

MEDICAID PROVIDER BULLETIN

January 2020

Urine drug testing policy

Effective January 1, 2020, and in accordance with guidance from the Department for Medicaid Services, Anthem Blue Cross and Blue Shield Medicaid implemented guidelines for the appropriate use of urine drug testing (UDT) to be used in the outpatient care of adults. The benefit allows 35 presumptive and 16 definitive UDTs per calendar year per individual beneficiary. The number of UDTs ordered will be monitored by provider type and place of service.

Drug testing should be based upon a specific patient’s clinical needs. Evidence-based practice suggests adherence is best measured through random testing. The clinical practice of routine drug testing at every clinic visit or in the context of a set schedule is not preferred.

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

The chart below represents the number of UDTs allowed without a prior authorization (PA). A PA will 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	G0480, G0481, G0482, G0483 Definitive UDT codes
Maximum 35	Maximum 16

Presumptive and definitive UDTs done on the same dates of service are allowed within the set limits. The plan may require a retrospective review of UDTs. The benefit limits do not apply to UDT done in the emergency department or while the beneficiary is in any inpatient facility.

If you have questions about this communication, please contact your Provider Relations representative or the Provider Services department at **1-855-661-2028**.



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