

## **Urine Drug Screen Information**

Utah Medicaid policy aligns with the American Society of Addiction Medicine (ASAM) guidelines that encourage individualized, medically necessary urine drug testing, with more frequent testing early in recovery and less frequent testing as the patient becomes more stable. Court ordered drug testing without a medical indication, or routine screening/blanket ordering of testing at defined intervals, are not indications of medically necessary drug testing. This form should be completed and attached to all prior authorization requests for urine drug screening All fields marked with an asterisk (\*) are required Beneficiary Name: \* Medicaid ID #:\* Have quantity limits been met? \* ☐ Yes □ No Reason for request: \* 

Substance Use Disorder Treatment 

Chronic Pain Management 

Other: Patient's Current Phase of Care\* ☐ Maintenance ☐ Early Recovery ☐ Relapse ☐ Engagement ☐ Long Term Maintenance Attestation\* (No additional documentation required for prior authorization, but case records may be subject to post-payment review) ☐ Patient has experienced a change in circumstance that necessitates increased frequency of testing. Examples include: recent relapse, change in ASAM level of care, changes in MAT dosing, life event (e.g. any high-risk relationship event; anniversary of important events, etc.) ☐ Current treatment plan clearly addresses the above changes in circumstance and justifies the increased need for drug testing ☐ Opioid agreements and/or informed consent in place, if applicable ☐ Documentation of checking the controlled substance database with every drug test visit, if applicable ☐ Requested test meets the necessary type of test based on patient prescription drug history including MAT, OTC meds, an drug of abuse

## Additional Information