

PRIOR AUTHORIZATION UPDATE: Testing for Drugs of Abuse (*Medicaid benefits*)

12 April 2016

Effective retroactively to January 1, 2016, the State of Wisconsin DHS has modified their Coverage Policy for Testing for Drugs of Abuse.

As a result, iCare is updating their prior authorization policy for Testing for Drugs of Abuse in order to be compliant with the State's Policy for covered and non-covered services, substance abuse/dependence and chronic opioid pain treatment. *Medicare beneficiaries must follow Medicare coverage determination guidelines.*

Accepted HCPCS procedure codes: G0477-G0483

All outpatient drugs of abuse testing, both presumptive and definitive, require a prior authorization request. Independent Care Health Plan will authorize testing for drugs of abuse within the following guidelines:

Presumptive Drug Testing in Treatment for Substance Abuse or Dependence (Presumptive tests):

- Members who have abstained for ≤ 90 consecutive days: up to 1 to 3 tests per week.
- Members who have abstained for ≥ 90 consecutive days: up to 1 to 3 tests per month.

Definitive Drug Testing in Treatment for Substance Abuse or Dependence:

- Members who have abstained for ≤ 30 consecutive days: up to 1 test per week (determined by medical necessity and clinical practice guidelines).
- Members who have abstained for between 30-90 consecutive days, inclusive: up to 1 to 3 tests per month (determined by medical necessity and clinical practice guidelines).
- Members who have abstained for ≥ 91 consecutive days: up to 1 to 3 tests per 3 months (determined by medical necessity and clinical practice guidelines).

Presumptive Drug Testing in Chronic Opioid Therapy (*Providers are required to document the prescribing frequency and rationale for prescribing opioid therapy, as well as performing a standardized risk assessment. These data must be included in the prior authorization request for presumptive drug testing in chronic opioid therapy*):

- Members with low risk for abuse: up to 1 to 2 times per year (determined by medical necessity and clinical practice guidelines).
- Members with moderate risk for abuse: up to 1 to 2 times per 6 months (determined by medical necessity and clinical practice guidelines).
- Members with high risk for abuse: up to 1 to 3 times per 3 months (determined by medical necessity and clinical practice guidelines).