BlueCross BlueShield of Texas

Prescription Medication and Illicit Drug Testing
Policy number: RPLAB070
Approved 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

This policy does not address the use of drug testing in the following circumstances:

A. State federally regulated and legally mandated drug testing (eg, court-ordered drug screening, forensic examinations)

B. Non-forensic testing for commercial driver's licensing or any other job-related testing (eg, as a prerequisite for employment or as a means for continuation of employment)

C. As a component of care rendered in an urgent/emergency situation

Presumptive drug screening using urine samples

Test	May be reimbursable	Is not reimbursable
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 ANLYZR **0227U** RX ASY PRSMV 30+RX/METABLT **0603U** RX ASY PRSMV 77RX/METABLT UR	Presumptive drug screening using urine samples (no more than 24 times per year) (qualitative, semi-quantitative, or quantitative) may be reimbursable in ANY of the following situations: a. To assess an individual being treated for chronic, non-cancer pain when clinical evaluation of the individual (history/signs/symptoms) suggests the use of non-prescribed medications or illegal substances: i. Prior to initiating chronic opioid pain therapy in chronic non-cancer pain to determine if the individual has been exposed to controlled substances or potentially confounding illicit drugs ii. To verify an individual's compliance with treatment or identify undisclosed drug abuse as part of routine monitoring for individuals who are receiving treatment for non-cancer chronic pain with prescription opioid pain medication. The random testing interval and drugs selected for testing should be based on the individual's history, condition, and treatment, as documented in the medical record: 1. Monitoring of low risk (as defined by a risk assessment tool) individuals on chronic opioid therapy, up to one time per year after initiation of therapy 2. Monitoring of moderate risk (as defined by a risk assessment tool) individuals on chronic opioid therapy, up to two times per year after initiation of therapy 3. Monitoring of high risk (as defined by a risk assessment tool) individuals on chronic opioid therapy, up to four times per year after initiation of therapy 4. For individuals with aberrant behavior (lost prescriptions, multiple requests for early refills, and opioids from multiple providers, unauthorized dose escalation, apparent intoxication, etc), testing at the time of visit meets coverage criteria b. In pregnant individuals at high risk for substance abuse in whom the suspicion of drug use exists based on the answers to substance abuse screening questions or indicated by information from the prescription drug monitoring program (PDMP), as documented in the medical record c. In newborns when there is a history of maternal substance abuse or agitated/altered mental status in the birthing parent d. In candidates for organ transplant who have a history of substance abuse (to demonstrate abstinence prior to transplant) e. In individuals with a suspicion of or a diagnosis of mental illness (eg, anxiety disorders, schizophrenia, major depressive disorder, mood disorders, suicidal ideations, substance abuse disorders) f. In individuals with attention-deficit hyperactivity and disruptive behavior disorders (continued on next page)	–

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. Quest Diagnostics 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.

Presumptive drug testing using urine samples - continued

Test	May be reimbursable	Is not reimbursable
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 ANLYZR **0227U** RX ASY PRSMV 30+RX/METABLT **0603U** RX ASY PRSMV 77RX/METABLT UR	g. In cancer patients on opioid pain medication h. In individuals with epilepsy i. For the management and compliance monitoring of an individual under treatment for substance abuse or dependence at the following frequency (after baseline at initial evaluation) and must be documented in the individual's medical record: i. For individuals with 0 to 90 consecutive days of abstinence, qualitative drug testing at a frequency of 1 to 2 per week ii. For individuals with > 90 consecutive days of abstinence, qualitative drug testing at a frequency of 1 to 3 in one month j. In individuals where substance abuse is in the differential diagnosis of the presenting conditions	–

Definitive drug testing

Test	May be reimbursable	Is not reimbursable
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	Confirmatory/definitive qualitative or quantitative drug testing up to seven (7) drug classes (no more than 24 times per year) may be reimbursable 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: a. 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; (eg, test was negative for prescribed medications, test was positive for prescription drug with abuse potential that was not prescribed, test was positive for an illegal drug) b. For diagnosing and monitoring individuals with substance use disorder or dependence, when accurate and reliable results are necessary for treatment decisions i. Individuals with 0 to 30 consecutive days of abstinence, random definitive drug testing at a frequency not to exceed 1 per week ii. Individuals with 31 to 90 consecutive days of abstinence, random definitive drug testing at a frequency of 1 to 3 per month. No more than 3 definitive drug tests in one month will be allowed iii. Individuals with > 90 consecutive days of abstinence, definitive drug testing at a frequency of 1 to 3 test(s) every three months. No more than 3 definitive drug tests in a 3-month period will be allowed	–

Definitive drug testing continued on the next page.

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. Quest Diagnostics 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.

