



529.2 DRUG SCREENINGS

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

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POLICY METADATA

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BACKGROUND

Drug screenings are considered for reimbursement when the screening results will alter patient management decisions and are deemed medically necessary and reasonable within commonly accepted standards of practice. Please refer to [Chapter 529, Policy 529.1, Laboratory and Pathology Services](#) for additional information.

POLICY

529.2.1 COVERED SERVICES

Drug screenings, as with all laboratory tests, must be ordered by the treating practitioner who treats the member for a specific medical diagnosis, operating within their scope of practice. The order must include the ordering practitioner's name and identification number, and if applicable, the requesting substance abuse treatment facility name and identification number, and list:

1. Specific drugs that are being screened for;
2. Diagnosis (Use of a non-specific diagnosis code does not satisfy this requirement);
3. Symptomatology; and
4. Suspected condition or reason for the encounter, either by appropriate diagnosis code or a narrative description.

Limitations are:

- Drug confirmation tests must be performed only for qualitative test results that are different from that suggested by the member's treatment plan and there is a positive inconsistent finding from the previously performed qualitative test. The test must be ordered by the treating physician with the results documented in the member's medical record.
- Standing orders may be utilized but must be individualized for each member, signed and dated by the treating practitioner, and updated every 30 days.
- West Virginia Medicaid covers up to 30 drug screens per rolling year. When this limit has been met, providers should contact the Bureau for Medical Services' (BMS') Utilization Management Contractor (UMC) for prior authorization.

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529.2.2 NON-COVERED SERVICES

- Testing for the same drug with a blood and urine specimen simultaneously is not covered. Specimen integrity testing and urine alcohol testing when performed on the same day of service as a standard drug test, are not covered.
- Drug screening for pre-employment or employment purposes, medicolegal and/or court ordered drug screenings, and/or drug screenings for participation in school or military are not covered.
- Certain quantitative drug screens, when performed on the same day as a drug screen service, are not covered.
- “Routine” drug testing (drug testing done at random intervals on asymptomatic members) is non-covered unless used in connection with an extended course of treatment for substance abuse disorders. Specific intervals, at which each member test should be performed, based on their individual needs, must be documented in the members’ medical record with their treatment plan.

Non-covered services are not eligible for a DHHR member fair hearing or provider desk/document reviews.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter.

REFERENCES

West Virginia State Plan references laboratory services at sections [3.1-A\(3\)](#) and [3.1-B\(3\)](#).

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter			TBD