



**Commonwealth of Massachusetts**  
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**MassHealth**  
**Acute Outpatient Hospital Bulletin 23**  
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**TO:** Acute Outpatient Hospitals Participating in MassHealth  
**FROM:** Terence G. Dougherty, Medicaid Director *TGD*  
**RE:** Updated Drug Screen Testing Unit Limitation

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**Drug Screen  
Unit Limitation**

Effective October 1, 2010, the maximum allowable units that MassHealth will pay for Service Codes 80100 (Drug screen, qualitative; multiple drug classes chromatographic method, each procedure) and 80101 (Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class) is eight units for each date of service. This policy brings MassHealth in line with firmly established community and national standards governing appropriate clinical use of drug screening services and ensures that MassHealth pays for only medically necessary services.

Providers may request additional units when medically necessary by requesting prior authorization (PA). The request for PA must demonstrate medical necessity for testing the patient for more than eight specific drug classes per date of service. Providers should refer to [Subchapter 5, Part 2 of the Administrative and Billing Instructions](#) for information about the PA process. This information is also accessible through the MassHealth Web site. Go to [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs). Click on Provider Library, then on MassHealth Provider Manuals, then on Acute Outpatient Hospital Manual.

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**Questions**

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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