

Urine Drug Screen Utilization Guidance: CPT Codes 80305 – 80307, 80320 – 80377 and 83992

Overview

The Ohio Department of Medicaid (ODM), in collaboration with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and the OhioMHAS Clinical Roundtable (a clinical advisory group facilitated by OhioMHAS), is establishing broad guidelines for the appropriate use of urine drug screening (UDS) for individuals diagnosed with a substance use disorder. These guidelines eliminate barriers to treatment by allowing for up to 30 presumptive and 12 definitive UDS per calendar year without prior authorization. Prior authorization is available for additional medically necessary UDS as defined in OAC rule 5160-1-01.

These clinical guidelines will be implemented by the Medicaid managed care plans and MyCare Ohio plans effective July 1, 2019. These clinical guidelines apply to all Current Procedural Terminology (CPT) codes described below regardless of the organization or individual requesting, ordering or performing the testing, and the limits apply to an individual. These clinical guidelines do not apply to the H0048 – Urine Drug Screening – collection, handling, and point of service testing that currently has a limitation of one per Medicaid enrollee per day.

Guidelines

The UDS utilization guidelines account for patient safety, acuity, risk of relapse/overdose, level of care, and sustained abstinence. Patient recovery was divided into three treatment phases (initial, intermediate, and prolonged recovery) and UDS were delineated between presumptive and definitive screens. In the establishment of these UDS clinical guidelines, there is recognition that the recovery cycle may start and stop due to a number of factors including change in eligibility status, relapse, or patient withdrawal from recovery program.

The table below summarizes an acceptable standard for a patient receiving evidence-based care:

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

Presumptive UDS Codes include CPT Codes 80305 through 80307.

Definitive UDS Codes include CPT Codes 80320 through 80377 and 83992.

Medicaid managed care plan and MyCare Ohio plan systems are being configured to allow for multiple screens per date of service as opposed to a “unit” edit. Multiple definitive screens performed on the same date of service will count as one UDS. The UDS limits are not by the number of analytes tested but by the specified date of service.

The number of UDSs allowed without prior authorization is based on a calendar year, January through December, and is a total number regardless of treatment phase. Medicaid managed care plans and MyCare Ohio plans may not be more restrictive but may be more lenient in the UDS clinical guidelines they implement.