

Policy Number: RPLAB070

Approval Date: May 15, 2026

Effective Date: September 4, 2026

CPT® codes: 80305, 80306, 80307, 80320, 0007U, 0011U, 0051U, 0054U, 0079U, 0082U, 0093U, 0227U, 0328U, 0517U, 0518U, 0519U, 0520U, 0587U, 0603U, G0480, G0481, G0482, G0483, G0659

Test Name and CPT Code	May be reimbursable	Frequency Limitations	Is Not Reimbursed
Presumptive Drug Screening (qualitative, semi-quantitative or quantitative) Presumptive Codes: 80305 DRUG TEST PRSMV DIR OPT OBS 80306 DRUG TEST PRSMV INSTRMNT 80307 DRUG TEST PRSMV CHEM ANALYZR 0227U RX ASY PRSMV 30+RX/METABLT 0603U RX ASY PRSMV 77RX/METABLT UR	Presumptive drug screening (qualitative, semi-quantitative or quantitative) based upon appropriate clinical criteria. May be reimbursable in ANY of the following situations using urine samples: - To assess an individual being treated for chronic, non-cancer pain when clinical evaluation suggests use of non-prescribed medications or illegal substances. This includes Prior to initiating chronic opioid pain therapy to determine exposure to controlled substances or illicit drugs. - To verify compliance or identify undisclosed drug abuse as part of routine monitoring for individuals receiving non-cancer chronic pain treatment with prescription opioid pain medication. - In pregnant individuals at high-risk for substance abuse with suspicion of drug use based on screening questions or PDMP information. In newborns when there is a history of maternal substance abuse or agitated/altered mental status in the birthing parent. - In candidates for organ transplant with a history of substance abuse (to demonstrate abstinence). - In individuals with suspicion or diagnosis of mental illness (e.g., anxiety disorders, schizophrenia, major depressive disorder, mood disorders, suicidal ideations, substance abuse disorders). - In individuals with attention-deficit hyperactivity and disruptive behavior disorders. - In cancer patients on opioid pain medication. - In individuals with epilepsy. - For management and compliance monitoring of an individual under treatment for substance abuse or dependence. - In individuals where substance abuse is in the differential diagnosis of the presenting conditions. Specimen Type: Only urine or oral fluid specimens will be covered, except blood specimens will be covered for patients with anuric Chronic Renal Failure.	Overall: No more than 24 times per year. For chronic opioid therapy monitoring: Low risk: Up to one time per year after initiation of therapy. Moderate risk: Up to two times per year after initiation of therapy. High risk: Up to four times per year after initiation of therapy. Aberrant behavior: Testing at the time of visit meets coverage criteria. For substance abuse/dependence management (after baseline at initial evaluation): 0 to 90 consecutive days of abstinence: 1 to 2 per week. > 90 consecutive days of abstinence: 1 to 3 in one month.	Confirmatory/definitive qualitative or quantitative or presumptive drug testing using proprietary tests (eg, CareView360) is not reimbursable. In all other situations not addressed, presumptive drug screening is not reimbursable.

Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. DLO does not recommend any diagnosis codes or conditions and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff.

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Definitive Drug Testing (up to seven drug classes) (qualitative or quantitative) Definitive Codes: G0480 Drug test def 1-7 classes Hybrid Code: 0007U RX TEST PRSMV UR W/DEF CONF	Definitive drug testing (qualitative or quantitative) for up to seven drug classes when laboratory-based definitive drug testing is specifically requested, the rationale is documented by the individual's treating physician and ANY of the following conditions are met: - The result of the presumptive drug screen is different than that suggested by the individual's medical history, clinical presentation, or individual's own statement (e.g., test was negative for prescribed medications, positive for prescription drug with abuse potential not prescribed, positive for illegal drug with patient denial) - For diagnosing and monitoring individuals with substance use disorder or dependence, when accurate and reliable results are necessary for treatment decisions - For monitoring of individuals on opioid therapy (to ensure adherence, for treatment planning, and for detection of other, non-prescribed opioids). A presumptive test does not exist or does not adequately detect the specific drug or metabolite to be tested - To definitively identify specific drugs in a large family of drugs. To identify drugs when a definitive concentration is needed to guide management Specimen Type: Only urine or oral fluid specimens will be covered, except blood specimens will be covered for patients with anuric Chronic Renal Failure.	Overall: No more than 24 times per year. For substance use disorder or dependence monitoring: 0 to 30 consecutive days of abstinence: Not to exceed 1 per week 31 to 90 consecutive days of abstinence: 1 to 3 per month; no more than 3 definitive drug tests in one month allowed > 90 consecutive days of abstinence: 1 to 3 test(s) every three months; no more than 3 definitive drug tests in a 3-month period allowed	When laboratory-based definitive drug testing is requested for larger than seven drug class panels confirmatory/definitive qualitative or quantitative drug testing is not reimbursable Confirmatory/definitive qualitative or quantitative or presumptive drug testing using proprietary tests (e.g., CareView360) is not reimbursable In all other situations not addressed, definitive drug testing is not reimbursable

