Clinical Drug Testing Policy Change

Effective July 1, 2018, based on The American Society of Addiction Medicine's (ASAM) published consensus statement, The Health Plan will be updating the guideline related to review of clinical drug testing for addiction treatment programs and pain management programs for all lines of business.

https://www.asam.org/resources/guidelines-and-consensus-documents/npg

WV Medicaid

Medicaid Pro-rated Testing for Remainder of 2018 (July 1-Dec 31, 2018)

- Urine drug testing will be pro-rated for remainder of calendar year 2018
- Up to 12 presumptive drug screens and 6 definitive drug tests (testing under 22 drug classes) covered without prior authorization
- Contact THP for prior authorization to exceed this benefit limit prior to rendering service
- **Note:** All definitive drug testing for over 22 drug classes requires prior authorization prior to rendering service unless it is the result of an emergency room visit

Medicaid Testing effective January 1, 2019

- The Health Plan will be following the benefit limits established by BMS
- Presumptive drug screens (80305, 80306, and 80307) are limited to 24 in combination per calendar year
- Definitive drug screens (G0480, G0481, and G0482)are limited to 12 in combination per calendar year
- Definitive drug testing for 22 or more drug classes (G0483) requires prior authorization from the **INITIAL** date of service(DOS)
- Definitive drug testing to identify drugs that do not have a specific test available (G0659) requires prior authorization from the **INITIAL** DOS
- To exceed the benefit limit, providers must contact The Health Plan (THP) to obtain a medical necessity prior authorization

https://dhhr.wv.gov/bms/Pages/Chapter-529-Laboratory-Services.aspx

All other lines of business (Fully Funded Commercial, TPA and Medicare):

- The Health Plan will refer to coverage established under Local Coverage Determinations (LCD) related to the appropriate service area unless or until a National Coverage Determination (NCD) is issued by CMS.
- Members are eligible for up to 24 presumptive drug screens (80305-80307) per year.
- Members are eligible for up to 12 definitive drug tests (G0480) per year
- Definitive drug tests requested for codes G0481-G0483 and G0659 will require prior authorization for medical necessity for all testing.
- To exceed the specified limit above, providers must contact The Health Plan to obtain a medical necessity authorization.

www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx