

 <p>DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES</p>	<p>Behavioral Health and Developmental Disabilities (BHDD) Division</p> <p>Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p>
	<p>Date effective:</p> <p>October 1, 2022 <u>January 1, 2025</u></p>
<p>Policy Number:</p> <p>505</p>	<p>Subject:</p> <p>Specimen Collection for SUD Drug Testing</p>

Definition

Collection and handling of a specimen other than blood (e.g., urine dip strips, saliva tests) for SUD drug testing is a step in the overall process of drug testing and does not include or authorize laboratory testing. Drug testing is a key diagnostic and therapeutic tool that is useful for patient care and in monitoring of the ongoing status of a person who is being treated or has been treated for a substance use disorder.

Contingency Management (CM) collection and handling of specimen through urine dip strip tests, is a step in the overall process of drug testing and does not include reading of the test or authorize laboratory testing. Drug testing is a key therapeutic tool that is utilized for CM services.

Medical Necessity Criteria

The member must meet the SUD criteria found in this manual. Specimen collection for drug testing must be based on patient-specific elements, identified during the clinical assessment and documented by the clinician.

Specimen collection for drug testing related to Policy 610, Contingency Management, must be based on the CM protocol listed within that policy.

Provider Requirements

Specimen collection for drug testing must be provided by a state-approved and licensed substance use disorder facility. Specimen collection for drug testing is not a bundled service and must be billed using the appropriate HCPCS code.

Service Requirements

- (1) Specimen collection is limited to once per 24-hour period per member; and
- (2) The need for drug testing services must be written into the ITP.
- (3) For Contingency Management, the need for drug testing services must be written into the CM treatment plan and the results of such testing must be documented into the Incentive Manager tool.

Utilization Management

- (1) Prior authorization is not required.
- (2) Continue stay review is not required.
- (3) The provider must document in the file of the member that the member meets the medical necessity criteria.