



MEDICAL POLICY STATEMENT

Michigan Medicaid

Policy Name & Number	Date Effective
Drug Testing-MI MCD-MM-1551	06/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Drug Testing

B. Background

Drug testing is part of medical care and an important component of effective substance use disorder (SUD) treatment, providing valuable information for both members and providers. Testing supports accountability, enhances safety and contributes to better treatment outcomes. The integration of drug testing into treatment planning assists healthcare professionals in supporting members with tailored interventions, objectively monitoring abstinence and can help identify co-occurring mental health disorders that may complicate the treatment of SUD.

Providers requesting drug testing should have proficiency in drug test interpretation and an understanding of tests that need ordered. Urine testing is the most common method for monitoring drug use with 2 main types, presumptive and confirmatory. Drug testing is sometimes referred to as toxicology testing. Ethical use of drug testing requires a testing panel and frequency justified by the clinical condition and the ordering provider's need for information. HAP CareSource follows the Michigan Department of Health and Human Services *Medicaid Provider Manual* and guidance from the American Society of Addiction Medicine (ASAM) for the treatment of SUD.

C. Definitions

- **Confirmatory/Quantitative/Definitive Test** – A specific drug test that can determine the precise identity and quantity of a substance.
- **Medication Assisted Treatment (MAT)** – The use of medication in combination with behavioral health (BH) services to provide an individualized approach to the treatment of SUD, including opioid use disorder (OUD).
- **Presumptive/Qualitative Test** – The testing of a substance or mixture to detect the presence of a drug or drug class.

D. Policy

I. General guidelines for CPT testing codes:

- A. HAP CareSource reimburses presumptive and/or definitive drug testing that is medically necessary. A review of medical necessity is necessary for definitive drug testing per member per calendar year as outlined below:

CPT Code	Description	Authorization Information
G0480	drug test(s), definitive; 1-7 drug class(es), including metabolite(s) if performed	after 12 tests, medical necessity review is required
G0481	drug test(s), definitive; 8-14 drug class(es), including metabolite(s) if performed	after 12 tests, medical necessity review is required
G0482	drug test(s), definitive; 15-21 drug class(es), including metabolite(s) if performed	medical necessity review is required for all testing

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G0483	Drug test(s), definitive; 22 or more drug class(es), including metabolite(s) if performed	medical necessity review is required for all testing
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- B. Each CPT code is counted as 1 test. Presumptive testing should be considered for initial testing.
 - 1. A review of medical records will be performed to determine the appropriateness of any initial drug tests ordered within a calendar year when determining medical necessity for additional tests.
 - 2. Higher number drug panels are rarely indicated for routine urine drug testing (UDT) as lower number panels are sufficient for modifying treatment plans.
- C. Copies of test results are not sufficient documentation of medical necessity to support a claim. Documentation must match the number, level and complexity of testing components performed and should include the following:
 - 1. A provider's order that includes, at a minimum, **ALL** the following:
 - a. type of test to be performed (presumptive or definitive)
 - b. all medications currently prescribed to the member
 - c. drug and drug class to be tested
 - d. clinical indication
 - e. signature and date of qualified provider
 - 2. Provider documentation in the member record, if requested by HAP CareSource, that includes the following:
 - a. complete member name and identification on each page of record
 - b. identification of the provider responsible for providing member care
 - c. appropriate indication for UDT and how results will guide treatment
 - d. CPT code(s) that accurately describes the service(s) performed
 - e. results of any ordered drug tests
 - f. relevant clinical information related to diagnosis(-es), including:
 - 01. phase of treatment and current American Society of Addiction Medicine (ASAM) level of care
 - 02. drug(s) of choice and current active symptoms leading to request
 - 03. days since last drug test with unexpected results
 - 04. current prescribed drugs, including over-the-counter and illicit drugs with unexpected results in recent tests
 - 05. provider actions taken regarding recent, unexpected test results and member response to that action, including challenges to unexpected presumptive result(s)
 - 06. results of pill counts performed by treatment team
- D. Additionally, the Michigan DHHS Medicaid Provider Manual limits SUD treatment to members who will benefit and have been determined to have
 - 1. an acceptable readiness to change level
 - 2. minimal or manageable medical conditions, withdrawal risks and relapse potential
 - 3. emotional, behavioral and cognitive conditions that will not prevent benefit from the level of care
 - 4. a minimally to fully supportive recovery environment

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- II. Confirmatory testing should not routinely be utilized as the first choice for UDT. Medical necessity criteria for confirmatory testing is met when **ONE** of the following is recorded in the medical documentation:
 - A. Presumptive testing was negative for prescription medications when provider was expecting a positive result. Member reports taking medication as prescribed.
 - B. Presumptive testing was positive for prescription drug(s) with abuse potential not prescribed by provider, and the member disputes the test result.
 - C. Presumptive testing was positive for an illegal drug, and the member disputes the test result.
 - D. A specific substance or metabolite needs identified that cannot be identified by a presumptive test (ie, semi- or synthetic opioids, specific benzodiazepines).
 - E. A panel of drugs may be performed as part of an initial assessment to develop a monitoring plan but should only be conducted if there is a need for testing with greater than 14 drug classes, rarely indicated for routine UDT.

- III. A review of medical necessity is not required in an emergency department (ED) setting. Blood drug testing is considered medically necessary when in an ED setting, but confirmatory testing is rarely needed in this setting. UDT utilization will be monitored by HAP CareSource.

