New Drug Testing Reimbursement Policy Effective Sept. 1, 2017

UnitedHealthcare Community Plan is implementing a new Drug Testing reimbursement policy applicable to paper form CMS-1500 and Electronic Data Interface (EDI) transaction 837P claim files, effective for claims with dates of service on or after Sept. 1, 2017.

In accordance with the Centers for Medicare & Medicaid Services (CMS) regulations and the Current Procedural Terminology (CPT) code descriptions, the new policy will only allow one Presumptive Drug Class procedure per drug class for codes 80305, 80306 and 80307 per member, per date of service, whether submitted by the same or different provider.

The policy will also only allow one Definitive Drug Class procedure per drug class for codes G0480, G0481, G0482, G0483 and G0659 per member, per date of service, whether submitted by the same or different provider.

Per CMS regulations, care providers performing validity testing on urine specimens used for drug testing cannot separately bill for validity testing. As a result, UnitedHealthcare Community Plan will not separately reimburse for urine validity testing.

Note Regarding Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or supersede them, including, but are not limited to: federal and/or state regulatory requirements, physician or other care provider contracts, and/or the member’s benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form. UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member’s benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

Once implemented, the policies may be viewed at UHCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies. In the event of an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.