

Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 03/05/24
Clinical Policy Document: Drug Testing in Substance Use Disorders and Chronic Pain Management Settings	Replaces Effective Clinical Policy Dated: 09/13/22
Reference #: MC/L022	Page: 1 of 6

PURPOSE:

The intent of this clinical policy is to provide coverage guidelines in drug testing for screening or adherence monitoring of controlled substance use, or abstinence, as part of the management of chronic pain and for individuals undergoing treatment for substance abuse and addiction.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

The Plan covers medically necessary drug testing to detect drugs/drug metabolites as part of screening for and medical treatment of substance use or the abuse of prescription medications including medical pain management.

Drugs or drug classes which are being *definitively* tested for, should reflect only those that are likely to be present based on the medical history, current clinical presentation and current medication program. The frequency of testing should be at appropriate intervals to detect the presence of drugs.

Urine, serum and saliva drug testing should not be performed simultaneously.

Court mandated drug testing (eg, court ordered or house arrest monitoring) is not considered medically necessary.

GUIDELINES:

Medical Necessity Criteria - Must satisfy the following: I or II, and III

- I. Urine, serum or saliva drug testing for initial screening of controlled substances – *presumptive* drug testing is considered medically necessary for any of the following: A – C
 - A. To assess an individual when there is a suspected overdose or poisoning; or
 - B. To assess an individual when clinical evaluation suggests non-medical use of medications or illegal substances; or
 - C. Baseline testing when beginning treatment for a substance use disorder or a chronic pain syndrome.
- II. Urine, serum or saliva drug testing for adherence monitoring – must satisfy any of the following: A - B
 - A. Requests for *presumptive* drug testing to verify compliance with treatment, identify undisclosed drug use or abuse, or evaluate *aberrant* behavior is considered medically necessary up to 16 times per year, beginning at the start of treatment and as part of a routine monitoring program for individuals who satisfy any of the following: 1 - 2

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1. Receiving treatment for chronic pain with prescription opioids or other (potentially abused) medications; or
 2. Undergoing treatment for, or monitoring for relapse of, opioid addiction or substance use disorder
- B. Requests for *definitive* drug testing - must satisfy the following: 1 - 3, and any of 4 - 6
1. The request meets indications for *presumptive* drug testing (see II. A., above); and
 2. The specific *definitive* test(s) ordered are supported by documentation specifying the rationale for each test ordered; and
 3. Clinical documentation reflects how the results of the test(s) will be used to guide clinical care; and
 4. The *presumptive* test was negative for prescribed medications, positive for a prescription drug with abuse potential which was not prescribed, or positive for an illegal drug (eg, methamphetamine or cocaine) and the member disputes the drug testing results; or
 5. A presumptive test was inconclusive or inconsistent; or
 6. A presumptive test for the specific drug(s) is not commercially available.
- III. Documentation requirements - all documentation must be maintained in the member's medical records, must be available upon request, and satisfy all of the following: A - G
- A. Every page of the record must be legible and include appropriate member identification information (eg, complete name, dates of service) and include the identity of the ordering provider.
 - B. The submitted medical record should clearly describe the service(s) performed.
 - C. Documentation of the information from the state prescription drug monitoring program.
 - D. Medical record documentation (eg, history and physical, progress notes) maintained by the ordering physician/treating physician must indicate the medical necessity for performing a *definitive* drug test.
 1. All tests must be ordered in writing by the treating provider and all drugs/drug classes to be tested must be indicated in the order.
 2. In addition, the names of drugs prescribed should also be clearly documented.
 3. Documentation must exist for how the results will drive the treatment options (eg, an anticipated treatment plan based on confirmation of inconsistencies in the initial drug testing, to include implementation and follow-up procedures).
 - E. When a *definitive* confirmatory (laboratory-based specific identification) test is performed, the record must show that an inconsistent finding was noted on the *presumptive* screening testing. This involves either the presence of a non-prescribed drug or the absence of a prescribed drug.

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- F. If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of the lab results, along with copies of the ordering/referring physician's order for the *definitive* drug test. The physician must include the clinical indication/medical necessity in the order for the *definitive* drug test.
- G. Drugs or drug classes for which testing are performed should reflect only those likely to be present, based on the patient's medical history, current clinical presentation and current medication program. Drugs for which specimens are being tested must be indicated by the ordering health care provider in a written order.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:Aberrant behavior:

Includes, but is not limited to, lost prescriptions, repeated requests for early refills, prescriptions from multiple providers, unauthorized dose escalation and apparent intoxication.

