



Medicaid Advisory Letter (MAL) No. 650

DATE: November 3, 2020; revised March 3, 2021
TO: Eligible Medicaid Providers of Laboratory Services
Chief Executive Officers, Medicaid Managed Care Plans
Other Interested Parties
FROM: Maureen M. Corcoran, Medicaid Director
SUBJECT: Guidelines for Urine Drug Screen Services

The Clinical Advisory Group of the Ohio Department of Mental Health and Addiction Services (ODMHAS) has established broad guidelines for the appropriate clinical use of urine drug screening (UDS) for patients with substance use disorder. The UDS frequency guidelines take into account patient safety, acuity, risk of relapse/overdose, level of care, and sustained abstinence. Standard maximum frequencies are identified for eight combinations of treatment phase (one initial, one intermediate, two prolonged) and assay type (presumptive screen or definitive test). In the establishment of these utilization guidelines, it is recognized that the recovery cycle may start and stop because of a number of risk factors including change in eligibility status, relapse, or patient withdrawal from a recovery program. The following table summarizes acceptable prior authorization standards developed by the Clinical Advisory Group for the average patient receiving treatment. These standards promote evidence-based care and reduce administrative barriers associated with prior authorization. Prior authorization will be required only when more than 30 presumptive drug screens or 12 definitive drug tests are provided within a benefit year.

Treatment Phase	Presumptive Urine Drug Screen	Definitive Urine Drug Test
0–30 days (initial)	6	4
31–90 days (intermediate)	9	2
First 90 days of treatment	15	6
91–180 days (prolonged)	8	3
181–360 days (prolonged)	7	3
>90 days to 360 days	15	6
First full year of treatment	30	12

The Medicaid managed care plans adopted these guidelines in July 2019. As of January 1, 2021, the same guidelines will be incorporated into the Medicaid clinical laboratory rules set forth in Chapter 5160-11 of the Ohio Administrative Code.

In addition, as of January 1, 2021, ODM will adopt the HCPCS codes maintained by the Centers for Medicare and Medicaid Services (CMS) for the reporting of definitive urine drug tests and will no longer recognize the definitive drug test CPT codes established by the American Medical Association (AMA). This change affects definitive urine drug tests only; providers reporting presumptive urine drug screens will continue to use CPT codes (80305 – 80307). ODM will be updating the laboratory fee schedule as a result of this change.

In all cases, definitive drug testing should be performed only for drugs or drug classes that are likely to be present, as indicated by (1) the patient's medical history, (2) the patient's current clinical presentation, and (3) current patterns of use and abuse in the general population. It is neither medically necessary nor reasonable to test routinely for substances (licit or illicit) not meeting these criteria.

The following table summarizes the HCPCS procedure codes used for reporting definitive drug tests. Prior authorization will be required for definitive drug tests involving 22 or more drug classes.

HCPCS Code	Number of Classes
G0480	1–7
G0481	8–14
G0482	15–21
G0483	22+ Documentation and PA required

The initial Medicaid maximum payment amount for these definitive laboratory tests will be set, in accordance with rule 5160-11-11 of the Ohio Administrative Code, at 75% of the corresponding Medicare amount.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

Questions pertaining to this MAL may be directed to the Ohio Department of Medicaid:

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