

To: All Providers
From: Cindy Ehlers, MS, LPC Vice President of Clinical Operations
Date: November 3, 2017
Subject: **Drug Testing For Opioid Treatment and Controlled Substance Monitoring**

NC Medicaid has drafted a new medical policy outlining the requirements and limits for drug testing for opioid treatment and chronic pain management. NC Medicaid held a stakeholder meeting in October 2016 and reviewed the comments, concerns, and suggestions shared by providers at that time. The new policy mirrors Palmetto Local Coverage Determination (LCD), while maintaining fiscal responsibility.

Effective November 1, 2017, NC Medicaid and NC Health Choice (NCHC) shall cover presumptive testing up to 24 times and definitive testing up to 24 times per state fiscal year (July 1- June 30).

Testing Indications for Substance Use Disorder

Testing profiles must be determined by the ordering provider based on: history and physical exam, previous laboratory findings, beneficiary report of use, prescribed medications, suspected misused substances, community usage, and substance that may produce additive or synergistic interactions with prescribed medication.

Frequency of Testing for Substance Use Disorder

Frequency is based upon consecutive days of beneficiary abstinence from illicit substances.

- 0-30 days: once per calendar week
- 31-90 days: twice per calendar month
- Greater than 90 days: once per 30 calendar days

Note: Only one presumptive and one definitive test will be reimbursed per beneficiary, per day, regardless of the number of providers performing this service.

Testing Indications for Chronic Pain

The ordering provider will determine the testing profiles based on:

Testing profiles must be determined by the ordering provider based on: complete history of pain, physical examination, previous laboratory findings, current treatment plan, prescribed medications, and risk assessment.

Frequency of Testing for Chronic Pain

Frequency is based on risk assessment:

- Low Risk Beneficiaries: Up to two times every 365 consecutive days
- Moderate Risk Beneficiaries: Up to four times every 365 days
- High Risk: Up to three times every 90 consecutive days

Note: Only one presumptive and one definitive test will be reimbursed per beneficiary, per day, regardless of the number of providers performing this service.

Reflex Testing

Reflex testing may be conducted by a reference laboratory to verify a positive presumptive result or confirm the absence of a prescribed medication listed on the physician order. Reflex testing does not require an additional physician's order.

Prior Approval

Prior approval requests for testing in excess of the annual limit will not be accepted at this time. NC Medicaid plans to review the current policy and utilization by the end of the current fiscal year (June 30, 2018) to determine if policy revisions are needed.

Annual Limit Responsibility

Due to increased confidentiality surrounding substance use disorders, drug testing limits and remaining tests available will not be posted on the NC Tracks Provider Portal. It will be the responsibility of the prescriber to maintain an accurate beneficiary record of drug testing and to coordinate testing with other providers as necessary (reference laboratories, intensive/comprehensive outpatient programs, etc.).

Per [10A NCAC 22J.0106](#), a beneficiary may not be billed for services rendered unless the provider, prior to rendering the service that day, informs the beneficiary that the claim will not be filed to Medicaid and that the beneficiary will be responsible for the charge. Once a claim has been submitted to Medicaid for payment, the beneficiary cannot be billed for the service.

NC Medicaid will publish additional information pertaining to drug testing codes and policy updates in the Medicaid Bulletin, as needed.

Any questions about this Communication Bulletin may be sent to the following email: NetworkManagement@TrilliumNC.org. Questions will be answered in a Q&A format and published on Trillium's website