

HFPP AT-RISK ANALYSIS INSIGHTS



September 2026

Urine Drug Testing

This analysis reviewed high-risk billing outliers from January 2025 through March 2026, and detailed findings were shared with appropriate HFPP partners in August 2026. It focused on presumptive and definitive urine drug testing billed for the same member on the same date of service by the same provider. A set of 76 CPT/HCPCS codes* were used to flag these overlapping services. Any at-risk amounts were attributed to the rendering provider. Fraud, waste, and abuse in these services include unbundling services performing unnecessary tests, including a pattern of performing presumptive and definitive tests on the same patient on the same day and paying illegal kickbacks to increase laboratory profits.

*Source: CMS HCPCS Level II; AMA CPT®.

TOTAL AT-RISK DOLLARS
IDENTIFIED: \$433M



Federal

All Partners had results
At-Risk Dollars: \$156M



State Medicaid

90% of Partners had results
At-Risk Dollars: \$140M



Private

92% of Partners had results
At-Risk Dollars: \$137M

RESULTS OVERVIEW



646K Patients
With At-Risk Claims



5.3M Claim Lines
Identified as At-Risk



1766 Providers
With At-Risk Claims



160 Providers At-Risk
With 10 or More Partners

RECOMMENDED ACTION:

Information provided should be reviewed by Partners to determine if actions should be taken to mitigate past or ongoing fraud, waste, and abuse. HFPP Partners should compare findings with their own payment policies and claim edits.



Provider
Lens Tool



Utilization
Tool



Watchlist
Tool

The Healthcare Fraud Prevention Partnership (HFPP) is a voluntary public-private partnership that helps detect and prevent healthcare fraud through data and information sharing. Partners include Federal government, state agencies, law enforcement, private health insurance plans, and healthcare anti-fraud associations.

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