

Network Notification

Notification Date: August 31, 2017

To: West Virginia Marketplace Providers

From: CareSource

Subject: Drug Screening Tests Reimbursement Policy

Effective Date: October 1, 2017

CareSource has completed infrastructure modifications which will lead to the release of an amended Drug Screening Tests Reimbursement Policy for the West Virginia Marketplace plan. The policy will have an effective date of **October 1**, **2017**. Previously released versions of the Drug Screening Tests Reimbursement Policy will not be valid.

SUMMARY:

Monitoring for controlled substances is performed to detect the use of prescription medications and illegal substances of concern for the purpose of medical treatment. Monitoring for controlled substances plays a key role particularly in the care of persons undergoing medical treatment with chronic pain therapy and substance use disorder (SUD).

CareSource will reimburse charges for drug screening/testing that are medically necessary for the management of members being treated with drugs that are potentially abusive or addictive such as opioids and related medications; or, for members suspected of using illicit drugs solely or in combination with prescribed controlled substances.

CareSource will also reimburse for qualitative/presumptive drug screening performed as part of routine, prenatal care for pregnant members.

WHAT YOU NEED TO KNOW:

The policy outlines a complex set of clinical and behavioral circumstances and criteria where drug testing is appropriate, medically necessary, and covered.

- Drug testing is primarily performed with urine sample; blood testing is covered in an emergency room (ER) setting for evaluation of acute overdose.
- Participating laboratories performing drug testing services must bill CareSource directly.
 CareSource does provide coverage for claims from clinicians for drug testing services ordered by clinicians but performed by laboratories.
- Laboratories MUST be both CLIA certified AND contracted (participating) with CareSource.
- CareSource will not reimburse drug testing conducted for its members by nonparticipating labs or facilities, even if such tests were ordered by a participating provider or physician
- Blanket orders, custom profiles, panels, custom panels, routine testing, and reflex testing are not covered.
- Drug testing for employment purposes, school or community athletic or extra-curricular purposes, marriage licensure, military enrollment, insurance eligibility determinations, or as a requirement for living in sober-housing or residential services is not covered.
- Drug testing will be limited to a total of 40 tests per year in the following test types and calendar time periods:
- Ten (10) tests are covered per rolling 90 days

- 5 Qualitative/Presumptive Based on service code
- 5 Quantitative/Confirmatory Based on date of service
- 20 Qualitative/Presumptive and 20 Quantitative/Confirmatory per full calendar year
- Prior authorization must be obtained by the ordering referring physician or lab for any drug testing performed exceeding limitations.
- CareSource requires that the ordering physician's name appear in the appropriate lines
 of the claims forms; any claim that does not include this information will not be
 reimbursed.
- Claims not meeting the medical necessity described in the policy document will be not be reimbursed.

NEXT STEPS:

For more information, you may refer to the policy by visiting the appropriate link:

WV Marketplace

If you do not agree with the decision of a processed claim, you will have 365 days from the date of service or discharge to file an appeal. You may submit your appeal through the Provider Portal or in writing. For detailed instructions, please consult your applicable Health Partner Manual which can be found on CareSource.com.

For the most up to date notifications from CareSource, visit the Updates and Announcements page on **CareSource.com**.

Thank you in advance for your cooperation in adhering to this new policy requirement.

KY-SP-0045