

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 21-0018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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August 26, 2021

Maureen M. Corcoran, Director  
Ohio Department of Medicaid  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

Re: Ohio State Plan Amendment Transmittal Number 21-0018

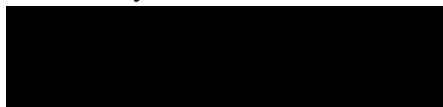
Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0018. This amendment proposes prior authorization for urine drug tests involving 20 or more classes of drugs.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Ohio Medicaid SPA 21-0018 was approved on August 25, 2021, with an effective date of April 1, 2021.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at [Christine.Davidson@cms.hhs.gov](mailto:Christine.Davidson@cms.hhs.gov).


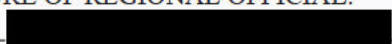
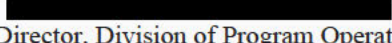
Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Carolyn Humphrey, ODM  
Rebecca Jackson, ODM  
Gregory Niehoff, ODM  
Melissa Musotto, CMCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>21-018</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>April 1, 2021</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(3) of the Social Security Act 42 CFR 440.30	7. FEDERAL BUDGET IMPACT: a. FFY 2021     \$ 0 b. FFY 2022     \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Item 3, Page 1 of 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-A, Item 3, Page 1 of 2 (TN 16-019)	
10. SUBJECT OF AMENDMENT: Coverage and Limitations: Prior authorization for urine drug tests involving 22 or more drug classes		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):		
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The State Medicaid Director is the Governor's designee
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: <b>MAUREEN M. CORCORAN</b>		
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>		
15. DATE SUBMITTED:     June 15, 2021		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED:     June 15, 2021	18. DATE APPROVED: <b>08/25/2021</b>	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:     April 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME:             James G. Scott	22. TITLE:  Director, Division of Program Operations	
23. REMARKS:		

**Instructions on Back**

## 3. Other laboratory and x-ray services.

Laboratory and x-ray services are covered by Ohio Medicaid in accordance with 42 CFR 440.30.

Beneficiaries younger than age twenty-one can access other laboratory and x-ray services without limitation when such services are medically necessary.

Laboratory services

A laboratory service is covered only if it meets the following three criteria:

1. It is medically necessary or it is provided in conjunction with a covered medically necessary health service;
2. It is performed by a provider having appropriate certification in accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA); and
3. It is performed at the written or electronic request of a practitioner authorized under State law to order it.

A laboratory service is not covered if it meets either of the following two criteria:

1. It is incidental to, duplicative of, incompatible with, or unnecessary because of another covered health service; or
2. It is performed in conjunction with a non-covered service (e.g., abortion that does not meet federal requirements, sterilization that does not meet federal requirements, infertility service);

A laboratory service provided to an individual who has received another service that is experimental in nature or that is performed for purposes of research or clinical trial may be covered if it meets all of the following criteria:

1. The laboratory service is medically necessary;
2. The laboratory service is not itself experimental; and
3. The need for the laboratory service did not arise solely because the individual received an experimental service or participated in research or a clinical trial.

Presumptive urine drug screens in excess of 30 per benefit year, definitive urine drug tests in excess of 12 per benefit year, and definitive urine drug tests involving 22 or more drug classes may be covered with prior authorization if they are medically necessary.