

North Carolina

Medicaid Special Bulletin

An Information Service of the
Division of Medical Assistance

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July 2016

**Attention:
All Providers**

Clarification of Urine Drug Testing Requirements

As noted in the March 2016 Special Medicaid Bulletin, [Changes to Drug Screening and Testing Codes](#), May 2016 Special Medicaid Bulletin, [Urine Drug Screening](#), and June 2016 Special Medicaid Bulletin, [Urine Drug Screening Update](#), the N.C. Division of Medical Assistance (DMA) is in the process of updating NCTracks to add the new HCPCS urine drug screening codes. Based on questions and comments received by our clinical and laboratory providers regarding limitations and documentation requirements that went into effect July 1, 2016, DMA is offering the following clarifications.

Commercially available tests

A commercially available test is defined as one that is *available for sale, lease, or license on the commercial market place in substantial quantities and used for its intended purpose*. It is expected that a provider uses the most appropriate presumptive test based on their beneficiaries' clinical picture. If a test is not commercially available to perform a presumptive screen for a specific substance of suspected or reported use, the provider may choose to perform a definitive test. However, if a definitive test is done in lieu of an available presumptive test, medical necessity has not been satisfied and the claim for the definitive test will be denied.

Documentation requirements for definitive testing

Definitive testing is broken out into four codes depending on the number of drug classes being tested. G0480 (1-7 drug classes) does **not** require documentation to be uploaded with the claim in order to be reimbursed. The only exception to this is when a presumptive test is not available to detect the presence of a specific substance of suspected or reported use. A provider performing their own on-site presumptive and definitive tests must maintain documentation in the beneficiary's health record that a presumptive test was not commercially available for the substance tested. For independent labs performing definitive testing for a provider, a written statement from the ordering provider stating that a presumptive testing method is not commercially available must be maintained. This documentation is required to support performing the definitive test and will need to be uploaded with the claim.

G0481 (8-14 drug classes), G0482 (15-21 drug classes), and G0483 (22+ drug classes) **require** documentation to be uploaded with the claim supporting the medical necessity for these tests. Only substance that produced an **unanticipated** or **positive** result are to be sent for definitive testing. Documentation demonstrating medical necessity shall include a copy of the presumptive screen indicating the number of positive or unanticipated results or other report or order from the ordering physician indicating the presumptive results requiring definitive testing.

HCPCS Code	Documentation Required?
G0480	No *
G0481	Yes
G0482	Yes
G0483	Yes

***Note:** Exception for no presumptive test available

Claims Submission

For information regarding how to submit a claim, providers may view a computer-based training course via SkillPort by clicking on the “Provider Training” button in the secure NCTracks Provider Portal or attend one of the NCTracks live provider informational sessions. The schedule posted on the NCTracks Provider Portal includes sessions by claim type. Providers also may request a provider onsite visit by calling the NCTracks Help Desk at 1-800-688-6696 or visiting <https://nctracks.nc.gov/content/public/contact.html> and completing the electronic request form.

Sandra Terrell, MS, RN
Director of Clinical
Division of Medical Assistance
Department of Health and Human Services

Paul Guthery
Executive Account Director
CSRA