



Prior Authorization Change - Effective April 21, 2020 Definitive Urinalysis Drug Testing Codes (Medicaid)

Effective April 21, 2020, requirements for Prior Authorization (PA) with Molina Healthcare of Washington will change for the following CPT and HCPCS codes related to presumptive and definitive urinalysis drug testing codes. This change affects **Apple Health (Medicaid) and does not apply to Marketplace members**. Molina will require a PA for both participating and non-participating providers for claims submitted for any place of service. Below is a list of codes that will require a PA.

CPT/HCPCS Codes	DESCRIPTION	UPCOMING CHANGE
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	PA REQUIRED after first 12 test are completed
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	PA REQUIRED after first 12 test are completed
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GCMS/ MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF)], includes sample validation when performed, per date of service	PA REQUIRED after first 12 test are completed
	NOTE: Only one 80305, 80306, and 80307 presumptive codes may be billed per client per day. (Up to 24 presumptive tests may be reimbursed per client per year.)	
G0480	Drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers); method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug classes	PA REQUIRED after first 8 test are completed
G0481	Drug identification methods able to identify individual drugs and distinguish between structural isomers; 8-14 drug class(es), including metabolite(s) if performed	PA REQUIRED after first 8 test are completed

CPT/HCPCS Codes	DESCRIPTION	UPCOMING CHANGE
G0482	Drug identification methods able to identify individual drugs and distinguish between structural isomers; 15-21 drug class(es), including metabolite(s) if performed	PA REQUIRED after first 8 test are completed
G0483 (CPT)	Serum comprehensive drug screen	PA REQUIRED after first 8 test are completed
	NOTE: Only 1 of the 4 definitive G codes may be billed per client per day. (Up to 16 definitive tests may be reimbursed per client, per year – follow-up tests to presumptive tests)	

Clinical notes are required for review and approval of your authorization request. We recommend submitting the clinical notes along with the prior authorization request to receive a timely and accurate decision.

If prior authorization is required for a requested service, please fax your authorization requests to Molina at (800) 767-7188.

Forms:

- For our prior authorization forms, please see our provider website at:
<http://molinahealthcare.com/providers/wa/medicaid/forms/PDF/mhwa-guide-request-form-medicaid-2019.pdf>

Thank you for your continued service to our members.