

Title 23: Division of Medicaid

Part 219: Laboratory Services

Part 219 Chapter 1: General

Rule 1.7: Qualitative Drug Screening

A. Medicaid will cover medically necessary qualitative drug screens for:

1. Suspected drug overdose, and one (1) or more of the following conditions are present:

- a) Unexplained coma,
- b) Unexplained altered mental status,
- c) Severe or unexplained cardiovascular instability, or cardiotoxicity,
- d) Unexplained metabolic or respiratory acidosis,
- e) Unexplained head trauma with neurological signs and symptoms, and/or
- f) Seizures with an undetermined history.

2. Beneficiaries who present with clinical signs/symptoms of substance abuse.

3. High risk pregnancy, only when the documented patient history demonstrates that the procedure is medically necessary. Medicaid does not consider a qualitative drug screen as a routine component of assessment.

4. EPSDT services, only when the documented patient history demonstrates that the procedure is medically necessary. Medicaid does not consider a qualitative drug screen as a routine component of assessment.

5. Beneficiaries who are locked into a Beneficiary Health Management Program to assure compliance.

6. Beneficiaries prescribed certain medications as part of a treatment plan that requires testing according the Mississippi Board of Medical Licensure.

B. The appropriate procedure chemistry codes must be used for quantitation of drug screens and procedure therapeutic drug assays for therapeutic drug levels. All diagnosis codes must support medical necessity for the drug screen.

C. Non-covered Services:

1. Medicaid does not cover qualitative drug screens for the following:

- a) To screen for the same drug with both a blood and a urine specimen simultaneously,
- b) For legal purposes that are unrelated to medical treatment and not medically necessary such as, but not limited to screenings ordered by the court or law enforcement,
- c) For employment purposes,
- d) For the active treatment of substance abuse, including monitoring for compliance, or
- e) As a component of medical examination for administrative purposes.

D. Documentation Requirements

1. The ordering/referring provider must retain documentation supporting medical necessity in the medical record. All tests must be ordered in writing, and all drugs/drug classes to be screened must be indicated in the order. A copy of the lab results must be retained in the medical record.
2. If the provider rendering the service is other than the ordering/referring provider, the provider rendering the service must maintain hard copy documentation of the ordering/referring provider's order for the test and the lab results. The order must include clinical indication/medical necessity in addition to all drugs/drug classes to be screened.
3. Records must be documented and maintained in accordance with Part 200, Chapter 1, Rule 1.3.

Source: Miss. Code Ann. §§ 43-13-121; 43-13-117; 43-13-118; 43-13-129; 73-43-11.

History: Revised eff. 11/01/2024.

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