



Urine Drug Screen Testing: Prior Authorization Request Form

Please fill out this form completely and fax to 414-231-1026
For PA Status call Customer Service at 1-800-777-4376 or 414-223-4847
iCare Prior Authorization Department 414-299-5539 or 855-839-1032

Member Information			
Lines of Business:	iCare FamilyCare Partnership <input type="checkbox"/> Dual <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<input type="checkbox"/> iCare Medicaid SSI	<input type="checkbox"/> iCare BadgerCare Plus
Member Name:			DOB:
Member ID#:			Phone:
Service Type:	<input type="checkbox"/> Court Ordered Service (72-hr. turnaround time)	<input type="checkbox"/> Clinical Trial (72-hr. turnaround time)	
	<input type="checkbox"/> Elective/Routine (7-day turnaround time)	<input type="checkbox"/> Expedited/Urgent* (72-hr. turnaround time)	

Definition of Urgent/Expedited: when the treatment requested is required to prevent imminent, serious deterioration in the member's health or threatens to jeopardize the member's ability to regain maximum function.

iCare reserves the right to deny the request for urgent review for all requests outside of this definition.

Servicing Provider Information (facility/supplier who will perform service/procedure)			
Provider/ Supplier Name:		NPI:	
Contact Name:	Tax ID Number:	Phone:	
Address:		Fax:	
Contact Email:			

Ordering Practitioner Information (practitioner who ordered service/procedure)			
Practitioner Name:		NPI:	
Contact Name:	Tax ID Number:	Phone:	
Address:		Fax:	

Referral/Service Requested	
Presumptive Drug Tests: <input type="checkbox"/> 80306 _____ drug tests requested <input type="checkbox"/> 80307 _____ drug tests requested	Definitive Drug Tests: <input type="checkbox"/> G0481 _____ drug tests requested <input type="checkbox"/> G0482 _____ drug tests requested <input type="checkbox"/> G0483 _____ drug tests requested <input type="checkbox"/> G0659 _____ drug tests requested

No PA required for Drug Test Code: 80305 and G0480

ICD 10 Diagnosis Code	CPT/HCPCS Code	Description

Date of Service:	From:	To:
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Presumptive Drug Tests Medical Necessity:
<ul style="list-style-type: none"> Suspected drug overdose, unreliable medical history, and an acute medically necessary situation. Medically necessary situations include, but are not limited to, unexplained coma, unexplained altered mental status, severe or unexplained cardiovascular instability, undefined toxic syndrome, and seizures with an undetermined history. Monitoring of a member's compliance during treatment for substance abuse or dependence. This applies to testing during an initial assessment, as well as ongoing monitoring of drug and alcohol compliance. Decisions about which substances to screen for should be well documented and should be based on:

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<ul style="list-style-type: none"> ○ The member's history of past drug use or abuse, the results of any physical examinations, and any of the member's previous laboratory findings ○ The substance the member is suspected of misusing ○ The member's prescribed medication(s) ○ Substances that may present high risk for additive or synergistic interactions with the member's prescribed medication(s) ○ Local information about substances commonly abused and misused, such as input from the Substance Abuse and Mental Health Services Administration's Drug Abuse Warning Network that compiles prevalence data on drug-related emergency department visits and deaths <ul style="list-style-type: none"> ● Monitoring of a member receiving Chronic Opioid Therapy (COT). Decisions about which substances to screen for should be well documented and should be based on: <ul style="list-style-type: none"> ○ The member's history of past drug use or abuse, the results of any physical examinations, and any of the member's previous laboratory findings ○ The member's current treatment plan ○ The member's prescribed medication(s) ○ The member's risk assessment plan 			
Definitive Drug Tests Medical Necessity:			
<ul style="list-style-type: none"> ● A definitive concentration of a drug must be identified to guide treatment. ● A specific drug in a large family of drugs (for example, benzodiazepines, barbiturates, and opiates) must be identified to guide treatment. ● A false result must be ruled out for a presumptive drug test that is inconsistent with a member's self-report, presentation, medical history, or current prescriptions. ● A specific substance or metabolite that is inadequately detected by presumptive drug testing (direct-to-definitive testing), as determined on a case-by-case basis in accordance with community standard guidelines set by the practice, must be identified. 			
Documentation Requirements:			
<p>The member's medical record must contain documentation that fully supports the medical necessity for services rendered. This documentation includes, but is not limited to, relevant medical history, physical examination, risk assessment, and results of pertinent diagnostic tests or procedures. The medical record must include:</p> <ul style="list-style-type: none"> ● A signed and dated member-specific order for each ordered drug test that provides sufficient information to substantiate each testing panel component performed ("standing orders," "custom profiles," or "orders to conduct additional testing as needed" are insufficiently detailed and cannot be used to verify medical necessity) ● A copy of the test results ● Rationale for ordering a definitive drug test for each drug class tested ● If a direct-to-definitive drug test is ordered, documentation supporting the inadequacy of presumptive drug testing 			
Is this a Date Extension of previously approved services?	YES <input type="checkbox"/>	Dates of Service: Start: _____ End: _____	Number of Visits: Requested: _____ Utilized: _____
Continuity/Transition of Care request: <input type="checkbox"/>	Please check if this request is for an active course of treatment previously approved by another insurance carrier/Medicare HMO		
Comments (please do not mark level of urgency here):			

Clinical Notes, Supporting Documentation, and Physician Order are Required to Review for Medical Necessity

*Receipt of an approved prior authorization does not guarantee coverage or payment by iCare
Benefits are determined based on the dates that the services are rendered.
An incomplete form may delay processing and/or claims payment*