Definitive drug testing continued

Test	May be reimbursable	Is not reimbursable
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	c. For monitoring of individuals on opioid therapy (to ensure adherence to the therapeutic plan, for treatment planning, and for detection of other, non-prescribed opioids) d. A presumptive test does not exist or does not adequately detect the specific drug or metabolite to be tested (eg, specific drugs within the amphetamine, barbiturate, benzodiazepine, tricyclic antidepressants, and opiate/opioid drug classes as well as synthetic/analog or "designer" drugs) e. To definitively identify specific drugs in a large family of drugs f. To identify drugs when a definitive concentration of a drug is needed to guide management	–

Other definitive drug testing

Test	May be reimbursable	Is not reimbursable
(larger than seven drug class panels, confirmatory/definitive qualitative or quantitative) Definitive Drug Classes (Ranges and Specific Counts):80320-80377 DEFINITIVE DRUG CLASSES: G0481, G0482, G0483, G0659, 0011U, 0051U, 0054U, 0079U, 0082U, 0093U, 0328U, 0518U, 0519U, 0520U, 0587U	–	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 (qualitative, semi-quantitative or quantitative) drug testing using proprietary tests (eg, CareView360) **is not reimbursable.** **Specimen validity testing** Specimen validity testing, (eg, urine specific gravity, urine creatinine, pH, urine oxidant level, genetic identity testing, [NextGen Precision™ testing]), is included in the base code and therefore **will not be separately reimbursed.**
All others	–	In all other situations not addressed above, presumptive drug screening and definitive drug testing **are not reimbursable.**

Documentation Requirements

The individual's medical record must contain documentation that fully supports the medical necessity for drug testing. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

The clinician's documentation must be patient specific and accurately reflect the need for each test ordered. Each drug or drug class being tested for must be indicated by the ordering clinician in a written order and documented in the patient's medical record.

Laboratories that submit urine drug testing claims should possess, at a minimum, the following:

- **A signed, valid requisition form from the ordering provider that specifies the tests being ordered, and**
- **Complete results of the tests performed**

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. Quest Diagnostics 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.

BlueCross BlueShield of Texas

Prescription Medication and Illicit Drug Testing
Policy number: RPLAB070
Approved Date: May 15, 2026
Effective Date: September 4, 2026

The requisition form should include the following:

- A list of the specific drugs or drug classes being tested. Reference to a standard order or a "custom panel" is not acceptable; "Reflex" (or automatic) testing is not acceptable
- The identity of the patient to include the patient name and date of birth
- The identity of the ordering provider, including full name, credentials, and NPI number (preferred)
- A legible or appropriate electronic signature with the date signed from the ordering physician (not a stamp or photocopy, and it is not acceptable to state that the physician's signature is on file)
- The facility and location where the sample was collected (eg, office, home, hospital, residential treatment center)
- The type of sample (eg, urine, saliva, blood, or hair)
- The date and time the sample was collected
- The identity of the individual who collected the sample; and
- The date and time the sample was received in the laboratory

Lab results should contain the following:

- The complete identification of the entity performing the testing (including name, address, and CLIA number)
- The patient's name and date of birth
- The ordering provider's name and NPI number
- Facility name, if applicable
- The date the sample was collected
- The date the sample was received in the laboratory
- The date the test results were reported; and
- Complete test results, including validity testing if performed

Note: Retro orders are not acceptable.

Reimbursement

Reimbursed	Not reimbursed
The following IS reimbursed (see complete Reimbursement Information above) for: a. Presumptive drug screening based upon appropriate clinical criteria (qualitative, semi-quantitative or quantitative) b. Definitive drug testing (qualitative or quantitative) for up to seven drug classes when the presumptive drug screening meets one of the following criteria: i. The test was negative for prescribed medications, or ii. Positive for a prescription drug with abuse potential that was not prescribed, or iii. Positive for an illegal drug with patient denial of using the drug, or iv. A presumptive test does not exist or does not adequately detect the specific drug or metabolite to be tested c. Blood specimens in patients with anuric chronic renal failure Only urine or oral fluid specimens will be covered - except blood specimens will be covered for patients with anuric chronic renal failure. Confirmatory/definitive testing should be supported by documentation of rationale in the individual's medical record.	a. Any AMA definitive drug class codes b. Same-day testing of the same drug or metabolites from two different samples (eg, both a blood and a urine specimen) by either presumptive or definitive analyses c. Blanket orders or routine standing orders for all patients in the physician's practice d. Samples with abnormal validity tests e. 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: a. 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 b. 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

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

https://www.bcbstx.com/docs/provider/tx/standards/clinical-pay-coding/lab-mgmt/2026/rplab070-9-4-2026.pdf

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. Quest Diagnostics 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.

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.

QuestDiagnostics.com

Quest®, Quest Diagnostics® ,any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—® and ™—are the property of their respective owners. © 2026 Quest Diagnostics Incorporated. All rights reserved. 10/2026