Ohio | Department of Medicaid

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To: Ohio Medicaid Managed Care Plans
Ohio Medicaid MyCare Ohio Plans

From: Roxanne Richardson, Acting Director
Office of Managed Care

Date: May 21, 2019

Subject: Urine Drug Screen Utilization

The following policy is being provided to contracted Medicaid managed care and MyCare Ohio plans in response to the concerns regarding the overutilization of urine drug screens being performed on Medicaid eligible individuals receiving substance abuse treatment. All plans (MCPs/MCOPs) must follow this guidance effective July 1, 2019.

The Clinical Advisory Group of the Ohio Department of Mental Health and Addiction Services has established broad guidelines for the appropriate clinical use of urine drug screening (UDS) for patients with substance use disorder. The UDS utilization guidelines must account for patient safety, acuity, risk of relapse/overdose, level of care, and sustained abstinence. The patients were divided into three treatment phases (initial, intermediate, and prolonged recovery) and delineating UDS screens between presumptive and definitive urine tests. In the establishment of these utilization guidelines, there is recognition that the recovery cycle may start and stop due to a number of risk factors including change in eligibility status, relapse, or patient withdrawal from recovery program. The table below summarizes an acceptable standard for the average patient receiving evidence-based care as well as reduce the administrative barriers associated with prior authorization.

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**

Attached is the MITS work plan for systems changes to accommodate fee-for-service Medicaid recipients. ODM has decided to implement annual limit audits for the presumptive and definitive drug screens. The rationale with this choice is these annual limit audits align with other similar policies such as acupuncture, and skilled therapy visits. Also, individuals participating in an opioid treatment program (OTP) have a high incidence of relapse. Of those that relapse, roughly 20% will re-enter into an OTP resetting the 0-90 treatment clock. Most relapses occur within first 30 days of entering an OTP. Establishing annual limits as opposed to 0-90 and 91-365 would be less administratively burdensome for providers and MCP's since ODM would expect more prior authorization requests to occur within the 0-90-day interval as opposed to the 91-365 day interval.