Medica Central Coverage Policy

Policy Name:	**Residential Facility and Outpatient Urine Drug Testing (UDT), Presumptive and Definitive MP9460**
Effective Date:	**09/01/2024**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

NOTE: This coverage policy does not address use of urine drug testing for monitoring of substances of abuse/ addiction in the following circumstances:

1. Emergent urine drug testing (e.g., in emergency department for detection of potential overdose or drug poisoning).
2. Hospital testing for monitoring of controlled substances for substance abuse/addiction or management of chronic pain.
3. Job or activity related testing (e.g., sports team participation).
4. Legally/state mandated drug testing.

PRESUMPTIVE URINE DRUG TESTING

Presumptive Urine Drug Testing Frequency

Presumptive urine drug testing (UDT) is **COVERED** at a frequency of:

1. One to three times ***per week**** for individuals with less than 90 days of abstinence, ***or***
2. One to three times ***per month**** for individuals with greater than 90 days of abstinence.

***Note:** Routine random monitoring frequency should be based on member's risk level.

Presumptive UDT is considered not medically necessary and therefore **NOT COVERED** when:

1. Performed more than three times ***per week*** for individuals with less than 90 days of

abstinence, ***or***

2. Performed more than three times ***per month*** for individuals with greater than 90 days of abstinence.

Point-of-Care (POC) Presumptive Urine Drug Testing

Point-of-Care presumptive UDT it **COVERED** for:

1. One-time baseline screening before or at the start of treatment initiation or at the time of a change in medication type and/or dosage and:
   a. Clinical assessment of history and risk of substance abuse has been completed, ***and***
   b. Provider has adequate knowledge of test interpretation, ***and***
   c. A documented plan is in place for clinical use of the test findings.
2. Routine compliance monitoring when:
   a. Individual is in stabilization phase (i.e., scheduled testing for ***maximum of four weeks**** after initiation of treatment, independent of risk), ***or***
   b. Individual is in maintenance phase (i.e., presumptive testing ***once every one to three months****).

   ***Note**: Provider should determine frequency of monitoring based on member's risk level using a validated risk assessment instrument.

Other Presumptive Urine Drug Testing

Other presumptive UDT is **COVERED** when aberrant behavior or decline in the individual's functional ability has resulted in:

1. Lost prescription
2. Requests for early prescription refill(s)
3. Obtaining opioids from multiple providers
4. Unauthorized dosage escalation
5. Apparent intoxications.

DEFINITIVE URINE DRUG TESTING

Definitive Urine Drug Testing Frequency

Definitive UDT is **COVERED** at a frequency of:

1. One physician-directed testing profile ***per week**** for individuals with less than 90 days of abstinence, ***or***
2. One to 3 physician-directed testing profiles in ***3 months**** for individuals with greater than 90 days of abstinence.

***Note:** Routine random monitoring frequency should be based on member's risk level using a validated risk assessment instrument.

Definitive UDT is considered not medically necessary and therefore **NOT COVERED** when:

1. Performed more than once ***per week*** for individuals with less than 90 days of abstinence, ***or***
2. Performed more than three times in ***one month*** for individuals with greater than 90 days of abstinence.

Definitive UDT Indications

Definitive UDT is medically necessary and therefore **COVERED** when based on the individual's specific indications (e.g., historical use, medication response, clinical assessment) in ***at least one of the following*** situations in order to:

1. Identify a specific substance or metabolite that is inadequately detected by presumptive UDT, ***or***
2. Definitively identify a specific drug(s) in a large family of drugs, ***or***
3. Identify a specific substance or metabolite that is not detected by presumptive UDT (e.g., fentanyl, meperidine, synthetic cannabinoids, other synthetic/analog drugs), ***or***
4. Identify drugs when a definitive concentration of a drug is needed to guide management (e.g., discontinuation of delta-9-tetrahydrocannabinol [THC] use according to a treatment plan), ***or***
5. Identify a negative, or confirm a positive, presumptive UDT result that is inconsistent with a member's self-report, presentation, medical history, or current prescribed pain medication plan, ***or***
6. Rule out an error as the cause of a presumptive UDT result, ***or***
7. Identify non-prescribed medication or illicit use for ongoing safe prescribing of controlled substances, ***or***
8. Use in a differential assessment of medication efficacy, side effects, or drug-drug interactions.

