



MEMORANDUM

To: SUD Programs and SUD Providers
From: Karen Cady, Compliance Officer
Date of Memorandum: November 12th, 2025
Effective Date (If Different): December 1, 2025
Subject: Definitive Screen Limitations

Effective 12/1/2025, EOCCO will require clinical chart notes for all definitive urine drug screening tests (G0480 & G0481). Each urine drug test administered to EOCCO members must meet Oregon Medicaid guidelines before a claim payment will be made. Clinical chart notes must also be received timely as outlined in the request. If clinical chart notes are not received timely then the claim will be denied.

As a reminder, EOCCO members have a benefit limit of 36 presumptive and 12 definitive tests per year. Each test must meet medical necessity, please see the Oregon Health Plan guideline lines below.

DIAGNOSTIC GUIDELINE D23, URINE DRUG TESTING

Urine drug testing (UDT) using presumptive testing is a covered diagnostic benefit when the results will affect treatment planning. Definitive testing is covered as a confirmatory test only when the result of the presumptive testing is inconsistent with the patient's history, presentation, or current prescribed medication plan, and the results would change management.

Definitive testing other than to confirm the results of a presumptive test as specified above is not covered, unless the clinician suspects use of a substance that is inadequately detected by presumptive UDT (e.g., fentanyl). Definitive testing is limited to no more than fourteen drug classes per date of service.

For patients receiving treatment for a substance use disorder, presumptive testing on up to 36 dates of service and definitive testing on up to 12 dates of service per year are covered. These limits must be applied in accordance with mental health parity law.

For patients receiving chronic opioid therapy for chronic pain, frequency of testing depending on the patient's risk level (using a validated opioid risk assessment tool). Definitive testing should be conducted only for confirmatory purposes as described above and should not exceed 12 dates of service per year:

- Low Risk: Random presumptive testing on up to two dates of service per year
- Moderate Risk: Random presumptive testing on up to four dates of service per year
- High Risk: Random presumptive testing on up to 12 dates of service per year

In patients with unexplained alteration of mental status and when knowledge of drug use is necessary for medical management (e.g., emergency department evaluation for altered mental status), UDT (presumptive and confirmatory definitive testing, if indicated) is covered in excess of the above limitations.

Urine drug testing conducted in accordance with policy of the DHS Office of Child Welfare Programs, when medically necessary, is also covered in excess of these limitations.



If you have questions or need additional support please Compliance@gobhi.org.

Thank you for your partnership and the work you do in supporting our members.