3, screening |
| 80351 | Cannabinoids, synthetic; 4-6, screening |
| 80352 | Cannabinoids, synthetic; 7 or more, screening |
| 80353 | Cocaine, screening |
| 80354 | Fentanyl, screening |
| 80355 | Gabapentin, non-blood, screening |
| 80356 | Heroin metabolite, screening |
| 80357 | Ketamine and norketamine, screening |
| 80358 | Methadone, screening |
| 80359 | Methylenidioxyamphetamines (MDA, MDEA,MDMA), screening |
| 80360 | Methylphendiate, screening |
| 80361 | Opiates; 1 or more, screening |
| 80362 | Opioids and opiate analogs; 1 or 2 screening |
| 80363 | Opioids and opiate analogs; 3 or 4, screening |
| 80364 | Opioids and opiate analogs; 5 or more, screening |
| 80365 | Oxycodone, screening |
| 80366 | Pregabalin, screening |
| 80367 | Propoxyphene, screening |
| 80368 | Sedative hypnotics (non-benzodiazepines), screening |
| 80369 | Skeletal muscle relaxants; 1 or 2, screening |
| 80370 | Skeletal muscle relaxants; screening |
| 80371 | Stimulants, synthetic; screening |
| 80372 | Tapentadol, screening |
| 80373 | Tramadol, screening |
| 80374 | Stereoisomer (enamtiomer) analysis, single drug class screening |
| 80375 | Drug(s) or substance(s), definitive, qualitative or quantitative, NOS; 1-3, screening |
| 80376 | Drug(s) or substance(s), definitive, qualitative or quantitative, NOS; 4-6, screening |
| 80377 | Drug(s) or substance(s), definitive, qualitative or quantitative, NOS; 7 or more, screening |
| 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 |

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| | 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 |
| 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 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, Reimbursable 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 |

For Independent Laboratory providers, the place of service (POS) reported on the claim should be the location where the specimen was obtained. For example, a specimen removed from a hospitalized patient and sent to the laboratory would be reported with POS 21 or 22; a sample taken at a physician's office and referred to the laboratory would be reported with POS 11.

If the Independent or Reference Laboratory did the blood drawing in its own setting, it should report POS 81.

## Definitions

**Independent Laboratory**
A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a provider's office. It must meet Federal and State requirements for certification and proficiency testing under the Clinical Laboratories Improvement Amendment (CLIA).

**Clinical Laboratories Improvement Amendments (CLIA)**
Clinical Laboratory Improvement Amendments (CLIA) regulate laboratory testing and require clinical laboratories to be certified by the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing.

**Presumptive Drug Testing**
Presumptive drug tests are used to detect the presence or absence of a drug or drug class; they do not typically indicate a specific level of drug but rather give a positive or negative result.

**Definitive Drug Testing**
Definitive drug tests are used to identify specific drugs/metabolites present.

## Edit Sources

I. Current Procedural Terminology (CPT).
II. Healthcare Common Procedure Coding System (HCPCS).
III. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and associated publications and services.
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI)
VI. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=34645
VII. https://www.mibluecrosscomplete.com/amslibs/content/dam/microsites/blue-cross-complete/bcc-independent-laboratory-drug-testing-payment.pdf
VIII. Michigan Medicaid Fee Schedule(s).

## Attachments

N/A

## Associated Policies

N/A

## Policy History

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| 10/2025 | Reimbursement Policy Committee Approval |
| 10/2025 | Additional requirements for reimbursement added |
| 09/2025 | Deleted the modifier 90 statement |
| 06/2025 | Minor updates to formatting and syntax |
| 04/2025 | Revised preamble |
| 03/2025 | Reimbursement Policy Committee Approval |
| 02/2025 | Annual Review<br>• No major changes |
| 05/2024 | Reimbursement Policy Committee Approval |
| 04/2024 | Revised preamble |
| 08/2023 | Removal of policy implemented by Blue Cross Complete of Michigan from Policy History section |
| 01/2023 | Template Revised<br>• Revised preamble<br>• Removal of Applicable Claim Types table<br>• Coding section renamed to Reimbursement Guidelines<br>• Added Associated Policies section |