CareSource

REIMBURSEMENT POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Point of Care Testing-OH MCD-PY-1617	09/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding, and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies. Reimbursement Policies do not guarantee authorization or payment for services. Coverage and payment determinations are subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines.

Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document used to make the determination. Reasonable discretion may be used in interpreting and applying this policy to services provided in a particular case and the policy may be modified at any time. Reimbursement policies may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

Table of Contents

A. Subject
Point of Care Testing

B. Background
Drug monitoring protocol helps detect drug use or misuse early, leading to prevention, intervention and treatment. Drug testing can occur via point-of-care testing (POCT), performed outside the clinical laboratory setting in a Clinical Laboratory Improvement Amendments (CLIA)-waived lab in close proximity to the qualified provider. POCT has advantages and disadvantages that must be weighed by the provider.

H0048, a Healthcare Common Procedure Coding System (HCPCS) code for *alcohol and/or other drug testing: collection and handling only, specimens other than blood,* can be used by Ohio providers, as necessary, for POCT. Chain of custody is a critical process in the handling of specimens, particularly urine samples, to ensure the integrity, reliability, and legal admissibility of results. By documenting steps from collection to analysis, authenticity of the sample is preserved. Additionally, by ensuring that all personnel involved in the process are trained and follow established protocols, chain of custody contributes to quality assurance in drug testing practices.

A robust chain of custody protocol establishes standardized procedures for sample collection, handling, storage and transportation, ensuring that samples are treated equally and results are comparable. Many regulatory bodies and industry standards, such as those set by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Transportation (DOT), require strict adherence to chain of custody protocols. Compliance with standards is essential for maintaining accreditation and ensuring that testing practices meet legal and ethical guidelines.

Laboratory services, eligible providers and collection of specimens for the State of Ohio are governed by the Ohio Administrative and Revised Codes (OAC and ORC, respectively). CareSource adheres to policies published by the Ohio Dept of Medicaid (ODM) in the handling of drug specimens, and any information published by the State supersedes information in this policy. OAC rule 5160-27-09 establishes the American Society of Addiction Medicine (ASAM) placement criteria as the standard for Ohio Medicaid coverage of substance use disorder (SUD) treatment services. SUD services are covered when provided by eligible providers, as defined in 5160-27-01. This policy pertains to presumptive POCT when immediate test results are needed to guide treatment.

C. Definitions
- **Date of Service (DOS)** – The date the specimen was collected unless an exception noted by 42 C.F.R. § 414.510.
- **Place of Service (POS)** – The location where the laboratory service was collected.
  - 11 – Office – Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or

intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
  - 57 – Non-Residential Substance Abuse Treatment Facility - A location providing treatment for substance (alcohol and drug) abuse on an ambulatory basis.
- **Point of Care Testing (POCT)** – Immediate test results for management of the member available when a qualified provider and member are in the same location for identification of a few specific drugs or classes of drugs and read by the human eye or instrument-assisted direct optical observation.

D. Policy

I. POCT must be medically necessary or medically indicated in medical documentation and identify an immediate need. H0048 cannot be billed on the same date of service as H0010, H0011, H0012, H2034, or H2036 (ie, Substance Use Disorder residential services).
   A. All providers billing for laboratory services should append identifying modifiers, when appropriate, in accordance with correct coding and instruction from ODM.
   B. Chain of custody documentation begins at the collection site.

II. CareSource reserves the right to request documentation from providers, laboratories or other facilities. Appropriate documentation for POCT includes the following:
   A. Orders from a physician or other qualified healthcare professional
      1. A laboratory service may be rendered on the verbal order of a physician or other qualified healthcare professional.
      2. The provider may submit a claim only after a laboratory provider has obtained a written order given in any industry-recognized format, such as handwriting, typed text or electronic transmission. A written order may consist of an entry in a member's medical record in an individual practitioner's office, a group practice or a hospital and includes the following information:
         a. name of the medicaid-eligible member
         b. contact information for the practitioner ordering the service
         c. specification of the service (eg, procedure code, description, number of units)
         d. at least 1 appropriate diagnosis code
         e. date of the order
         f. names of the relevant persons or entities involved in providing the service (eg, referring laboratory, reference laboratory, interpreting practitioner, radiographer)
         g. any additional information necessary to ensure accurate and timely testing or reporting

         NOTE: If the ordering provider does not sign the order, the medical record must show intent to order and medical necessity for testing.
      3. No separate written order is needed for a medically necessary follow-up procedure if the procedure is performed in accordance with appropriate standard practices and is included in the laboratory provider's written

protocols. A written order is needed for any additional procedure that is based solely on a laboratory provider's internal protocols.

