



**Louisiana Department of Health**  
**Informational Bulletin 19-9**  
**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 beneficiary 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 beneficiary 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 and one definitive test will be reimbursed per day per recipient, from the same or different provider.

Information regarding this policy is forthcoming and will be found on [www.lamedicaid.com](http://www.lamedicaid.com) under the Provider Manuals link, within the *Professional Services* and *Independent Laboratory Services* manual chapters. Fee schedules will be updated accordingly and can be found at the appropriate link on [www.lamedicaid.com](http://www.lamedicaid.com).

Questions regarding this message and Fee for Service claims should be directed to DXC Technology Provider Relations at (800) 473-2783 or (225) 924-5040. Questions regarding managed care claims should be directed to the appropriate managed care organization.