Urine Drug Testing PA Overview

Form is located at [OHCA Forms](#)

HCA-13A

**Documentation Required for Definitive Urine Drug Testing:**

1. Provide clinical documentation to support medical necessity including: subjective assessment, objective assessment, and treatment plan. (For new Patients: see below)
2. List current prescribed medications by all providers and patient reported medications and substances (illicit/illegal/etc.).
   b. Determine how many different classes of drugs are prescribed or used. See drug class information in the AMA 2016 CPT code book pp 490-498.
3. Provide previous presumptive and/or definitive drug testing results, if any.
   a. Please consider before submitting a PAR if the current or newly prescribed medications can be tested using the presumptive testing methods (i.e., dipstick, cup, etc.).
   b. If unexpected presumptive or definitive drug test results have occurred, please address this in the clinical notes and/or treatment plan.
4. Documentation to show the member’s PMP has been checked (frequency as determined by standards of care).
5. Provide an opioid agreement and informed consent of urine drug testing signed/dated by member.
6. Provide a completed and validated Risk Assessment Tool of choice, or formal psychological assessment. Document risk score, and provide current objective documentation that supports the risk score.
   Risk Assessment Tool Examples:
   a. SOAPP-R
   b. PMQ
   c. PDUQP
   d. ABV
   e. DIRE
7. Provide objective documentation of any current aberrant behaviors.

New Patients:

a. If the above documentation (1-7) is not available; submit documentation/medical records received from the referring provider.

b. Indicate this member is a new patient.

c. Submit a PAR for 1 unit of G0480 (or appropriate code).

  o After member’s first appointment you may then submit a new PAR including the office visit notes, any presumptive results, other documents mentioned above, to support the medical necessity for additional units or codes.