Definitive Testing:

A type of testing that is more specific than presumptive testing and allows for the detection of specific drugs or metabolites.

Medication-Assisted Treatment (MAT):

Combines behavioral therapy and medications to treat substance use disorders.

Presumptive Testing:

A type of testing that is intended to identify the use or non-use of a drug or general class of origin.

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Prior Authorization: No

CODING:

CPT® or HCPCS

- 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, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
- 0007U Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service - ToxProtect
- 0011U Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites - Cordant CORE™ Cordant Health Solutions
- 0051U Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry LC-MS/MS, urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service UCompliDx Elite Medical Laboratory Solutions, LLC (LDT)
- 0054U Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service - AssuranceRx Micro Serum
- 0082U Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service - NextGen Precision™ Testing, Precision Diagnostics LBN Precision Toxicology, LLC
- 0093U Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected - ComplyRX Claro Labs
- G0480 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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed
- G0481 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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed
- G0482 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

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- 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); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed
- G0483 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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), 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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, 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

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REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines (MP/C009)
3. Clinical Policy: Laboratory Tests (MP/L001)
4. Christo PJ, Manchikanti L, Ruan X, et al. Urine drug testing in chronic pain. *Pain Physician*. 2011; 14(2):123-143.
5. Melanson SE. The utility of immunoassays for urine drug testing. *Clin Lab Med*. 2012; 32(3):429-447.
6. Melanson SE, Ptolemy AS, Wasan AD. Optimizing urine drug testing for monitoring medication compliance in pain management. *Pain Med*. 2013; 14(12):1813-1820.
7. Owen GT, Burton AW, Schade CM, Passik S. Urine drug testing: current recommendations and best practices. *Pain Physician*. 2012; 15(3 Suppl):ES119-ES133.
8. Webster LR, Webster RM. Predicting aberrant behaviors in opioid-treated patients: preliminary validation of the Opioid Risk Tool. *Pain Med*. 2005; 6(6):432-442.
9. Federal Guidelines for Opioid Treatment Programs. March 2015. Substance Abuse and Mental Health Services (SAMHSA). Retrieved from <https://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP>. Accessed 06-12-23.
10. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. A Treatment Improvement Protocol TIP 43. Substance Abuse and Mental Health Services (SAMHSA). 2012. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK64164/pdf/Bookshelf_NBK64164.pdf. Accessed 06-12-23.
11. Federation of State Medical Boards. Guidelines for the Chronic Use of Opioid Analgesics. Adopted as policy by the Federation of State Medical Boards April 2017. Retrieved from https://www.fsmb.org/siteassets/advocacy/policies/opioid_guidelines_as_adopted_april-2017_final.pdf. Accessed 06-12-23.
12. American Society of Addiction Medicine (ASAM). Appropriate use of drug testing in clinical addiction medicine. Consensus Document. Chevy Chase, MD: ASAM; 2017. Retrieved from

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<https://www.asam.org/Quality-Science/quality/drug-testing>. Accessed 06-12-23.

13. American Society of Addiction Medicine (ASAM). Public Policy Statement on the Ethical Use of Drug Testing in the Practice of Addiction Medicine. Chevy Chase, MD: ASAM; April 3, 2019. Retrieved from <https://s21151.pcdn.co/wp-content/uploads/ASAM-Public-Policy-Statement-on-Ethical-Use-of-Drug-Testing-in-Practice-of-Addiction-Medicine.pdf>. Accessed 06-12-23.
14. Argoff CE, Alford DP, Fudin J, et al. Rational urine drug monitoring in patients receiving opioids for chronic pain: consensus recommendations. Pain Medicine, 19(1);2018:97-117. Retrieved from <https://academic.oup.com/painmedicine/article/19/1/97/4683199?searchresult=1>. Accessed 06-12-23.
15. AACC Academy Presents Laboratory Medicine Practice Guidelines and American Academy of Pain Medicine. Using Clinical Laboratory Tests to Monitor Drug Therapy in Pain Management Patients. 2018. Retrieved from <https://painmed.org/clinician-resources/clinical-guidelines>. Accessed 06-12-23.

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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U.S. Department of Health and Human Services
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Room 509F, HHH Building
Washington, D.C. 20201
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ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).