B. Laboratories are to maintain the following as specified in OAC 5160-1-17.2:
   1. a copy of each written order for a procedure or service (clinical diagnostic procedure, pathology procedure, consultation or interpretation)
   2. a copy of any clinical diagnostic procedure result for which consultation or interpretation was ordered

III. Collection and documentation of specimens

A. Collection of specimens

Collectors of urine drug tests will ensure a collection protocol that protects the security and integrity of the collection by

   1. testing members as soon as possible after an order is received
   2. verifying member identification via photo identification or other confirming identification
   3. ensuring removal of garments that might conceal substances or items that could adulterate the sample, including the emptying of pockets
   4. securing all water sources and checking the water in the toilet tank and bowl prior to urination
   5. inspecting the test site to ensure cleanliness and a lack of unauthorized substances, including the removal of any possible adulterants
   6. prohibiting unauthorized personnel from entering the site during collection
   7. providing privacy during the collection but supervising the process
   8. measuring specimen temperature promptly after collection and visually inspecting samples for color and contaminants
   9. sealing and labeling specimens with seals containing the date and identifying information in the presence of the member

B. Documentation of collection

Chain of custody documentation must be maintained to ensure the integrity of any specimens collected. Documentation of the following information related to specimen samples is required:

   1. The collector will certify with a legible, dated signature that the specimen was collected, labeled and sealed in accordance with standards developed by the State of Ohio.
   2. The collector will record the following:
      a. the temperature of the specimen and whether the specimen was a single collection or a split specimen collection
      b. if specimen collection was directly observed and why, if applicable
      c. date of collection and date of seal, if different from the collection date
      d. time of collection
   3. Any specific details regarding release of the specimen to any other facility, laboratory, delivery service or professional, if applicable, including
      a. person to whom the specimen was released
      b. documented time of any change in possession of specimen (ie, courier pickup, delivery to lab or facility)

c. reason for release
d. any additional instructions regarding the specimen

C. Results of screening or testing will be reviewed by program staff with members. Documentation of such and a copy of the results will be placed in the member's medical record in accordance with OAC 5122-27-04.

E. Conditions of Coverage

I. Only the eligible provider performing specimen collection may receive payment.

II. No payment is made for travel associated with the collection of specimens.

III. Laboratories and providers are to use the code(s) that describes the procedure in the most detail.

F. Related Policies/Rules

Medical Necessity Determinations

G. Review/Revision History

	DATE	ACTION
Date Issued	12/17/2025	New policy. Approved at Committee.
Date Revised	04/22/2026	Added no concurrent with SUD residential (D.I.) & D.III.B.3.b. Updated references. Approved at Committee.
Date Effective	09/01/2026	
Date Archived		

H. References

1. Behavioral Health Services-Other Licensed Professionals, OHIO ADMIN. CODE 5160-8-05 (2021).
2. Collection and Handling of Blood, Urine and Oral Fluid Specimens, OHIO ADMIN. CODE 3701-53-06 (2023).
3. Collection and Handling of Specimens, OHIO ADMIN. CODE 123:1-76-05 (2002).
4. Eligible Providers, OHIO ADMIN. CODE 5160-1-17 (2019).
5. HCPCS code: H0048. HCPCS Codes. Accessed April 13, 2026. www.hcpcs.codes
6. Lab/Services/Orders Fact Sheet. Centers for Medicare and Medicaid Services; 2018. Accessed . www.cms.gov
7. Laboratory Date of Service for Clinical Laboratory and Pathology Specimens, 42 C.F.R. § 414.510 (2026).
8. *Laboratory Date of Service Policy*. Centers for Medicare and Medicaid Services. Accessed April 13, 2026. www.cms.gov.
9. Laboratory Services, OHIO ADMIN. CODE 5160-11-11 (2021).
10. *Medicaid Advisory Letter (MAL) No. 650*. Ohio Dept of Medicaid. Revised March 3, 2021. Accessed April 13, 2026. www.ohio.gov

11. *Medicaid Behavioral Health State Plan Services Provider Requirements and Reimbursement Manual*. Ohio Dept of Medicaid. Accessed April 13, 2026. www.ohio.gov
12. ODM – DXC Working Document: BH Redesign Audits/Edits/Limits. Ohio Dept of Medicaid; no date. Accessed April 13, 2026. www.ohio.gov
13. Place of service code set. Centers for Medicare and Medicaid Services. Updated May 2, 2024. Accessed April 13, 2026.
14. Progress Notes, OHIO ADMIN. CODE 5122-27-04 (2019).
15. Provider Agreement for Providers, OHIO ADMIN. CODE 5160-1-17.2 (2019).
16. Toxicology, OHIO ADMIN. CODE 5122-40-11 (2025).

Ohio Department of Medicaid Approved June 8, 2026