Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP322

Section: Medical Benefit Policy

Subject: Drug Testing in Substance Abuse Treatment

Applicable line of business:

Commercial	**x**	**Medicaid**	**x**
Medicare	**x**	**ACA**	**x**
CHIP	**x**		

I. Policy: Drug Testing in Substance Abuse Treatment

II. Purpose/Objective:

To provide a policy of coverage regarding Drug Testing in Substance Abuse Treatment

III. Responsibility:

A. Medical Directors
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

Commercial

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicare

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

CHIP

Geisinger Health Plan Kids (GHP Kids) is a Children's Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicaid

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

DESCRIPTION:
Drug Testing in Substance Abuse Treatment is divided into two categories: Qualitative (also known as Presumptive) and Quantitative (also known as Confirmatory) immunoassay.

Presumptive (Qualitative) Testing: For baseline screening before initiating treatment or at the time treatment is initiated: <u>All criteria must be met</u>:

1. Clinical assessment of the member's history and risk of substance abuse is performed; and
2. The diagnosis, physical examination or exhibited behavior of the insured individual support the need for urine drug testing; and
3. There is a plan of care outlining how to the test results will be used clinically

<u>Note:</u>
<u>Presumptive UDT testing may be ordered as a panel but will be considered as a single test or single member encounter, regardless of the number of analytes tested. Medical and surgical procedures should be reported with the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) codes that most comprehensively describe the services performed. Providers must not unbundle the services described by a HCPCS/CPT® code. Services that are integral to a more comprehensive service are not eligible for separate reimbursement when reported by the same provider for the same member on the same date of service.</u>

Presumptive UDT orders should be individualized based on clinical history and risk assessment and must be documented in the medical record.

Confirmatory (Quantitative) testing: <u>At least one of the criteria are met.</u>

1. The presumptive test results are positive AND the confirmatory testing is limited to substances identified as present or positive on the presumptive test; AND
    a. The confirmatory test is ordered within 24 hours of a presumptive test; OR
    b. The presumptive test result is negative and the result is inconsistent with the member's history or presenting behavior AND the confirmatory test is ordered within 24 hours of the presumptive test.

    OR
2. The criteria for presumptive testing are met, but there is no presumptive test available (e.g., some synthetic or semi-synthetic opioids); or
3. Immunoassays for the relevant drug(s) are not commercially available; or
4. definitive drug levels are required for clinical decision making.

At the current time, physician-directed definitive profile testing is reasonable and necessary when ordered for a particular member based upon historical use and community trends. However, the same physician-defined profile is not reasonable and necessary for every member in a physician's practice.

Definitive UDT orders should be individualized based on clinical history and risk assessment and must be documented in the medical record.

FOR COMMERCIAL AND MEDICAID BUSINESS SEGMENTS:

INDICATIONS:
The following drug testing is covered when criteria are met:

Diagnosis and treatment for substance abuse or dependence is a covered indication for urine drug testing. Ordered tests and testing methods (presumptive or definitive) should match the member's stage of screening, treatment, or recovery, the member's documented history and diagnoses. For members with a diagnosed SUD, the clinician should perform random UDT, at random intervals in order to properly monitor the member. Testing should be determined by the clinician based on member history, physical examination, and previous laboratory findings, stage of treatment or recovery, suspected abused substance(s), and substances that may present high risk for additive or synergistic interactions with prescribed medication (e.g., benzodiazepines, alcohol).

The member's medical record should include an appropriate testing frequency based on the stage of screening, treatment, or recovery; the rationale for the drugs/drug classes ordered; and the results must be documented in the medical record and used to direct care.

Blanket orders (a 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) and routine standing orders for all members in a physician's practice are not medically necessary.

Quantity limits for presumptive and definitive tests are represented by codes 80305-80307 and G0480 - G0483, and G0659, are limited to

- 1-2 presumptive UDT dates of service per week and no more than 1 per day for members with 0-30 consecutive days of abstinence.
- For members with 31 to 90 consecutive days of abstinence, presumptive UDT are limited to 1 per week.
- For members with more than 90 consecutive days of abstinence, presumptive UDT is limited to a frequency of one UDT date of service per month.

