



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 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.

Reimbursement Guidelines

Molina Healthcare does not provide reimbursement for separate billing of validity testing on urine specimens used in drug testing. When billed correctly, reimbursement is based on applicable fee schedules and provider contract terms. 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. 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, with no separate reimbursement provided.

Presumptive Drug Testing Codes

80305
80306
80307

Definitive Drug Testing codes

G0480
G0481
G0482
G0483
G0659

Providers performing validity testing on urine specimens used in drug testing should avoid submitting separate billing for the validity tests. 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	Centers for Medicare and Medicaid Services
Presumptive drug testing	initial screens used to identify use or non-use of a drug or a drug class and to quickly rule out multiple drug classes before conducting definitive testing.



Definitive drug testing	identify specific drugs/metabolites present. Definitive testing has high sensitivity and is used to confirm or refute presumptive test results or for testing where presumptive tests are not available and reduces the occurrence of false-positive/false-negative results
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References

This policy was developed using:

- CMS
- State Medicaid guidelines
- State Contracts
- [SE18001](#)
- [Medicare NCCI 2023 Coding Policy Manual](#)
- [Medicare Improperly Paid Providers for Specimen Validity Tests Billed in Combination With Urine Drug Tests \(A-09-16-02034\)](#)

State Exceptions

State	Exception
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Documentation History

Type	Date	Action
Effective Date	09/08/2023	New policy
Revised Date	12/17/2024	Updated policy template

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.