URINE DRUG TESTING FOR SUBSTANCE ABUSE TREATMENT AND CHRONIC PAIN MANAGEMENT

Description: Urine drug testing (UDT) is a method used for monitoring patients in substance abuse treatment and pain management programs who may use non-prescribed drugs or misuse prescribed drugs, such as opioids. Advantages of UDT are that it is readily available, and standardized techniques for detecting drugs in urine exist. Patients are often assessed by UDT before starting treatment and monitored while they are receiving treatment.

The two major categories of UDT are qualitative drug testing and quantitative drug testing. Qualitative tests are immunoassay tests that provide a positive or negative result for the presence of one or more drugs or drug classes based on a prespecified threshold, but do not indicate specific levels. These tests can be performed either in a laboratory or at point-of-care and generally have rapid turnaround time. Quantitative tests are able to quantify the amount of drug or metabolite present and are used to confirm the presence of a specific drug identified by a screening test. These tests can also be used to identify drugs that cannot be measured by immunoassays, such as certain synthetic or semisynthetic opioids. Quantitative (i.e., confirmatory) tests are performed in a laboratory and gas chromatography/mass spectrometry is considered to be the criterion standard.

Laboratory tests must meet the general regulatory standards of the Clinical Laboratory Improvement Amendments (CLIA). Certain point-of-care immunoassays are commercially available as CLIA-waived tests for drugs such as cocaine, methadone, morphine, and oxycodone.

Note: This policy addresses use of UDT in outpatient substance abuse treatment or outpatient chronic pain management settings only.

Definitions: Stabilization phase: The stabilization and/or detoxification phase of
treatment is for patients who experience withdrawal symptoms following prolonged drug abuse. This phase focuses on finding a medication dosage that will minimize withdrawal symptoms and cravings and decrease or eliminate drug abuse. Most patients in opioid treatment are expected to be on a stable dose of medication within 4 weeks of initiating treatment.

**Maintenance phase:** The maintenance and/or rehabilitation phase of treatment follows the stabilization phase of treatment. This phase begins when a patient is responding optimally to medication treatment and routine dosage adjustments are no longer needed. For most patients in opioid treatment, targeted qualitative screening once every 1 to 3 months is sufficient during the maintenance phase of treatment.

**Policy:**

I. **Qualitative Urine Drug Testing**

A. Qualitative urine drug testing for substance abuse treatment may be considered MEDICALLY NECESSARY under any of the following conditions:

1. On initial entrance into a substance abuse treatment program when all of the following criteria are met:
   a. An adequate clinical assessment of patient history and risk of substance abuse is performed, including obtaining information from the state prescription drug monitoring program; AND
   b. Clinicians have knowledge of test interpretation; AND
   c. Clinical documentation specifies how the test result will be used to guide clinical decision making.

2. During the stabilization phase of treatment no more frequently than once a week for a maximum of 4 weeks.

3. During the maintenance phase of treatment no more frequently than once a month.

B. Qualitative urine drug testing for chronic pain management may be considered MEDICALLY NECESSARY under any of the following conditions:

1. On initial entrance into a chronic pain management program when all of the following criteria are met:
   a. An adequate clinical assessment of patient history and risk of substance abuse is performed, including obtaining information from the state prescription drug monitoring program; AND
   b. Clinicians have knowledge of test interpretation; AND
   c. Clinical documentation specifies how the test result will be used to guide clinical decision making.

2. During subsequent monitoring of treatment no more frequently than the following times according to the risk level of the individual, as determined by a validated screening tool for assessing the risk of aberrant drug-related behaviors (e.g., the Opioid Risk Tool [ORT] or the Screener and Opioid Assessment for Patients with Pain-Revised [SOAPP-R]):
   a. Twice a year for patients who are low or moderate risk;
b. Four times a year for patients who are high risk OR receiving an opioid dose >120 mg MED/d;

c. At the time of the office visit for patients demonstrating aberrant behavior defined by one or more of the following:
   i. Lost prescriptions;
   ii. Requests for early refills;
   iii. Obtained opioids from multiple providers;
   iv. Unauthorized dose escalation;
   v. Apparent intoxication.

C. Qualitative urine drug testing is considered NOT MEDICALLY NECESSARY in all other situations, including but not limited to routine testing and testing for non-medical purposes.

II. Quantitative Urine Drug Testing

A. Quantitative urine drug testing for substance abuse treatment or chronic pain management may be considered MEDICALLY NECESSARY when ALL of the following criteria are met:
   1. Qualitative urine drug testing was performed according to the medically necessary criteria described in section I; AND
   2. The result of qualitative urine drug testing was one or more of the following:
      a. Positive for a non-prescribed drug with abuse potential; OR
      b. Positive for an illicit drug (e.g., methamphetamine or cocaine); OR
      c. Negative for prescribed medications; AND
   3. Clinical documentation specifies supporting rationale for each quantitative test ordered; AND
   4. Clinical documentation specifies how the test result will be used to guide clinical decision making.

B. Quantitative urine drug testing for substance abuse treatment or chronic pain management may be considered MEDICALLY NECESSARY when BOTH of the following criteria are met:
   1. A qualitative test for the relevant drug(s) is not commercially available; AND
   2. The testing is performed according to the medically necessary criteria described in section I, with the exception that it is quantitative rather than qualitative testing.

C. Quantitative urine drug testing is considered NOT MEDICALLY NECESSARY in all other situations, including but not limited to routine testing and testing for non-medical purposes.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.
Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT:
- 80100 Drug screen, qualitative; multiple drug classes chromatographic method, each procedure
- 80101 Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class
- 80102 Drug confirmation, each procedure
- 80103 Tissue preparation for drug analysis
- 80104 Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure
- 80150-80299 Quantitative Drug Testing Therapeutic Drug Assay Code Range
- 82000-84999 Quantitative Drug Testing Chemistry Code Range

HCPCS:
- G0431 Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter
- G0434 Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter

Policy History: Developed May 14, 2014