Testing identified by codes 80320-80377, and 83992 are also subject to the same limitations delineated in the three prior bullets and are also limited to 1 per day. Drug testing, by any test method and/or combination, will be considered medically necessary up to a maximum of 28 dates of service in a calendar year when the presumptive and confirmatory testing criteria (delineated in prior sections of MP322) are met. Drug testing utilizing oral fluid analysis is considered on a per-case basis.

Requests for coverage in excess of 28 dates of service REQUIRES PRIOR AUTHORIZATION BY A PLAN MEDICAL DIRECTOR, and may be considered if it is suspected that the member is continuing a pattern of substance abuse as evidenced by either of the following:

- documentation of poor compliance; or
- documentation of deteriorating function or aberrant behavior (e.g., repeated lost prescriptions, repeated early refill requests, prescriptions for controlled substances from multiple providers, unauthorized or self-dosing, unsupervised dose escalation, apparent intoxication.)

FOR MEDICARE BUSINESS SEGMENTS

Please see Novitas Solutions, Inc. L35006 Controlled Substance Monitoring and Drugs of Abuse Testing

EXCLUSIONS:
There is insufficient evidence in the peer-reviewed, published medical literature to support the use of hair analysis as a drug testing methodology. It is therefore considered experimental, investigational or unproven and **NOT COVERED**.

There is insufficient evidence in the peer-reviewed, published medical literature to support the use of oral fluid analysis as a drug testing methodology. Unless mandated or otherwise noted, it is therefore considered experimental, investigational or unproven and **NOT COVERED.**

Third-party requests for urine drug testing including but not limited to, school, employer requests, or court-ordered testing is **NOT COVERED**.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Urine Drug Testing

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services.

80305-80307	Presumptive Drug Testing
80320-80377, 83992	Definitive Drug Testing
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	8-14 drug class(es), including metabolite(s) if performed
G0482	15-21 drug class(es), including metabolite(s) if performed
G0483	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
0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service

0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected
0517U	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications [PrecisView® CNS}
0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications {SyncView® Pain}
0519U	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LC-MS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation {SyncView® PainPlus}
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications {SyncView® Rx}

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:
Moeller KE, Lee KC, Kissack JC. Urine Drug Screening: Practical Guide for Clinicians. Mayo Clin Proc 2008;83(1):66-76.

Hoffman RJ. Testing for drugs of abuse (DOA). In: UpToDate, Traub SJ (Ed), UpToDate, Waltham, MA.

Becker W, Starrels JL. Prescription drug misuse: Epidemiology, prevention, identification, and management. In: UpToDate, Saxon AJ (Ed), UpToDate, Waltham, MA.

Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Treatment of Drug Abuse (Chemical Dependency) (130.6).

Christo PJ, et al. Urine drug testing in chronic pain. Pain Physician. 2011 Mar-Apr;14(2): 123-143.

Owen GT, Burton AW, Schade CM, Passik S. Urine drug testing: current recommendations and best practices. Pain Physician. 2012; 15(3 Suppl):ES119-ES133

Melanson SE, Ptolemy AS, Wasan AD. Optimizing urine drug testing for monitoring medication compliance in pain management. Pain Med. 2013; 14(12):1813-1820

Novitas Solutions, Inc. L35006 Controlled Substance Monitoring and Drugs of Abuse Testing

Novitas Solutions, Inc A56645 Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing

This policy will be revised as necessary and reviewed no less than annually.

Devised: 8/18

Revised: 7/20 (update frequency limits); 9/22 (revise frequency limits)

Reviewed: 7/19, 7/21, 7/22, 9/23, 9/24, 9/25

CMS UM Oversight Committee Approval: 12/23; 11/24

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at https://www.geisinger.org/health-plan/providers/ghp-clinical-policies