Medical Policy: Urine Drug/Alcohol Testing (Commercial)

POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
M20180001	4/01/2019	Medical Policy Committee (MPC)

Policy statement
Presumptive and definitive urine drug testing are often used in coordination with a multifaceted intervention approach to monitor patients in pain management and substance use treatment programs. This policy is not intended to interfere with appropriate monitoring of opioid use

For complete Reimbursement Guidelines, including testing frequency limitations, please see our Urine Drug/Alcohol Testing Payment Policy.

Definitions

Presumptive/Qualitative Drug Testing "Presumptive" urine drug testing (UDT)	Used to determine the presence or absence of drugs or drug classes in a urine sample; results expressed as negative or positive or as a numerical result. Includes competitive immunoassays (IA) (below row) and thin layer chromatography.
Immunoassay (IA) "Qualitative IA"	Used to identify the presence or absence of drug classes and some specific drugs; biochemical tests measure the presence above a cutoff level of a substance (drug) with the use of an antibody. Read by photometric technology. An IA involves an antibody that reacts best with the stimulating drug, and reacts to a lesser extent (cross-reactive) or not at all with other drugs in the drug class. While presumptive tests vary in their ability to detect illicit drugs such as tetrahydrocannabinol (THC), cocaine, 3,4-methylenedioxy-Nmethylamphetamine (MDMA; "ecstasy") and phencyclidine (PCP), they may not be optimal tests for many prescription drugs, such as opiates, barbiturates, benzodiazepines and opioids.
Definitive/Quantitative/ Confirmation "Definitive" UDT	Used to identify specific medications, illicit substances and metabolites; reports the results of analytes absent or present typically in concentrations such as ng/ml. Definitive methods include, but are not limited to gas chromatography coupled with mass spectrometry (GC-MS) and liquid chromatography (LCMS) testing methods only. These high-complexity tests, used to confirm results of a presumptive test, must be performed in a CLIA (CMS-certified) accredited laboratory where national quality control standards for testing and laboratory personnel training have been established.
Specimen Validity Testing	Urine specimen testing to ensure that urine is consistent with normal human urine and has not been adulterated or substituted; may include, but is not limited to, pH, specific gravity, oxidants and creatinine. *(See Limitations/Exclusions)*
Point of Care Testing (POCT)	Used when immediate test results are needed for the immediate management of the patient. POCT consists of an IA test method, which primarily identifies drug classes and a few specific drugs. Platform consists of cups, dipsticks, cassettes or strips; read by the human eye. *(See Limitations/Exclusions)*
Standing Orders	Test request for a specific patient representing repetitive testing to monitor a condition or disease for a limited number of sequential visits; individualized orders for certain patients for pre-determined tests based on historical use,

	risk and community trend patient profiles. Clinician can alter the standing order. *Note: A "profile" differs from a "panel" in that a profile responds to the clinical risks of a particular patient, whereas a panel may encourage unnecessary or excessive testing when no clinical cause exists for many of the tests.*
Blanket Orders	Test request that is not for a specific patient; rather, it is an identical order for all patients in a clinician's practice without individualized decision making at every visit.
Opioids	Opioids are a class of drugs that include the illegal drug Heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others. These drugs are chemically related and interact with opioid receptors on nerve cells in the body and brain. Opioid pain relievers are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused (taken in a different way or in a larger quantity than prescribed, or taken without a doctor's prescription). Regular use—even as prescribed by a doctor—can lead to dependence and, when misused, opioid pain relievers can lead to overdose incidents and deaths.

Prior to the use of drug testing, the provider has determined the clinical value of the following:

Drug Testing in substance abuse and pain management environments:

- Drug testing is used in combination with a patient's self-reported information about medication and substance use.
- Drug testing is used as a supplement to self-report as patients may be unaware of the composition of the substances(s) they have used.
- Drug testing is appropriate for patients facing negative consequences if substance use is detected, and are less likely to provide accurate self-reported substance use information.
- Discrepancy between self-report and drug tests results can be a point of engagement for the provider.
- Need to assess adherence to prescribed medications

Drug Testing as a Therapeutic Tool:

- Periodic qualitative monitoring is used to address risk potentials of abuse and diversion of controlled medications and/or abuse of illicit drugs, alcohol or drugs not prescribed as part of the treatment plan and obtained from an undisclosed/unsanctioned source
- Providers should utilize drug testing to explore denial, motivation, and actual substance use behaviors with patients.
- If drug-testing results contradict self-reports of use, therapeutic discussions should take place.
- Providers should present drug testing to patients as a way of providing motivation and reinforcement for abstinence.
- Providers should educate patients as to the therapeutic purpose of drug testing. To the extent possible, persuade patients that drug testing is therapeutic rather than punitive.

