



Louisiana Department of Health
Health Plan Advisory 19-10
Revised July 19, 2019

Definitive Drug Testing

Effective for dates of service on or after July 1, 2019, Medicaid has adopted the following changes to the coverage of definitive drug testing:

- Definitive drug testing is limited to 18 total tests per enrollee per calendar year. CPT codes 80320-80377 for individual substance(s) or metabolites will no longer be covered. Providers should instead use HCPCS codes G0480 [Drug tests, definitive ... per day, 1-7 drug class(es), including metabolite(s) if performed] or G0481 [Drug tests, definitive ... per day, 8-14 drug class(es), including metabolite(s) if performed] or their successors.
- Testing more than 14 definitive drug classes per day is not reimbursable.
- Presumptive drug testing is limited to 24 total tests per enrollee per calendar year. Providers are to consider the methodology used when selecting the appropriate procedure code for the presumptive testing.

No more than one presumptive test and one definitive test will be reimbursed per day per enrollee, from the same or different provider.

Managed care organizations (MCO) are expected to update their systems accordingly to accommodate these changes. All MCOs shall have completed their system updates no later than 60 days from the date of this advisory. Provider notices must be posted by May 15, 2019.

If you have any questions regarding this mandate, please contact Helen Prett at Helen.Prett@la.gov.