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Other Definitive Drug Testing Codes (larger than seven drug classes or specific types) Definitive Drug Classes (Ranges and Specific Counts):80320-80377 DEFINITIVE DRUG CLASSES: G0481 Drug test def 8-14 classes G0482 Drug test def 15-21 classes G0483 Drug test def 22+ classes G0659 Drug test def simple all classes 0011U U RX MNTR LC-MS/MS ORAL FLUID 0051U RX MNTR LC-MS/MS UR/BLD 31 0054U RX MNTR 14+ DRUGS & SBSTS 0079U CMPRTV DNA ALYS MLT SNPS (If for genetic identity testing for specimen validity) 0082U RX TEST DEF 90+ RX/SBSTS UR 0093U RX MNTR 65 COM DRUGS URINE 0328U DRUG ASSAY 120+ RX and METABLT 0517U THER RX MNTR 80+PSYACTIV RX 0518U THER RX MNTR 90+ PN&MTL HLTH 0519U THER RX MNTR MEDS P/D/A 110+ 0520U THER RX MNTR 200+ RX/SBSTS 0587U THER RX MNTR 60-150RX&METABL	Generally not reimbursed if they exceed the seven-drug class panel limit or are considered specimen validity testing	N/A	When laboratory-based definitive drug testing is requested for larger than seven drug class panels confirmatory/definitive qualitative or quantitative drug testing is not reimbursable Specimen validity testing (e.g., genetic identity testing) is included in the base code and therefore will not be separately reimbursed

Note: Confirmatory/definitive testing should be supported by documentation of rationale in the individual's medical record. See note on next page.

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Please note that this policy document **does not address** the use of drug testing in the following circumstances:

- State or federally regulated and legally mandated drug testing (e.g., court-ordered drug screening, forensic examinations)
- Non-forensic testing for commercial driver's licensing or any other job-related testing (e.g., as a prerequisite for employment or as a means for continuation of employment)
- As a component of care rendered in an urgent/emergency situation

General Conditions for Non-Reimbursement:

The following general conditions apply to drug testing and **will not be reimbursed**

- Any AMA definitive drug class codes
- Same-day testing of the same drug or metabolites from two different samples (e.g., both a blood and a urine specimen) by either presumptive or definitive analyses
- Blanket orders or routine standing orders for all patients in the physician's practice
- Samples with abnormal validity tests
- Drug testing for patients in a facility setting (inpatient or outpatient) is not separately billable from the facility fee.
- More than one presumptive test result per individual per date of service regardless of the number of billing providers will not be reimbursed:
 - It is not reasonable or necessary for a provider to perform qualitative point-of-care testing and also order presumptive testing from a reference laboratory on the same specimen
 - It is not reasonable or necessary for a provider to perform presumptive immunoassay testing and also order presumptive immunoassay testing from a reference laboratory with or without reflex testing on the same specimen
- In all other situations not addressed above, presumptive drug screening and definitive drug testing are not reimbursable

To view the complete policy referenced, please refer to the Blue Cross Blue Shield of Oklahoma policy document located at the following web address:

<https://www.bcbsok.com/docs/provider/ok/standards/cpcp/avalon/2026/rplab070-9-4-2026.pdf>

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The CPT® codes provided are based on AMA guidelines and are for informational purposes only. CPT® coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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