



Reimbursement Policy for Presumptive and Definitive Drug Testing Limitation

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Overview

Presumptive and Definitive Drug testing are employed to determine the presence or absence of a drug or drug class. These tests do not provide specific drug concentration levels but instead yield a binary result: either positive or negative.

Reimbursement Guidelines

Reimbursement from Molina Healthcare is subject to limitations on the number of tests that can be submitted per member per day, as detailed below:

- One of three presumptive drug tests may be submitted per member, per day.
- One of the five definitive drug tests may be submitted per member, per day.

As per the CMS guidelines, the following codes should be used for presumptive drug testing:

- 80305
- 80306
- 80307

As per the CMS guidelines, the following G codes should be used for definitive drug testing:

- G0480
- G0481
- G0482
- G0483
- G0659



Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
Definitive testing (<i>also known as Confirmation testing</i>)	Testing is used, when necessary, to identify specific medications, illicit substances, or metabolites. Additionally, this test is used to evaluate presumptive drug test results and may include direct to definitive drug tests.
Presumptive testing	A test used to detect the presence or absence of a drug or drug class

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Published		
Revised Date		

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Agency:		Reference links:
CMS	Section E, Item 1 Section M, Item 19 A56915	Medicare NCCI 2023 Coding Policy Manual – Chapter 10 Article - Billing and Coding: Drug Testing (A56915) (cms.gov)
Molina	Drug Testing Policy	Molina Clinical Policy - Drug Testing Policy - All Documents
UT Medicaid	Drug Policy	Utah DHS - Drug Test Limit Justification
WA Medicaid	Drug Policy	Washington Apple Health Professional Billing Guide
WI Medicaid	Drug Policy	Wisconsin Testing for drugs of abuse