

## Update: Drug Screen

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**Summary of change:** As of August 1, 2018, Anthem Blue Cross and Blue Shield Medicaid drug screen and benefit details were updated to ensure alignment with state and company requirements.

### What this means to me

As of August 1, 2018, the codes below were configured to ensure benefit guidelines are in place as listed below. Please share this information with office staff and other providers in your practice.

Code	Description	Category	State requirement
80320	Alcohols	Definitive	Covered one per week
80321	Alcohol biomarkers; 1 or 2	Definitive	Covered one per week
80322	Alcohol biomarkers; 3 or more	Definitive	Covered one per week
80323	Alkaloids, not otherwise specified	Definitive	Covered one per week
80324	Amphetamines; 1 or 2	Definitive	Covered one per week
80325	Amphetamines; 3 or 4	Definitive	Covered one per week
80326	Amphetamines; 5 or more	Definitive	Covered one per week
80327	Anabolic steroids; 1 or 2	Definitive	Covered one per week
80329	Analgesics, nonopioid; 1 or 2	Definitive	Covered one per week
80330	Analgesics, nonopioid; 3 to 5	Definitive	Covered one per week
80331	Analgesics, nonopioid; 6 or more	Definitive	Covered one per

			week
80332	Antidepressants, serotonergic class; 1 or 2	Definitive	Covered one per week
80333	Antidepressants, serotonergic class; 3 to 5	Definitive	Covered one per week
80334	Antidepressants, serotonergic class; 6 or more	Definitive	Covered one per week
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	Definitive	Covered one per week
80336	Antidepressants, tricyclic and other cyclicals; 3 to 5	Definitive	Covered one per week
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	Definitive	Covered one per week
80338	Antidepressants, not otherwise specified	Definitive	Covered one per week
80339	Antiepileptics, not otherwise specified; 1 to 3	Definitive	Covered one per week
80340	Antiepileptics, not otherwise specified; 4 to 6	Definitive	Covered one per week
80341	Antiepileptics, not otherwise specified; 7 or more	Definitive	Covered one per week
80342	Antipsychotics, not otherwise specified; 1 to 3	Definitive	Covered one per week
80343	Antipsychotics, not otherwise specified; 4 to 6	Definitive	Covered one per week
80344	Antipsychotics, not otherwise specified; 7 or more	Definitive	Covered one per week
80345	Barbiturates	Definitive	Covered one per week
80346	Benzodiazepines; 1 to 12	Definitive	Covered one per week
80347	Benzodiazepines; 13 or more	Definitive	Covered one per week
80348	Buprenorphine	Definitive	Covered one per week
80349	Cannabinoids, natural	Definitive	Covered one per week
80350	Cannabinoids, synthetic; 1 to 3	Definitive	Covered one per week
80351	Cannabinoids, synthetic; 4 to 6	Definitive	Covered one per

			week
80352	Cannabinoids, synthetic; 7 or more	Definitive	Covered one per week
80353	Cocaine	Definitive	Covered one per week
80354	Fentanyl	Definitive	Covered one per week
80355	Gabapentin, nonblood	Definitive	Covered one per week
80356	Heroin metabolite	Definitive	Covered one per week
80357	Ketamine and norketamine	Definitive	Covered one per week
80358	Methadone	Definitive	Covered one per week
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	Definitive	Covered one per week
80360	Methylphenidate	Definitive	Covered one per week
80361	Opiates, 1 or more	Definitive	Covered one per week
80362	Opioids and opiate analogs; 1 or 2	Definitive	Covered one per week
80363	Opioids and opiate analogs; 3 or 4	Definitive	Covered one per week
80364	Opioids and opiate analogs; 5 or more	Definitive	Covered one per week
80365	Oxycodone	Definitive	Covered one per week
80366	Pregabalin	Definitive	Covered one per week
80367	Propoxyphene	Definitive	Covered one per week
80368	Sedative hypnotics (nonbenzodiazepines)	Definitive	Covered one per week
80369	Skeletal muscle relaxants; 1 or 2	Definitive	Covered one per week
80370	Skeletal muscle relaxants; 3 or more	Definitive	Covered one per week
80371	Stimulants, synthetic	Definitive	Covered one per

			week
80372	Tapentadol	Definitive	Covered one per week
80373	Tramadol	Definitive	Covered one per week
80374	Stereoisomer (enantiomer) analysis, single drug class	Definitive	Covered one per week
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1 to 3	Definitive	Covered one per week
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4 to 6	Definitive	Covered one per week
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	Definitive	Covered one per week
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers)	Definitive	Covered one per week
G0481	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers)	Definitive	Covered one per week
G0482	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers)	Definitive	Covered one per week
G0483	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers)	Definitive	Covered one per week
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily	Definitive	Covered one per week

<p>stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (for example, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (for example, alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes</p>		
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**What if I need assistance?**

If you have questions about this communication, contact your local Provider Relations representative or call Provider Services at **1-855-661-2028**.

**URL:** <https://providernews.anthem.com/kentucky/article/update-drug-screen>

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