



# MEMO

**TO:** TennCare Managed Care Organizations

**FROM:** Keith Gaither *KG*

**DATE:** November 1, 2018

**SUBJECT:** Urine Drug Screen Limits – Change Effective January 1, 2019

Effective January 1, 2019, the limits for the Urine Drug Screens represented by codes 80305 and 80306 will be changed from a limit of 12 per member per calendar year to 24 per member per calendar year. Please see the revised attachment that will be included in the next Budget Memo.

## Attachment G

**Effective January 1, 2019, TennCare increased limits for Urine Drug Screens as follows:**

| Description               | Codes | Code Descriptions  | Policy  | Comments   |
|---------------------------|-------|--|---|--|
| <b>Urine Drug Screens</b> | 80305 | Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards,  | Limit of <b>24</b> per member, per calendar year<br><br>(Any combination of 80305 and 80306 combined limited to a total of <b>24</b> )  | Adhere to Medicare Guidelines for billing Urine Drug Screens.<br><br>Crosswalk<br><br>80305 to G0477, 80306 to G0478, 80307 to G0479   |
|                           | or    | cartridges), includes sample validation when performed, per date of service.   |   | 80305 or 80306 (any combination) = limited to <b>24</b> units total per member, per calendar year  |
|                           | 80306 | Drug tests, presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument - assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation's when performed, per date of service.       |   |  |
|                           | 80307 | Drug tests, presumptive, any number of drug classes; any number of devices or procedures by instrumental chemistry analyzers (e.g., immunoassay, enzyme assay, TOF, MALDI, LDTD, DES I, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service. | Limit of <b>4</b> per member, per calendar year<br><br>Limits do not apply in the emergency department (Note: this includes urine drug screens that are sent to an independent lab on the same date of service for the same enrollee on the same day of an emergency department visit.) | 80307 = limited to 4 units per member in addition to the <b>24</b> for 80305/80306 (G0477/G0478) and may be billed on the same date of service<br><br>271U will report number of urine drug screens paid and apply encounter edits if exceeded |

**Note:** 1) Please remember with Benefit Limits, you must provide a Notice of Limit (EOB) to members once a service is billed that exceeds a limit.

2) If a service is requested after a limit is exceeded, a Grier notice of denial must be sent.