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.

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

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) The service or benefit 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.

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

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

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 use the test results will be used clinically

FREQUENCY OF TESTING DURING SUBSTANCE ABUSE TREATMENT
Stabilization phase: Although variable based on complexity of the individual member’s case, the stabilization phase is typically 4 weeks for persons receiving treatment for substance abuse. During this phase, weekly testing is generally considered appropriate.

Maintenance phase: Although variable based on complexity of the individual member’s case, targeted presumptive testing once every 1 to 3 months generally considered appropriate.

Confirmatory (Quantitative) testing: All criteria must be met:

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.

LIMITATIONS:
Drug testing, by any test method and/or combination, will be considered medically necessary up to a maximum of 20 dates of service in a calendar year when the criteria are met.

Requests for coverage in excess of 20 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 MEDICAID BUSINESS SEGMENT:

Quantity limits for presumptive and definitive tests are represented by codes 80305-80307 and G0480 - G0483, and G0659, are limited to 1 per day. Testing identified by codes 80320-80377, and 83992 are also limited to 1 per day.
Drug testing utilizing oral fluid analysis is considered on a per-case basis.

**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.

**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., la, 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., la, 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

- **0093U**  
  Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected

**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:**

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).


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

Devised: 8/18

Reviewed: 7/19