

## Urine Drug Screen Provider Education

### **Standard Benefit**

As a standard benefit, all iCare members will receive 6 urine drug screens per year

- No clinicals or order needed, simply fill out the PA form on the iCare website at <https://www.icarehealthplan.org/Prior-Auth-Forms>
- PA must be submitted annually to renew this benefit
- Icare will accept retro authorization requests for up to 14 days after the first UDS was administered
- PA for presumptive (over the benefit level of 6) and definitive tests (regardless of indication for treatment) may be submitted for 1-year intervals

### **Indications for Treatment**

#### A. Chronic Opioid Therapy (COT)

- Definitive and Presumptive testing recommended at a rate listed in table below:

	<b>Low Risk for Abuse</b>	<b>Moderate Risk for Abuse</b>	<b>High Risk for Abuse</b>	<b>Requirements</b>
<b>Definitive</b>	1-2 definitive tests per yr= 2 (these may be submitted annually for DOS of 1 year)	1-2 times definitive tests per 6 months= 4 (these may be submitted annually for DOS of 1 year)	1-3 times definitive tests per 3 months=12 (these may be submitted annually for DOS of 1 year)	-Requires order and supporting documents -Overages allowed amount must be submitted and reviewed for medical necessity
<b>Presumptive</b>	-6 benefit level annually with submission of PA form -Overages TBD with clinicals, order and COT screen	-6 benefit level annually with submission of PA form -Overages TBD with clinicals, order and COT screen	-6 benefit level annually with submission of PA form	-No order or clinicals needed for initial benefit level 6 UDS -Overages past benefit level of 6 must be submitted and reviewed for medical necessity

#### B. AODA treatment

- All members will receive the benefit level of 6 UDS screens with the submission of a PA form (no further documentation necessary)
- In addition to the benefit level of 6 UDS's, providers may request 50 presumptive and 25 confirmatory tests in the calendar year.
- The request must be received within 14 days of member beginning AODA treatment

## **Overages**

- If providers wish to submit for UDS over the annual 6 benefit level presumptive tests then they must do the following:
- Assess whether your member is in COT or AODA. If not please submit with clinicals for medical review
- Fill out the PA form on the iCare website at <https://www.icarehealthplan.org/Prior-Auth-Forms>
- Include amount of UDS's requested and time frame
- Include doctor's notes that support ongoing need and a signed MD order

All requests for over the standard benefit of 6 UDS's will need to be submitted within 14 days of the first UDS to be considered timely submissions

## **Definitions**

For the purposes of this policy a "Standard Benefit" is one that is automatically received as a part of the members benefit package and requires notification of Prior Authorization to access the benefit. This allows iCare PA to identify if a member is utilizing multiple providers improving safer prescribing for members and providers.

## **References**

**Applicable Codes:** LCD L36037 page 16-30

- UpToDate, Utilization of UDS in Clinical Practice
- Local Coverage Determination (LCD): Urine Drug Testing (L36037)

JMS 1/25/2021