Attention:
All Providers

Urine Drug Testing Update
N.C. Division of Medical Assistance (DMA) has added new HCPCS urine drug testing codes along with several testing limitations edits. These were noted in earlier Medicaid Bulletin articles:

- March 2016 Special Medicaid Bulletin, *Changes to Drug Screening and Testing Codes*
- May 2016 Special Medicaid Bulletin, *Urine Drug Screening*
- June 2016 Special Medicaid Bulletin, *Urine Drug Screening Update*
- July 2016 Special Medicaid Bulletin, *Clarification of Drug Testing Requirements*, and,
- August 2016 Medicaid Bulletin Article, *Urine Drug Screening Update*

Medicaid Bulletin can be found on the [DMA Medicaid Bulletin web page](#).

DMA revised some of the current limits while working to amend our current coverage determination as we continue to meet with clinical and laboratory stakeholders. **Providers no longer have to submit documentation with definitive testing claims or wait for a presumptive screen to be paid in history to receive reimbursement for confirmations. These revisions are retroactive back to July 1, 2016. Providers may resubmit denied claims for reprocessing.**

These revisions are temporary as DMA continues to monitor and evaluate utilization of HCPCS codes

Per the definition of G0477-G0483, validity testing is included when a urine drug test is performed and is not separately reimbursable. Procedure codes currently used for validity testing will be denied or recouped if billed by the same provider on the same date of service as a urine drug test. Presumptive and definitive testing are each limited to one test per date of service, per beneficiary, regardless of testing method or number of tests performed. Editing regarding validity testing and daily limits will remain in effect.

DMA will issue provider notifications through the NCTracks Provider Portal and future Medicaid bulletins as future coverage determinations are made.

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Sandra Terrell, MS, RN      Paul Guthery
Director of Clinical                             Executive Account Director
Division of Medical Assistance       CSRA
Department of Health and Human Services