



Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Urine Drug Testing (UDT) Presumptive and Definitive

MP9460

Covered Service: Yes

Prior Authorization Required: No

Additional Information: This policy does not address use of urine drug testing for monitoring in the following circumstances: Emergent urine drug testing (e.g. in emergency department for detection of potential over dose or drug poisoning). Hospital testing for monitoring of controlled substances for substance abuse/addiction or management of chronic pain. Job or activity related testing (e.g. sports team participation, legally/state mandated drug testing).

Medica Medical Policy:

Presumptive Urine Drug Testing Frequency

1.0 Presumptive UDT is considered medically necessary at the following frequencies:

- 1.1 One to three times **per week*** for members with less than 90 days abstinence; **OR**
- 1.2 One to three times **per month*** for members with greater than 90 days of abstinence.

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

2.0 Presumptive UDT is considered not medically necessary and therefore not covered in the following situations:

- 2.1 Performed more than three times **per week** for members with less than 90 days abstinence; **OR**
- 2.2 Performed more than three times **per month** for members with greater than 90 days abstinence.

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

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

- 3.1 For one-time baseline screening before or at the time of treatment initiation (or change in medication type or dosage), and **ALL** of the following criteria are met:
 - 3.1.1 Clinical assessment of history and risk of substance abuse has been completed; **AND**
 - 3.1.2 Provider has adequate knowledge of test interpretation; **AND**
 - 3.1.3 A documented plan in place for clinical use of test findings.

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- 3.2 For routine scheduled monitoring of compliance as indicated by **EITHER** of the following:
 - 3.2.1 Member in stabilization phase (e.g. scheduled testing for **maximum of 4 weeks*** after initiation of treatment, independent of risk); **OR**
 - 3.2.2 Member in maintenance phase (e.g. presumptive testing **once every 1 to 3 months***).

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

Other Presumptive Urine Drug Testing

- 4.0 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:
 - 4.1 Lost prescriptions
 - 4.2 Requests for early refill(s)
 - 4.3 Obtaining opioids from multiple providers
 - 4.4 Unauthorized dosage escalation
 - 4.5 Apparent intoxications.

Definitive Urine Drug Testing Frequency

- 5.0 Definitive UDT is considered medically necessary at a frequency of:
 - 5.1 Once **per week*** for members with less than 90 days abstinence; **OR**
 - 5.2 Three times **per month*** for members 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 Urine Drug Testing Indications:

- 6.0 Definitive UDT is considered medically necessary based upon member specific indications such as historical use, medication response, and clinical assessment, in at least **ONE** of the following situations:
 - 6.1 Identify a specific substance or metabolite that is inadequately detected by presumptive UDT; **OR**
 - 6.2 Definitively identify specific drugs in a large family of drugs; **OR**
 - 6.3 Identify a specific substance or metabolite that is not detected by presumptive UDT (e.g., fentanyl, meperidine, synthetic cannabinoids, and other synthetic/analog drugs); **OR**
 - 6.4 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) ; **OR**

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- 6.5 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**
 - 6.6 Rule out an error as the cause of a presumptive UDT result; **OR**
 - 6.7 Identify non-prescribed medication or illicit use for ongoing safe prescribing of controlled substances; **OR**
 - 6.8 Use in a differential assessment of medication efficacy, side effects, or drug-drug interactions.
- 7.0 **All Other Indications For Urine Drug Testing** UDT is considered medically necessary in **any** of the following situations:
- 7.1 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; **OR**
 - 7.2 In outpatient pain management and substance abuse settings UDT may be considered medically necessary for **one** of the following:
 - 7.2.1 Baseline screening before initiating treatment or at the time treatment is initiated; **OR**
 - 7.2.2 Within the stabilization phase; **OR**
 - 7.2.3 During the maintenance phase provided documentation supports the need for continued testing
 - 7.3 Within an active phase of treatment, within in a chronic pain program, or actively followed by a physician during maintenance.
 - 7.4 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.
 - 7.5 Clinical documentation should specify how the test results will be used to guide clinical decision making.
- 8.0 Urine drug testing is considered **not medically necessary** and therefore not covered in any of the following situations:
- 8.1 Definitive UDT when immunoassays for the relevant drug are not commercially available, and clinical rationale for such testing is not explicitly documented in the member's medical record; **OR**
 - 8.2 The billing provider of the service is not the prescribing, referring, or ordering provider, and no documentation of the lab results along with copies of the order for the UDT are available; **OR**
 - 8.3 The prescribing, ordering, or referring provider has not documented the clinical indications and medical necessity rationale for the test in the order; **OR**
- 9.0 Non- Covered drug testing may include, but is not limited to **ANY** of the following:

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- 9.1 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); **OR**
 - 9.2 Reflex definitive UDT is not reasonable and necessary when presumptive testing is performed at point of care, as the clinician may have sufficient information to manage the member; **OR**
 - 9.3 Routine standing orders (e.g., 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**
 - 9.4 Drug testing of two different specimen types from the same member on the same date of service for the same drugs/metabolites/analytes; **OR**
 - 9.5 Specimen validity testing (e.g., pH, specific gravity, oxidants, or creatinine); **OR**
 - 9.6 Routine presumptive or definitive UDT without consideration of whether testing is required for clinical decision making; **OR**
 - 9.7 Unbundled tests when a multi-test kit screening is used; **OR**
 - 9.8 Definitive testing in place of presumptive drug screening or as a routine supplement to presumptive drug screens; **OR**
 - 9.9 Any UDT orders for "custom profile" or "conduct additional testing as needed;" **OR**
 - 9.10 Definitive testing conducted without a positive or unexpected negative result on initial presumptive screening; **OR**
 - 9.11 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; **OR**
- 10.0 The following are not the preferred methods of testing, but may be considered medically necessary:
- 10.1 Hair analysis
 - 10.2 Saliva



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