



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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Urine Drug Testing Policy Effective July 1, 2020

OVERVIEW

The Department for Medicaid Services (DMS) has established guidelines for the appropriate use of urine drug testing (UDT) to be used in the outpatient care of adults.

The chart below represents the number of UDTs allowed without a prior authorization (PA) per calendar year, per individual beneficiary. A PA and/or medical record may be required after the non-PA limit has been met. No limits on specific codes shall be applied within each grouping, presumptive or definitive.

80305, 80306, 80307 Presumptive UDT Codes Non-PA Limit	G0480, G0481, G0482, G0483, G0659 Definitive UDT Codes Non-PA Limit
35	16

COVERAGE GUIDELINES

Drug testing should be individualized based on the specific patient's clinical needs. Evidence-based practice suggests adherence is best measured through random testing. The clinical practice of routine drug testing that occurs in circumstances such as occurring at every clinic visit or in the context of a set schedule is not preferred. The number of UDTs ordered will be monitored by provider type and place of service. These guidelines apply to beneficiaries enrolled in managed care organizations (MCOs) and fee for service (FFS).

Providers should document the following:

1. The rationale for each UDT ordered
2. The result of the UDT
3. The clinical decision made based on the UDT result

Presumptive and definitive UDTs done on the same date of service is allowed within the set limits. DMS and/or MCOs may require a retrospective review of UDTs.

Limits do not apply to UDT done in the Emergency Department or while the beneficiary is in any inpatient facility.

APPEAL PROCESS

If denied, beneficiaries and/or providers may appeal to DMS/MCO per federal and state appeal statutes and regulations.