

Specimen Validity Testing

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 plans 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.

Policy Overview

Molina Healthcare does not provide reimbursement for separate billing of validity testing on urine specimens used in drug testing. Specimen Validity Testing is already encompassed within the presumptive and definitive drug testing CPT (Current Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System) codes and is considered part of the quality control process in the collection.

Specimen validity testing refers to checks done on a urine specimen to make sure the sample is valid, unadulterated, and actually human urine.

Examples include:

- pH
- Specific gravity
- Creatinine concentration
- Nitrates
- Oxidants

These are quality control checks, not tests for the presence or absence of drugs.

When performed alongside urine drug testing, the following CPT codes are considered to be specimen validity testing and are not reimbursed separately:

CPT Code	Test Description	Use in Specimen Validity Testing
82570	Creatinine, other source	Detects dilution or substitution (creatinine concentration in urine)
83986	pH, body fluid (except blood)	Identifies adulteration (acid/base imbalance)
84315	Specific gravity, other source	Confirms sample concentration vs. dilution
81099	Unlisted urinalysis procedure	Occasionally used when other SVT checks don't have specific CPT codes (e.g., oxidants/nitrites)

Reimbursement Guidelines

- Charges for separately billed validity testing on urine specimens for drug testing will not be included in the final claim payment calculation.
- Providers conducting validity testing on urine specimens for drug testing should include these tests within the overall billing for drug testing and not bill separately.
- When billed correctly, reimbursement is based on applicable fee schedules and provider contract terms.
- Providers performing validity testing on urine specimens used in drug testing should avoid submitting separate billing for the validity tests.

Applicable Urine Drug Testing Billing Codes:

- Presumptive Drug Testing Codes: 80305, 80306, 80307
- Definitive Drug Testing Codes: G0480, G0481, G0482, G0483, G0659

For example, if a laboratory assesses urinary pH, specific gravity, creatinine, nitrates, oxidants, or any other factors to confirm the integrity of a urine specimen and ensure it is not adulterated, these tests should be included within the overall service charge, rather than billed separately.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. The Centers for Medicare & Medicaid Services (CMS) is a federal entity under the United States Department of Health and Human Services (HHS). It oversees the Medicare program and collaborates with state governments to manage Medicaid, the Children's Health Insurance Program (CHIP), as well as health insurance portability regulations.
CPT Code	Current Procedural Terminology. Used by physician offices and physicians and clinicians in all settings, outpatient hospital facilities, outpatient dialysis centers, and ambulatory surgery centers. CPT codes are utilized to report the majority of procedures on claims that are submitted.
HCPCS Code	Used by physician offices, outpatient hospital facilities, inpatient, outpatient dialysis centers, and ambulatory surgery centers. Medicare mandates that providers (regardless of the type of provider) use alphanumeric HCPCS codes to report various biologicals, drugs, devices, supplies, and certain services.
Comprehensive Definitive Drug Testing Panel (Definitive Drug Test)	A comprehensive definitive drug testing panel is a highly accurate lab test that identifies a wide range of specific drugs and their metabolites at once, often used to confirm initial screening results.
OIG	Office of Inspector General (OIG). The OIG is an independent oversight office within the U.S. Department of Health and Human Services (HHS). Its job is to protect the integrity of HHS programs (like Medicare and Medicaid) by preventing and detecting fraud, waste, and abuse, and by promoting efficiency and accountability through audits, investigations, and compliance guidance.

Presumptive Immunoassay Testing (Presumptive Drug Test)	A presumptive drug test is a quick, initial screening that detects possible drug use using antibody-based methods but requires confirmatory testing to verify specific substances.
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State Exceptions

State	Exception

Documentation History

Type	Date	Action
Initial Creation Date	09/08/2023	New Policy
Revised Date	12/17/2024	Updated policy template
Revised Date	08/29/2025	Updated template; added Policy Overview section; refined language as to what specimen validity testing is; clarified/refined Definitions. Added CPT codes to identify specimen validity testing.

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
	Proper Coding for Specimen Validity Testing Billed in Combination with Drug Testing
CMS	Medicare NCCI 2025 Coding Policy Manual – Chapter 10 - Pathology/Laboratory Services
OIG	Medicare Improperly Paid Providers for Specimen Validity Tests Billed in Combination With Urine Drug Tests (A-09-16-02034)

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.