ALL OTHER CONSIDERATIONS FOR URINE DRUG TESTING

UDT is medically necessary and therefore **COVERED** in any of the following situations:

1. Frequency of testing, composition of panels, and number of analytes tested defined in the individualize treatment plan align with clinical history, current symptoms, and other supporting evidence of continuing use, ***or***
2. In outpatient pain management and substance abuse settings for ***one of the following***:
   a. Baseline screening before initiating treatment or at the time treatment is initiated, ***or***
   b. Within the stabilization phase of treatment, ***or***
   c. During the maintenance phase of treatment when documentation supports the need for continued testing.
3. Within an active phase of treatment, within a chronic pain program, or during maintenance when being actively followed by a physician.
4. The UDT ordered is focused on detecting the specific drug(s) of concern, and does not include a panel of all drugs of abuse.
5. Clinical documentation specifies how the test results will be used to guide clinical decision making.

UDT is not medically necessary and therefore **NOT COVERED** when:

1. Definitive UDT when immunoassays for the relevant drug are not commercially available, and clinical rationale is not explicitly documented in the member's medical record, ***or***
2. The billing provider of the service is not the prescribing, referring, or ordering provider, and no documentation of the lab results and copies of the order for the UDT are available, ***or***
3. The prescribing, ordering, or referring provider has not documented the clinical indications and medical necessity rationale for the UDT, ***or***
4. Any of the following scenarios are present:

a. Blanket orders (test request that is not for a specific member; rather, it is an identical order for all members in a clinician's practice without individualized decision making at every visit), ***or***

b. Reflex definitive UDT when presumptive testing is performed at point of care, as the clinician may have sufficient information to manage the member, ***or***

c. Routine standing orders (i.e., test request for a specific member representing repetitive testing to monitor a condition or disease for a limited number of sequential visits) for all members in a physician's practice, ***or***

d. Drug testing of two different specimen types from the same member on the same date of service for the same drugs/metabolites/analytes, ***or***

e. Specimen validity testing (e.g., pH, specific gravity, oxidants, or creatinine), ***or***

f. Routine presumptive or definitive UDT when testing is not required for clinical decision making, ***or***

g. Unbundled tests when a multi-test kit screening is used, ***or***

h. Definitive testing in place of presumptive drug screening or as a routine supplement to presumptive drug screens, ***or***

i. Any UDT orders for "custom profile" or "conduct additional testing as needed", ***or***

j. Definitive testing conducted without a positive or unexpected negative result on initial presumptive screening, ***or***

k. Definitive testing ordered prior to clinician review of the results of initial presumptive testing, and, when appropriate, discussion of result with member or their legal representative, ***or***

l. Non- preferred methods of testing, but may be considered medically necessary:

   i. Hair analysis

   ii. Saliva testing.

Description

Although drug analysis can be performed on multiple fluid and tissue samples, urine is the most commonly used.

specimen. UDT is performed to detect a parent drug (prescription or illicit) and/or one of its subsequent metabolites and to determine urine drug levels. Results are used to assist in treatment planning and monitoring. Examples of drugs and substances that may be misused include (but are not limited to) opioids, alcohol, cocaine, phencyclidine (PCP), tetrahydrocannabinol (THC), amphetamines, benzodiazepines, and barbiturates.

Urinary drug testing can be either presumptive or definitive. Presumptive UDT is used to identify the presence or absence of a drug or a drug class, but is not designed to measure the precise level of drugs or metabolites in the specimen. Results are reported as "positive" or "negative" based on predetermined cut-off drug levels. Definitive UDT is done to validate the identity of and determine the specific quantity of drugs or drug metabolites in the urine. A numerical value of the concentration of the drug/metabolite is reported.

During the stabilization (aka, detoxification) phase of treatment, individuals are normally experiencing withdrawal symptoms. Treatment focuses on eliminating the drug(s) of abuse. In certain cases, maintenance medication (e.g.,methadone, benzodiazepine) is given to ease withdrawal symptoms and cravings. The maintenance (aka, rehabilitation) phase begins when the

individual is responding to optimal medication levels and routine dosage adjustment is no long required. Qualitative, targeted screening once every one to three months is recommended during the active maintenance phase of treatment.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).

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