



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.



529.2 DRUG SCREENINGS

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](#), [Chapter 502 Behavioral Health Clinic](#), [Chapter 503 Behavioral Health Rehabilitation](#), [Chapter 521 Psychological Services](#) and [Chapter 537 Licensed Independent Clinical Social Worker \(LICSW\)](#), for program specific 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:

- 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 24 drug screens per calendar year. To exceed this limit, providers must contact the Bureau for Medical Services' Utilization Management Contractor for prior authorization.
- Procedure codes should be reported with a quantity of one per episode of care, regardless of the number of collection/testing items used, the number of procedures, and/or the drug classes screened.

529.2.2 NON-COVERED SERVICES

- Testing for the same drug with a blood and urine specimen simultaneously is not covered. Specimen validity 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 that do not meet medical necessity, and/or drug screenings for participation in school or military 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



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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.

- Drug confirmation tests are not eligible to be separately reported under any procedure code, unlisted or otherwise. This service is considered included in the presumptive or definitive testing procedure codes.

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	EFFECTIVE DATE
Entire Chapter 529 Laboratory Services	Policy 529.2 Drug Screenings	October 2, 2015
529.2.1	Covered Services	January 1, 2017
529.2.2	Non-Covered Services	January 1, 2017