



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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PAUL J. COTE, JR.
COMMISSIONER

Dear Licensed Substance Abuse Treatment Provider,

We are writing at this time to make you aware of recent legislation regarding who may request a urine drug screen and to remind you of the applicable regulations on MassHealth reimbursement for drug screens.

Substance abuse treatment programs that are licensed by the Department of Public Health (DPH) are now permitted to request urine drug screens from clinical laboratories, without a physician's order. Recent legislation, Chapter 160 of the Acts of 2006, amended M.G.L. c.111D, § 8, permits DPH licensed substance abuse providers to make direct requests of clinical laboratories solely for requesting urine drug screens. It also permits state agencies or vendors that contract with state agencies and that are designated for this purpose by the contracted agency to request urine drug screens. Prior to this amendment, the statute required that a licensed physician or other authorized individual make such a request of clinical laboratories. Now, DPH licensed substance abuse treatment programs can directly request such screens.

Please note, although a licensed substance abuse treatment program can now directly request a drug screen for one of its clients without a physician, MassHealth regulations covering Medicaid reimbursement require that the drug screening services are: (1) medically necessary (130 CMR 450.204) and, (2) requested in writing by an individual authorized by state law to prescribe drugs (e.g. physician, physician assistant, nurse practitioner - 130 CMR 410.416). Therefore, MassHealth will only reimburse clinical laboratories for urine drug screens which are medically necessary and prescribed by an authorized prescriber as described above.

If you have questions, please contact your appropriate Regional Manager.

Sincerely,

Michael Botticelli
Assistant Commissioner, Substance Abuse Services

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**CONFIDENTIAL
FAX**

Date: 8/8/07

Deliver To Dr. Kishore

Fax Number 67 277 2848

Number of pages (including cover sheet) _____

NOTE: Re: DPH req

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