



COLORADO URINE DRUG TESTING POLICIES

MEDICARE

Article - Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing (A56645)

- New Mexico Medicaid typically follows CMS Novitas Policies
- Colorado Medicaid typically follows CMS Novitas Policies
- Denver Health Plan typically Follows CMS Novitas Policies

CPT/HCPCS CODES FOR DRUG TESTING

Presumptive Urine Drug Testing (UDT)

Used to detect the presence of drugs or drug classes.

- 80307 – Instrumented chromatography/mass spectrometry

Definitive UDT

Used to identify specific drugs/metabolites.

- G0480 – 1–7 drug classes
- G0481 – 8–14 drug classes
- G0482 – 15–21 drug classes
- G0483 – 22+ drug classes

FREQUENCY LIMITS BY CLINICAL INDICATION

For Chronic Opioid Therapy (COT)

PRESUMPTIVE TESTING:

- Max 12 tests per calendar year
- Max 1 test per patient per date of service, regardless of provider

DEFINITIVE TESTING:

- Max 12 tests per calendar year
- Max 1 test per patient per date of service, regardless of provider

For Substance Use Disorder (SUD)

PRESUMPTIVE TESTING:

- Max 3 tests in rolling 7 days
- Applies when billed with ICD-10 codes indicating SUD (e.g., F11.20 for opioid dependence)

DEFINITIVE TESTING:

- Max 1 test in rolling 7 days
- Must be supported by diagnosis codes consistent with SUD



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AETNA

[Drug Testing in Pain Management and Substance Use Disorder Treatment - Medical Clinical Policy Bulletins | Aetna](#)

Policy Overview: Aetna considers presumptive and definitive drug testing medically necessary when used to monitor treatment adherence, detect substance misuse, or guide clinical decisions in the management of chronic pain or substance use disorders (SUD).

Not Covered Codes:

- G0482, G0483 – Testing for >14 drug classes
- 0006U–0150U – High-volume panels or non-specific testing

FREQUENCY LIMITS

PRESUMPTIVE TESTING:

- 1 unit per date of service
- Up to 32 tests per calendar year

DEFINITIVE TESTING:

- 1 unit per date of service
- Up to 16 tests per calendar year

Additional tests beyond these limits require prior authorization.

HUMANA

[Laboratory - Prescription Medication and Illicit Drug Testing in the Outpatient Setting.pdf](#)

FREQUENCY LIMITS

PRESUMPTIVE TESTING:

- Reimbursable up to 2 times every 7 days
- Maximum 24 times per calendar year
- Only 1 unit per date of service is reimbursable

DEFINITIVE TESTING:

- Reimbursable up to 2 times every 7 days
- Maximum 24 times per calendar year
- Only 1 unit per date of service is reimbursable

CIGNA

[Drug Testing](#)

Diagnosis and Documentation Requirements: Testing must be based on clinical suspicion of drug misuse, and medical records must document the relevant diagnosis, history and physical exam, behavioral indicators, and how the test results will impact treatment planning.

Not Covered Codes:

- G0481, G0482, G0483 – Testing for >7 drug classes

FREQUENCY LIMITS

PRESUMPTIVE TESTING:

- Maximum 1 test per date of service
- More than one test per day is not reimbursable

DEFINITIVE TESTING:

- Maximum 1 test per date of service
- Only G0480 are reimbursable
- More than one test per day or use of G0481–G0483 is not reimbursable



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BCBS CO

Drug Screen Testing- ABCBS

COVERED SERVICES & FREQUENCY

PRESUMPTIVE TESTING:

- Used to detect the presence or absence of drug classes.
- Reimbursed once per day per member, regardless of the number of drug classes tested.

DEFINITIVE TESTING:

- Used to identify specific drugs/metabolites.
- Reimbursed once per day per member, regardless of the number of drug classes tested.

SPECIMEN VALIDITY TESTING:

- Included in the CPT/HCPCS code descriptions.
- Not separately reimbursed.

NON-REIMBURSABLE SERVICES:

- Employment/pre-employment drug screening.