

February 24, 2026 SUD Labs Integration Provider Info Session – FAQs

What laboratory services are included in the integration?

Effective July 1, 2026, the following laboratory services, when billed with a substance use disorder (SUD) diagnosis, must be billed to managed care:

- 80305 – Presumptive drug test through direct optical observation
- 80306 – Presumptive drug test through instrument-assisted observation
- 80307 – Presumptive drug test through chemistry analyzer
- G0480 – Definitive drug test for 1-7 drug classes
- G0481 – Definitive drug test for 8-14 drug classes

What is the fee-for-service (FFS) rate for each SUD laboratory service included in the integration?

Will all MCOs be required to reimburse at these rates?

Current Medicaid fee-for-service rates for the relevant services codes can be found on the [NJMMIS website](#). To mitigate disruption, DMAHS is implementing a transition period at the onset of the integration (effective July 1, 2026) requiring MCOs to reimburse in-network and out-of-network laboratory providers at a rate no lower than the most updated Medicaid fee-for-service payment rate. This requirement does not apply to capitated rate agreements established between MCOs and any laboratory providers. MCOs will only be able to lift this requirement when their network of contracted laboratories demonstrates compliance with DMAHS-defined standards, which will be shared prior to implementation.

Will there be any changes to existing utilization limits or billing rules as a result of this integration?

No – NJ FamilyCare will not be changing existing presumptive and definitive drug testing utilization limits. Please refer to Newsletter Volume 31, Number 11 on NJMMIS to find NJ FamilyCare's current utilization limits for drug testing. Note that an updated Newsletter that confirms the inclusion of code G0481 is forthcoming, but that utilization limits and billing rules will remain unchanged.

If a provider is currently contracted with an MCO and its negotiated rates and utilization caps differ from FFS rates and utilization limits, will this change?

Yes, during the SUD Labs Integration transition period, MCOs will be required to pay all in-network and out-of-network independent clinical laboratories at least 100% of the FFS rate for each of the service codes listed above, when billed with an SUD diagnosis. This requirement does not apply to capitated arrangements established between MCOs and any laboratory providers. Once the State allows MCOs to lift this transition period policy, MCOs will be able to negotiate rates with laboratory providers that may differ from the FFS rate floor. Utilization limits should adhere to the latest NJ FamilyCare Newsletter, as noted above.

How long will the transition period last?

The full duration of the SUD Labs Integration transition period remains to be determined. After the transition period has concluded, DMAHS may allow MCOS to lift transition period policies, contingent on their demonstrated compliance with DMAHS-defined standards.

Will the MCOs be opening their lab networks to any willing and qualified provider?

While MCOs will be required to develop laboratory networks that meet DMAHS standards, they are not required to contract with any willing qualified laboratory provider. Laboratories are encouraged to proactively engage with MCOs to explore opportunities to participate in their networks

How can I tell if a lab is in-network with an MCO?

You can identify whether a lab is in-network with a given MCO by visiting that MCO's provider directory. Links to each MCO's provider directories are as follows:

How often will laboratories be reimbursed by the MCOs?

MCOs are required to adhere to the following processing timelines for clean claims: 15 days for 90% of electronically submitted clean claims, 30 days for 90% of manually submitted clean claims, and 45 days for 99.5% of all claims.

Will referring/ordering/prescribing provider information need to be included on claims billed to MCOs?

Yes, all claims for SUD laboratory tests billed to MCOs must include the referring/ordering/prescribing provider name and NPI.

What is the timely filing limit for each MCO?

The timely filing limit is 180 days from date of service for all MCOs (for the first submitted claim).

Following the integration, will referring (or ordering/prescribing) providers need to be enrolled in NJ FamilyCare to bill SUD lab services?

Yes, referring/ordering/prescribing providers need to be enrolled with NJ FamilyCare in order for the test to be billed to managed care; however, referring/ordering/prescribing providers do *not* need to be enrolled with the member's MCO for the lab to bill a claim to the MCO. Federal regulations (derived from the Affordable Care Act) require all providers and suppliers who order, refer, or prescribe to Medicaid beneficiaries to be enrolled in their State Medicaid Agency (SMA) program. This includes providers in fee-for-service and managed care plans, ensuring proper screening for compliance.

What is the State's process for developing and finalizing lab standards?

DMAHS is gathering input from SUD providers, laboratories, and industry experts, as well as benchmarking laboratory standards seen in other states to inform the development of MCO standards. The State is currently collecting data from laboratories serving NJ FamilyCare members with SUD lab services, seeking information on testing turnaround times and specimen collection processes to better understand current performance and inform MCO standards.

How is the State incorporating feedback from providers into the integration of SUD lab services?

DMAHS appreciates the feedback shared by laboratories and ordering providers throughout the integration process and recognizes that this change may present challenges. Provider input has directly informed the State's implementation approach, which is designed to minimize disruption and maintain access to high-quality SUD laboratory services for NJ FamilyCare members and SUD providers.

Where can I access resources and guidance on processes related to SUD lab services and the upcoming integration?

BH Integration Stakeholder Information Website: We recommend providers first visit the [BH Integration Stakeholder Information](#) website if they have any questions about policies and programs or need guidance.

MCO Contact Information: Lab and ordering providers are encouraged to consult MCOs to answer any questions about MCO-specific processes. For contracting and credentialing questions, lab providers can reference MCO contacts on the [DMAHS website](#).

Division of Medical Assistance and Health Services (DMAHS) Contact Information: Providers can also sign up for the Behavioral Health email distribution list by emailing DMAHS.BehavioralHealth@dhs.nj.gov. If providers are facing a challenge and cannot reach a resolution after visiting the website or outreaching the MCOs, they should contact either the DMAHS Office of Managed Health Care (OMHC) or Behavioral Health Unit based on their specific needs or inquiry. If your issue is related to:

- Contracting & credentialing, claims & reimbursement, or prior authorizations, please reach out to OMHC at mahs.provider-inquiries@dhs.nj.gov
- Policies & guidelines, access to services, or general questions, please reach out to the BH Unit at dmahs.behavioralhealth@dhs.nj.gov

When you reach out to request further assistance, please include specific details about your concern.