

Clinical Policy: Drugs of Abuse: Definitive Testing for more than 14 Drugs/Drug Classes

Reference Number: TX.CP.MP.50-A
Date of last Revision: 03/26

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Urine drug testing is a key diagnostic and therapeutic tool that is useful for patient care and monitoring of adherence to a controlled substance treatment regimen (e.g., for chronic non-cancer pain) and to identify drug misuse or addiction prior to starting or during treatment with controlled substances.

Policy/Criteria

It is the policy of Centene Advanced Behavioral Health and the Texas health plans affiliated with Centene Corporation that outpatient confirmatory/definitive (quantitative) drug testing of more than 14 drugs/drug classes is **not medically necessary**.

Background

American Society of Addiction Medicine (ASAM)

In 2019, the American Society of Addiction Medicine (ASAM) developed a consensus document on the ethical use of drug testing in clinical addiction medicine, which provides a broad discussion of drug testing methods, procedures, and practices. Drug testing can provide a treating clinician with objective information regarding a patient's recent substance use. It can assist with the identification, diagnosis, and treatment of addiction and support patients in recovery.⁶

Drug testing should be used only when clinically necessary. Presumptive testing should be a routine part of initial and ongoing assessments. Definitive testing may be used to detect specific substances not identified in presumptive methods and to refine the accuracy of the test results. Definitive testing may be used to detect specific substances not identified by presumptive methods, quantify levels of the substance present, and to refine the accuracy of the test results.⁶ In addition, definitive testing may be used when the results are needed to inform clinical decisions with major clinical or non-clinical implications for the patient (e.g., treatment transitions, changes in medication therapies, changes in legal status).⁶

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for

informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes That Do Not Support Coverage Criteria

HCPCS Codes	Description
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15 to 21 drug class(es), including metabolite(s) if performed
G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed transitioning HCPC codes G0482 and G0483 from Clinical Policy CP.MP.50 to Clinical Payment Policy TX.CP.MP.50-A, as the existing clinical policy does not allow for reimbursement of these two codes, based on lack of medical necessity for billing. Codes may be billed but are not separately reimbursable.	05/26	

References

1. Treatment Improvement Protocol 63: Medications for Opioid Use Disorder. Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/sites/default/files/pep21-02-01-002.pdf>. Updated 2021. Accessed January 30, 2026.
2. Treatment Improvement Protocol 47: Substance Abuse: Clinical Issues in Intensive Outpatient Treatment. Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/sma13-4182.pdf. Published 2013. Accessed February 18, 2026.

3. Consensus Statement: Appropriate Use of Drug Testing in Clinical Addiction Medicine. American Society of Addiction Medicine. <https://www.asam.org/quality-care/clinical-guidelines/drug-testing>. Published April 5, 2017. Accessed February 16, 2026.
4. Substance Abuse and Mental Health Services Administration. Technical Assistance Publication Series 32: Clinical drug testing in primary care. <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4668.pdf>. Published May 2012. Accessed February 17, 2026.
5. American Society of Addiction Medicine. Public Policy Statement on the Ethical Use of Drug Testing in the Practice of Addiction Medicine. <https://www.cencalhealth.org/wp-content/uploads/2024/12/ASAM-Public-Policy-Statement-on-Ethical-Use-of-Drug-Testing-in-Practice-of-Addiction-Medicine-tagged.pdf>. Published April 03, 2019. Accessed February 12, 2025.
6. American Society of Addiction Medicine. Public Policy Statement on Medical Ethics in Addiction Medicine. <https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/public-policy-statements/final-pps-on-medical-ethics-in-addiction-medicine.pdf?sfvrsn=dd340991>. Published April 03, 2024. Accessed February 17, 2026.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2026 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene[®] and Centene Corporation[®] are registered trademarks exclusively owned by Centene Corporation.