

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201846 AUGUST 30, 2018

IHCP adds prior authorization requirement for definitive urine drug testing

The Indiana Health Coverage Programs (IHCP) covers presumptive urine drug testing (UDT) and definitive UDT when medically necessary. For individuals being treated for substance use disorder (SUD) or opiates for chronic pain, providers should use UDT to assess for prescribed opioids, as well as other controlled substances and illicit drugs that increase risk for overdose when combined with opioids, such as nonprescribed opioids, benzodiazepines, and heroin.



In most situations, initial UDT can be performed with presumptive testing for commonly prescribed opioids and illicit drugs. The use of definitive testing should be based on the need to detect specific opioids that cannot be identified on presumptive UDTs or on the presence of unexpected UDT results. Providers should **not** test for substances for which results would not affect patient management. UDT is **not covered** for any of the following circumstances:

- Unnecessarily frequent drug testing without consideration for a specific drug's window of detection
- Testing for the same drug with both a blood or saliva test and a urine specimen simultaneously (multiple tests seeking the same outcome)
- Testing for legal intervention or employment

Effective October 1, 2018, the IHCP will require prior authorization (PA) for definitive UDT performed beyond the first 20 definitive tests per member per calendar year. This PA requirement and the limitation apply to dates of service on or after October 1, 2018. PA is not required for presumptive UDT or for the first 20 definitive UDTs per member per calendar year. Providers should bill the appropriate Current Procedural Terminology (CPT^{®1}) code for UDT as follows:

- Presumptive UDT: 80305–80307
- Definitive UDT: 80320–80377; G0480–G0483

PA and billing requirements apply to services delivered under the fee-for-service (FFS) delivery system. PA requests and questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

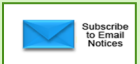
¹CPT copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.



COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.