Monitoring:

- Drug testing should be used to monitor recent substance use in all addiction and chronic opioid therapy treatment settings.
- Drug testing should be only one of several methods of detecting substance use or monitoring treatment; test results should be interpreted in the context of collateral and self -report and other indicators.

Assessment:

- Treatment providers should include drug testing at intake or at patient's initial assessment for treatment management.
- Results of a medical and psychosocial assessment should guide the process of choosing the type of drug test to use for assessment purposes.
- Drug test results should not be used as the sole determinant in assessment for SUD. They should always be combined with patient history, psychosocial assessment, and a physical examination.
- Drug testing can serve as an objective means of verifying a patient's substance/prescription use history.
- Drug testing can demonstrate a discrepancy between a prescribed or self-reported substance and the substances detected in testing.
- For a patient presenting with altered mental status, a negative drug test result may support differentiation between intoxication and/or presence of an underlying psychiatric and/or medical condition that should be addressed in treatment planning.
- Drug testing can be helpful if a provider is required to document a patient's current substance use.

Test Frequency/Random Testing and ordering of tests:

- Providers should look to tests' detection capabilities and windows of detection to determine the frequency of testing.
- Providers should understand that increasing the frequency of testing increases the likelihood of detection of substance use, but there is insufficient evidence that increasing the frequency of drug testing has an effect on substance use itself.
- Drug testing should be scheduled more frequently at the beginning of treatment; test frequency should be decreased as recovery progresses.
- During the initial phase of Substance abuse treatment, drug testing should be done at least weekly. When possible, testing should occur on a random schedule.
- When a patient is stable in treatment or on a prescribed opioid medication, without aberrant behaviors, drug testing should be done at least monthly. Individual consideration may be given for less frequent testing if a patient is stable. When possible, testing should occur on a random schedule.
- Random unannounced drug tests are preferred to scheduled drug tests.
- For targeted testing, frequency is based upon documentation of suspicious behaviors such as self-escalation of dose, doctor-shopping, indications/symptoms of illegal drug use, evidence of diversion or other documented change in affect or behavioral pattern.
- Test selections should be individualized based on specific patients and clinical scenarios.
    - For example, definitive testing in the absence of a positive presumptive test is not clinically indicated unless testing for substances not screened on presumptive tests.

Limitations/Exclusions

- Blanket Orders (i.e., routine standing orders for all patients in a physician's practice) are not considered reasonable and necessary and are therefore not covered
- Coverage for point of care testing (POCT) is limited to dipstick screening.
- Confirmatory testing requirements pertaining to lab performing test:
    - Test must be lab-based using one of the plan's participating labs
    - Use of a nonparticipating lab will be pended for review
- Testing of saliva, blood, hair and nails is not covered, as the medical necessity of such testing has not been established due to insufficient evidence of therapeutic value.
- Drug tests ordered by, or on behalf of, third parties (e.g., courts, employers, schools, etc.) or to protect a physician from drug diversion charges, are not covered.

- Specimen validity testing, including, but not limited to, pH, specific gravity, oxidants and/or creatinine is not covered.
- High complexity testing is not covered in the office-based setting.

Appendix A

- **Interpretation of and Possible Action for Unexpected Results of UDTs**

UNEXPECTED RESULT	POSSIBLE EXPLANATIONS	POSSIBLE ACTIONS FOR THE PROVIDER
Test is negative for prescribed opioid.	• False-negative. Such as a synthetic opioid is used/prescribed and is not found on a traditional presumptive screening test. • Non-compliance. • Diversion.	• Conduct confirmatory testing, specifying the drug of interest (e.g., oxycodone often missed by immunoassay). • Take a detailed history of the patient's medication used for the preceding 7 days (e.g., could learn that patient ran out several days prior to test). • Ask patient if they've given drug to others. • Monitor compliance with pill counts.
Test is positive for non-prescribe opioid or benzodiazepines.	• False-positive. • Patient acquired opioids from other sources (double-doctoring, "street").	• Repeat UDT regularly. • Ask patients if they accessed opioids from other sources. • Assess for opioid misuse or addiction. • Review or revise treatment agreement.
Urine drug screen (UDS) positive for illicit drugs (e.g., cocaine, cannabis).	• False-positive. • Patient is occasional user or addicted to the illicit drug. • Cannabis is positive for patients taking certain medications (e.g., dronabinol).	• Repeat UDT regularly. • Assess for abuse or addiction and refer for addiction treatment as appropriate

