

Provider Memorandum

Outpatient Definitive Drug Testing Update—New Policy

Effective **January 1, 2022**, Molina Healthcare of Illinois (Molina) will implement a new policy regarding outpatient definitive and presumptive drug testing and the reimbursement for testing performed in an outpatient setting.

It is the provider's responsibility to perform medically necessary drug tests based on current evidence and clinical guidelines. Outpatient **definitive** drug testing **is medically necessary** when testing does not exceed seven drugs/drug classes per member, per day, **and** when **any** of the following criteria are met:

- **Presumptive** test results are inconsistent with expected results based on the Member's condition, medical history, examination, and/or the Member's own statement:
 - Tests are only for specific drugs/drug classes for which the presumptive test yielded unexpected results.
 - Results of testing will impact treatment planning.
- **Presumptive** test results are consistent with expected results, but drug class-specific assays are needed to identify the specific drug(s) that resulted in the positive test result, and the testing results will impact treatment planning.
- Reliable **presumptive** drug testing is not available for the drug, **and** the testing results will impact treatment planning.

Medical Necessity

In the rare instances when testing for more than seven drugs may be clinically indicated, the medical record **must** include a specific rationale. This justification **must** be based on the history and other relevant details (including a detailed list of all drug classes in question) for such expansive definitive testing.

Molina considers no more than seven definitive drug tests/classes to be medically necessary, or else be subject to denial. When requested, Molina will provide information on the appeals process, including necessary documentation when appealing a denied claim; medical documentation can be included with the initial authorization request.

Review Policies

All other drug testing policies, procedures, and contracted terms not referenced in this policy will remain in full force and effect. Outpatient drug testing that is not medically necessary will **not** be reimbursed. To review Molina's coding and payment policies, please [click here](#).

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit [Molina's Service Area](#) page at MolinaHealthcare.com.

Availity Provider Portal

We continue our transition to the Molina Availity Provider Portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered yet? [Click here](#) to get started.

Get Critical Updates

Receive news and updates about Molina's services and plan requirements delivered straight to your inbox. [Click here](#) to join Molina's provider email list.

Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.

DISCLAIMER: The Molina Payment Policy (MPP) is intended to facilitate the Utilization Management (UM) and claims process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining the appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, excluded, and subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the federal government, or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Policy (MCP) document and provide the directive for all Medicare members.