Specimen Validity Testing Reimbursement Policy (Retired)					
Policy Number	2016RP501A	**Annual Approval Date**	05/31/2016	**Approved By**	Optum Behavioral Reimbursement Committee

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, clinical rationale, industry standard reimbursement logic, regulatory issues, business issues and other input in developing reimbursement policy may apply.*

This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, provider contracts, and/or the member's benefit coverage documents. This policy is not intended to override existing participating provider contracts. It is expected that all participating providers will bill according to their existing contract provisions as it relates to procedure coding. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.

Optum uses a customized version of the Claim Editing System known as iCES Clearinghouse to process claims in accordance with our reimbursement policies.

**CPT® is a registered trademark of the American Medical Association*

Applicability

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500), to services billed on the UB-04 or its electronic equivalent or successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

The purpose of this reimbursement policy is to define Specimen Validity Testing and the basis for non-coverage by Optum Behavioral Health on behalf of UnitedHealthcare/Optum members whose behavioral health benefit plans are managed by Optum.

Specimen validity testing is the analysis of urine specimens to determine if they have been adulterated with an agent or substance or have been substituted with a non-urine fluid.

Adulteration is the tampering of a urine specimen with the intention of altering the test results. The use of adulterants can cause false negative results in drug tests by either interfering with the screening test and/ or destroying the drugs present in the urine. Dilution may also be employed in an attempt to produce false negative drug test results typically for forensic or employment purposes.

To test for adulteration or dilution is to determine certain urinary characteristics such as creatinine, pH, and specific gravity and to detect the presence of glutaraldehyde, nitrite and oxidants /pyridinium chlorochromate (PCC) in urine.

Reimbursement Guidelines

Consistent with CMS and Palmetto Government Benefits Administrator stated in policy M00024, a diagnostic laboratory test must be ordered by the treating physician and the test results must be used in the management of the member's specific medical and/or behavioral problem. Although some laboratory requisitions allow the ordering physician to designate specimen validity testing (e.g., creatinine, oxidant, pH, specific gravity) to ensure that a patient specimen has not been adulterated, the results of this testing are not used in the individual management of the member's medical and/or behavioral problem. Therefore, Optum has determined that specimen validity testing is an excluded service.

Codes (Note: This list of representative codes is not intended as exhaustive of all relevant codes.)

Level of Care	Revenue Code
Professional Fees, Ancillary Services and all Facility Based Levels of Care	
• CPT Codes *Bold indicates tests part of specimen validity test panel*	• 81000, 81001, 81002, 81003, 81005, 81099 (all urinalysis Codes) • 82550, 82565, 82570, 83986, 84311 • "or any other code"; include these as well ○ 81007 (Urinalysis; bacteriuria screen, except by culture or dipstick); ○ 81015 (Urinalysis; microscopic only); ○ 81020 (Urinalysis; 2 or 3 glass test); ○ 81050 (volume measurement for timed collection, each) ○ 81599 (Unlisted multianalyte assay)

Resources

- American Medical Association, *Current Procedural Terminology (*CPT®) and associated publications and services
- Specimen Validity Testing (M00024), Reference: IOM 100-04, Ch16,§10

  http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~JM%20Part%20B~Browse%20by%20Topic~Lab~9C4KYR4043?open
- Palmetto; the IOM Reference is the Medicare Claims Processing Manual for Laboratory Services https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c16.pdf
- https://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx

Support for Non Coverage

Palmetto GBA – South Carolina

Palmetto GBA – Virginia

Palmetto GBA – West Virginia

Palmetto GBA – North Carolina

- First Coast Service Options - FL

History / Updates	
April, 2020	Policy Retired; Specimen Validity codes and language can be found in Drug Testing Reimbursement Policy
June, 2017	Added codes (82570, 83986, 84311) back into policy
January, 2017	Removal of codes (82570, 83986, 84311) per AMA update
May, 2016	New