

# Oregon Health Plan Prioritized List changes

## Urine Drug Testing

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on August 8, 2018, based on the approved coverage guidance, “Urine Drug Testing.” The changes will take effect on the Prioritized list of Health Services for the Oregon Health Plan on October 1, 2018.

- 1) **Advise HSD to move the urine drug testing CPT and HCPCS codes from Ancillary to Diagnostic.** Signs and symptoms codes may be used as well as unfunded diagnoses.
- 2) **Add HCPCS codes G0481 (definitive testing of 8-14 drug classes) G0482 (definitive testing of 15-21 drug classes) and G0483 (definitive testing of 22 or more drug classes) to Line 660 CONDITIONS FOR WHICH CERTAIN INTERVENTIONS ARE UNPROVEN, HAVE NO CLINICALLY IMPORTANT BENEFIT OR HAVE HARMS THAT OUTWEIGH BENEFITS.** Advise HSD to remove from the Ancillary File.
- 3) **Advise HSD to consider adding G0659 (definitive drug testing) to the Diagnostic File**
- 4) **Add a diagnostic guideline**

### DIAGNOSTIC GUIDELINE XX URINE DRUG TESTING

Urine drug testing (UDT) using presumptive testing is a covered diagnostic benefit when the results will affect treatment planning. Definitive testing is covered as a confirmatory test only when the result of the presumptive testing is inconsistent with the patient’s history, presentation, or current prescribed medication plan, and the results would change management.

Definitive testing other than to confirm the results of a presumptive test as specified above is not covered, unless the clinician suspects use of a substance that is inadequately detected by presumptive UDT (e.g., fentanyl). Definitive testing is limited to no more than seven drug classes per date of service.

For patients receiving treatment for a substance use disorder, presumptive testing on up to 36 dates of service and definitive testing on up to 12 dates of service per year are covered. These limits must be applied in accordance with mental health parity law.

For patients receiving chronic opioid therapy for chronic pain, frequency of testing depending on the patient’s risk level (using a validated opioid risk assessment tool). Definitive testing should be conducted only for confirmatory purposes as described above and should not exceed 12 dates of service per year:

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### **Urine Drug Testing**

- Low Risk: Random presumptive testing on up to two dates of service per year
- Moderate Risk: Random presumptive testing on up to four dates of service per year
- High Risk: Random presumptive testing on up to 12 dates of service per year

In patients with unexplained alteration of mental status and when knowledge of drug use is necessary for medical management (e.g., emergency department evaluation for altered mental status), UDT (presumptive and confirmatory definitive testing, if indicated) is covered in excess of the above limitations.

Urine drug testing conducted in accordance with policy of the DHS Office of Child Welfare Programs, when medically necessary, is also covered in excess of these limitations.