- IV. Providers and laboratories will ensure specimen integrity appropriate for the stability of the drug being tested. If tampering is suspected, the sample should be discarded. When possible, the member will remain at the facility until a new specimen can be tested.

- V. Additional Clinical Indications
 - Testing should be individualized to the member, including analytes testing based on the member's drug(s) of choice. Periodically, drugs commonly used or regionally prevalent may be rotated into a random testing schedule with rationale not meant to include all drugs all the time, but rather, drugs most likely to be present in the member to assist specific treatment. The lowest level of testing should be used to advise providers regarding interventions. Providers should understand windows of detection time to determine frequency of testing and detection windows and should also be aware of the potential for cross-reactivity when using presumptive tests. Drug testing does not have to be associated with an office visit.
 - A. Drug testing in addiction treatment
 - 1. UDT is expected more frequently early in treatment or when tapering and is expected to decrease as a member stabilizes.
 - 2. Prior to initiation or in the Induction Phase (early recovery and including members who have relapsed):
 - a. Obtain an individualized baseline UDT based on member's unique clinical presentation, prescribed medications, member's self-reported drugs of choice and regional drug trends.
 - b. Test at least weekly, citing ASAM consensus guidelines.
 - 3. Agree on a plan of care, including treatment interventions and goals.

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- a. Maintenance phase: test once per month.
 - b. Intensive outpatient: test weekly.
 - c. SUD residential treatment program: test monthly.
 - d. Stable recovery: requires less frequent drug testing.
 - e. Members taking long-acting naltrexone: test monthly.
- B. Drug testing in an opioid treatment program (OTP) per member
1. Maintenance treatment: federal regulations governing OTPs require initial toxicology plus 8 random UDT screens per year.
 2. Short-term detoxification treatment: one initial UDT.
 3. Long-term detoxification treatment: an initial and monthly random UDTs.
- C. Drug testing by advanced practice registered nurse (APRN)
1. Prescribing naltrexone to treat OUD: complete UDT or serum medication levels every 3 months for the first year and then 6 months thereafter.
 2. Prescribing buprenorphine products: complete UDT or serum medication levels twice per quarter for the first year and once per quarter thereafter.
- D. Chronic pain management
1. Prior to or upon initiation of treatment:
 - a. Complete an assessment for risk of abuse using a validated risk assessment screening tool (ie, Screener and Opioid Assessment for Patient with Pain-Revisited [SOAPP-R], Opioid Risk Tool [ORT]).
 - b. Review the MI Automated Prescription System (MAPS).
 - c. Obtain baseline UDT screening and discuss results with the member.
 - d. Agree on a plan of care, including treatment goals, and provide education on risks and benefits with strategies to mitigate risks.
 - e. Combine evidence-based, non-pharmacologic and non-opioid pharmacologic therapy, as necessary.
 2. Ongoing monitoring of treatment determined by level of risk for SUD:
 - a. Review MAPS data every 1-3 months.
 - b. Evaluate benefits and risks of treatment at least every 3 months.
 - c. Test at the following intervals:
 01. Low risk: UDT once a year.
 02. Moderate risk: UDT twice a year.
 03. High risk: UDT up to 4 times a year.
 04. Presence of aberrant drug-related behavior: UDT immediately.
- VI. Testing considered not medically necessary, includes, but is not limited to
- A. testing that is not individualized, including, but not limited to:
 1. reflexive testing
 2. routine, standard, standing, nonspecific, and/or preprinted orders
 3. requesting all tests a machine can do because the result may be positive
 4. large, arbitrary panels and/or universal testing
 5. orders for “*Conduct additional testing as needed.*”
 - B. testing required by third parties, including, but not limited to:
 1. court-ordered testing for other medico-legal purpose, such as child custody
 2. pre-employment or random testing that is a requirement of employment

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3. physician’s health programs, including recovery programs for physicians, dentists, veterinarians, pharmacists, or others
4. athletics testing or testing for school entry or military service
5. forensic testing
6. testing in residential treatment facility, partial hospital, or sober living as a condition to remain in that community
7. testing with another pay source that is primary, such as a county, state or federal agency
8. other administrative testing purposes, such as testing for a driver’s license
9. testing for routine physical and/or medical examination conditions
- C. blood drug testing when completed outside the ED
- D. hair, saliva, or other body fluid testing for controlled substance monitoring
- E. any type of drug testing not addressed in this policy
- F. routine use of confirmatory testing following a negative presumptive result that was expected
- G. custom profiles or panels testing
- H. confirmatory tests prior to discussing results of presumptive tests with members

E. Conditions of Coverage

- I. Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis, subsequent medical review audits, recovery of overpayments identified and provider prepay review.
- II. Testing for validity of specimen is included in the payment for the test and will not be reimbursed separately.
- III. HAP CareSource may request documentation of FDA-approved complexity levels for instrumented equipment and/or Clinical Laboratory Improvement Amendments (CLIA) Certificates of Registration, compliance, or accreditation as a high complexity lab. Labs must maintain documentation of lab results with copies of orders for drug tests.

F. Related Polices/Rules

Medical Necessity Determinations

G. Review/Revision History

DATE		ACTION
Date Issued	2/28/2024	Approved at Committee.
Date Revised	02/26/2025 03/11/2026	Annual review. Updated references. Approved at Committee. Annual review. Added D.I.D. Updated references. Approved at Committee.
Date Effective	06/01/2026	
Date Archived		

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