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Urine Drug Testing (UDT) Presumptive and Definitive

MP9460

Covered Service: Yes

Prior Authorization Required: No

Additional Information: Emergent UDT is not addressed in this policy.

WellFirst Health Medical Policy:

1.0 Frequency of Presumptive UDT for Substance Use Disorder (SUD)

- 1.1 For members with 0 to 90 consecutive days of abstinence, presumptive UDT is expected at a frequency of 1 to 3 presumptive UDT per week. More than 3 presumptive panels in one week is not reasonable and medically necessary and therefore is non-covered.
- 1.2 For members with > 90 consecutive days of abstinence, presumptive UDT is expected at a frequency of 1 to 3 UDT in one month. More than 3 physician-directed UDT in one month is not reasonable and necessary, and therefore is non-covered.
- 1.3 Routine random monitoring frequency should be based on member's risk level.

2.0 Presumptive UDT is considered medically necessary for point-of-care testing (POCT) as indicated by **ANY** of the following:

- 2.1 For baseline screening before or at the time of treatment initiation (or change in medication type or dosage), one time per program entry, and **ALL** of the following criteria are met:
 - 2.1.1 Clinical assessment of history and risk of substance abuse has been completed; **AND**
 - 2.1.2 Adequate knowledge of test interpretation; **AND**
 - 2.1.3 Plan in place for clinical use of test findings.
- 2.2 For routine scheduled monitoring of compliance as indicated by **EITHER** of the following:
 - 2.2.1 Member in stabilization phase (e.g. scheduled testing for maximum of 4 weeks after initiation of treatment, independent of risk)

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2.2.2 Member in maintenance phase (e.g. presumptive testing once every 1 to 3 months).

2.3 For routine random monitoring frequency of this monitoring should be based on member's risk level using a validated risk assessment instrument.

3.0 Other presumptive UDT testing which is clinically indicated (e.g. due to aberrant behavior, decline in member's function) may include, but is not limited to the following:

3.1 Lost prescriptions

3.2 Requests for early refills

3.3 Obtaining opioids from multiple providers

3.4 Unauthorized dosage escalation

3.5 Apparent intoxication

Definitive Urine Drug Testing

4.0 Frequency of definitive UDT for Substance Use Disorder (SUD)

4.1 For members with 0 to 90 consecutive days of abstinence, definitive UDT is expected at a frequency of 1 physician-directed testing profile in one week. More than 1 physician-directed testing profile in one week is not reasonable and medically necessary and therefore is non-covered.

4.2 For members with > 90 consecutive days of abstinence, definitive UDT is expected at a frequency of 1 to 3 physician-directed testing profiles in 3 months. More than 3 physician-directed UDT in one month is not reasonable and necessary, and therefore is non-covered.

4.3 Routine random monitoring frequency should be based on member's risk level using a validated risk assessment instrument

5.0 Definitive UDT is considered medically necessary based upon member specific indications such as historical use, medication response, and clinical assessment, in **ANY** of the following situations:

5.1 Identify a specific substance or metabolite that is inadequately detected by presumptive UDT

5.2 Definitively identify specific drugs in a large family of drugs

5.3 Identify a specific substance or metabolite that is not detected by presumptive UDT such as fentanyl, meperidine, synthetic cannabinoids, and other synthetic/analog drugs

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- 5.4 Identify drugs when a definitive concentration of a drug is needed to guide management (e.g. discontinuation of THC use according to a treatment plan)
- 5.5 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
- 5.6 Rule out an error as the cause of a presumptive UDT result
- 5.7 Identify non-prescribed medication or illicit use for ongoing safe prescribing of controlled substances
- 5.8 Use in a differential assessment of medication efficacy, side effects, or drug-drug interactions.

All Urine Drug Testing

- 6.0 Frequency of testing, composition of panels, and number of analytes tested should align with clinical history, current symptoms, and other supporting evidence of continuing use and individualized to the treatment plan.
- 7.0 In outpatient pain management and substance abuse settings UDT may be considered medically necessary for:
 - 7.1 Baseline screening before initiating treatment or at the time treatment is initiated.
 - 7.2 Stabilization phase
 - 7.3 During the maintenance phase provided documentation supports the need for continued testing.
- 8.0 The member should be in an active phase of treatment, chronic pain program, or actively followed by a physician in maintenance.
- 9.0 The urine drug test ordered should be focused on detecting the specific drugs of concern, and should not include a panel of all drugs of abuse.
- 10.0 Clinical documentation should specify how the test results will be used to guide clinical decision making.
- 11.0 When immunoassays for the relevant drug are not commercially available, this is not an indication to allow coverage for definitive testing unless there is clinical rationale for such testing documented in the member's medical record.
- 12.0 If the billing provider of the service is not the prescribing, referring, or ordering provider, he or she is required to maintain documentation of the lab results along with copies of the order for the drug test.
- 13.0 The prescribing, ordering, or referring provider is required to state the clinical indication and medical necessity for the test in the order; this documentation and the

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supporting medical records must be provided by the billing provider to WellFirst Health upon request.

- 14.0 Non- Covered drug testing may include, but is not limited to **ANY** of the following:
 - 14.1 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)
 - 14.2 Reflex definitive UDT is not reasonable and necessary when presumptive testing is performed at point of care because the clinician may have sufficient information to manage the member
 - 14.3 Routine standing orders (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
 - 14.4 Drug testing of two different specimen types from the same member on the same date of service for the same drugs/metabolites/analytes
 - 14.5 Specimen validity testing including, but not limited to: pH, specific gravity, oxidants, or creatinine
 - 14.6 Routine presumptive or definitive UDT without consideration of whether testing is required for clinical decision making
 - 14.7 Unbundled tests when a multi-test kit screening is used
 - 14.8 Definitive testing instead of presumptive drug screening or as a routine supplement to presumptive drug screens
 - 14.9 Any UDT orders for "custom profile" or "conduct additional testing as needed."
 - 14.10 Definitive testing conducted without a positive or unexpected negative result on initial presumptive screening
 - 14.11 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
 - 14.12 The following are not the preferred methods of testing, but may be considered medically necessary:
 - 14.12.1 Hair analysis
 - 14.12.2 Saliva

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