Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Urine Drug Testing

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted providers for medically necessary urine drug testing when used as part of pain management, medical treatment of alcohol or substance abuse, or other medical treatments that meet clinical criteria. Urine drug tests may be used to detect and/or monitor alcohol, drugs/drug metabolites or prescription medications.

Prerequisites

Applicable Point32Health referral, notification and authorization policies and procedures apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

- Definitive drug testing on individual drugs, only when the identified drug has been detected by an initial presumptive drug screening test and when requested by the ordering physician
  - Exceptions: When there is no commercially available presumptive screening method available, or the initial presumptive drug screening test returned an unexpected negative result when the identified drug is part of an authorized provider's treatment plan for the member
- Presumptive urine drug tests when medically necessary.

Point32Health Does *Not* Reimburse

- Definitive drug testing when there has been no underlying presumptive test or where the presumptive test is negative (see exceptions above)
- Definitive drug testing codes 80320-80377 and 83992. Providers should use HCPCS codes G0480-G0483 and G0659
- Employment or job screening testing
- Mandated drug testing (e.g., court-ordered, residential monitoring, non-medically necessary testing)
- Presumptive, definitive, or confirmatory testing ordered by or on behalf of a provider of facility that receives per-diem reimbursement for a service which includes clinical diagnostic laboratory testing as an integral component (i.e., Inpatient hospital stay, skilled nursing facility, or behavioral health facility-based treatment program)
- Specimen validity testing (SVT)
- Urine drug testing when there is no evidence of ongoing medical treatment by the ordering provider
- Urine specimen collection

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

General Billing

- Report the DOS on any urine drug testing code as the date of the specimen collection.
- Point32Health does not accept urine drug test requisitions referring to the “custom profile”, “blanket orders”, or any similar document, as the means of designating which tests are to be performed. Urine drug test orders and requisitions must be in writing and specific to the individual member’s medical treatment plan.
- Compliance with the provisions of this policy may be monitored and addressed through pre and post payment data analysis and medical review audits.

Required Documentation

- Requests for laboratory services must be in writing to the lab and include the following information:
- Date of the request
- The name or any other means of identifying the member to be tested
- The name (legible), signature, and address of the authorized ordering, referring, and/or prescribing provider
- The name of the specific tests to be performed
- A statement by the authorized ordering provider that such testing is required as part of the member’s medical or drug treatment plan
- The identification number of the specimen
- The name of referring laboratory that submitted the specimen, if applicable
- The date the specimen was collected, the name of the person who collected the specimen, and the location of the collection
- The date on which the specimen was received by the laboratory
- The specific tests performed
- The date(s) on which each test was performed
- The results of each test, the name and address of all persons to whom the test result is reported, and the date of reporting

If a laboratory refers a specimen to a testing laboratory, the referring laboratory must forward the original request to perform the service to the testing laboratory. Both laboratories must keep a record of each request for laboratory services, each specimen, and each test result for at least six years from the date on which the results were reported to the authorized prescriber.

Other Information

- One unit of presumptive testing and/or one unit of definitive testing will be reimbursed per DOS
- A maximum of 20 DOS for all urine drug tests per calendar year are reimbursed (Commercial Products and Tufts Direct only)
- An individual order for each DOS is required

Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, and Senior Products

- All urine drug testing should be performed at an appropriate frequency based on clinical needs. The frequency should be at the lowest level to detect the presence of drugs
- “Standing orders” for drug screening may not exceed 30 days. Written orders must include the requested date of the drug screening, a list of tests ordered, the appropriate member diagnosis code, and the printed name and signature of the ordering provider

Related Policies and Resources

Payment Policies

- Laboratory Services
- Noncovered/Nonreimbursable Services

Clinical Resources

Medical Necessity Guidelines

- Urine Drug Testing

Publication History

12/01/2025: Annual review; administrative edits

11/29/2024: Annual review; administrative updates

12/01/2023: Policy moved to new template, includes all lines of business; Effective for DOS 2/1/24, HPHC commercial no longer accepts 30 day standing orders; Effective for DOS 2/1/24, THP Commercial, Tufts Health Direct, and Tufts Health One Care no longer reimburses 80320-80377 and 83992, annual max of combined tests changed to 20

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.