

Laboratory Screening and Confirmation Services

Laboratory screening and confirmation services are covered under the HealthChoice health plans, subject to deductible, coinsurance, out-of-pocket maximums, clinical editing and all policy provisions.

For charges incurred on or after July 1, 2016, HealthChoice will cover the following presumptive (qualitative) and definitive (quantitative) laboratory urine drug screenings when medically necessary.

- Presumptive (qualitative) laboratory urine drug screenings are limited to 12 total per calendar year, and certification is not required.
 - a. 80300 DRUG SCREEN LIST A ANY NMBR NON TLC DEVICES
 - b. G0477 DRUG TST PRESUMP; CPBL BEING READ DC OPT OBV ONLY
 - c. G0478 DRUG TEST PRESUMP; READ BY INSTRUM-AST DC OPT OBV
 - d. G0479 DRUG TEST PRESUMP; INSTRUMENTED CHEMISTRY ANALYZER

- Definitive (quantitative) laboratory urine drug screenings are limited to four total per calendar year, and certification is not required.
 - a. G0480 DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL
 - b. G0481 DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL
 - c. G0482 DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR
 - d. G0483 DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL

If you have any questions, please contact the medical claims administrator. Refer to “Network Provider Contact Information” at the end of this newsletter.