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).