Place of Service Settings

POS	DESCRIPTION
POS 11	Office Setting
POS 22	On Campus – Outpatient Hospital
POS 33	Custodial care facility
POS 49	Independent Clinic
POS 50	FQHC
POS 51	Partial Psych Hospital

POS 53	Community Mental Health
POS 55	Residential Substance Abuse Treatment
POS 56	Psych Rehab Treatment
POS 57	Non-residential substance abuse center
POS 81	Independent Laboratory
Excluded	All emergency and inpatient care locations

Applicable Procedure Codes

A. Presumptive/Qualitative Drug/Alcohol Testing

PROCEDURE CODE	DESCRIPTION
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

Applicable Procedure Codes

B. Definitive/Quantitative Urine/Drug Testing

PROCEDURE CODE	DESCRIPTION
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrixmatched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed

PROCEDURE CODE	DESCRIPTION
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrixmatched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed
G0483	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes
80320	Alcohols
80321	Alcohol biomarkers; 1 or 2
80322	Alcohol biomarkers; 3 or 4
80323	Alkaloids; not otherwise specified
80324	Amphetamines; 1 or 2
80325	Amphetamines; 3 or 4
80326	Amphetamines; 5 or 6
80327	Anabolic steroids; 1 or 2
80328	Anabolic steroids; 3 or more
80329	Analgesics, non-opioid; 1 or 2
80330	Analgesics, non-opioid; 3-5
80331	Analgesics, non-opioid; 6 or more
80332	Antidepressants, serotonergic class; 1 or 2
80333	Antidepressants, serotonergic; 3-5
80334	Antidepressants, serotonergic; 6 or more
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2
80336	Antidepressants, tricyclic and other cyclicals; 3-5
80337	Antidepressants, tricyclic and other cyclicals; 6 or more
80338	Antidepressants, not otherwise specified
80339	Antiepileptics, not otherwise specified; 1-3
80340	Antiepileptics, not otherwise specified; 4-6

PROCEDURE CODE	DESCRIPTION
80341	Antiepileptics, not otherwise specified; not otherwise specified; 7 or more
80342	Antipsychotics, not otherwise specified; 1-3
80343	Antipsychotics, not otherwise specified; 4-6
80344	Antipsychotics, not otherwise specified; 7 or more
80345	Barbiturates
80346	Benzodiazepines; 1-12
80347	Benzodiazepines; 13 or more
80348	Buprenorphine
80349	Cannabinoids, natural
80350	Cannabinoids, synthetic; 1-3
80351	Cannabinoids, synthetic; 4-6
80352	Cannabinoids, synthetic; 7 or more
80353	Cocaine
80354	Fentanyl
80355	Gabapentin, non-blood
80356	Heroin metabolite
80357	Ketamine and norketamine
80358	Methadone
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80360	Methylphenidate
80361	Opiates; 1 or more
80362	Opioids and opiate analogs; 1 or 2
80363	Opioids and opiate analogs; 3 or 4
80364	Opioids and opiate analogs; 5 or more
80365	Oxycodone
80366	Pregabalin
80367	Propoxyphene
80368	Sedative hypnotics (non-benzodiazepines)
80369	Skeletal muscle relaxants; 1 or 2
80370	Skeletal muscle relaxants; 3 or more
80371	Stimulants, synthetic
80372	Tapentadol
80373	Tramadol
80374	Stereoisomer (enantiomer) analysis, single drug class
83992	Phencyclidine (PC)

To access the Reimbursement Policy below, please download this policy to your computer, and click on the paperclip icon within the policy

REIMBURSEMENT POLICY:	
📎	ConnectiCare Urine Drug/Alcohol Testing Payment Policy Effective 4/01/2019

Revision history

DATE	REVISION
1/2019	• Reformatted and reorganized policy, transferred content to new template with new Medical Policy Number • Updated Policy to include POS Codes 81 (Independent Laboratory) and 22 (On-Campus Outpatient Hospital)

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