n05621

Drug, Drug Metabolite and Alcohol Testing Frequency Policy

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

The purpose of this policy to provide guidance for decisions related to the frequency of drug testing parameters, while receiving behavioral health care services for Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS) utilization management teams.

Policy Detail:

Refer to the appropriate Certificate of Coverage, Summary Plan Description, or Individual and Family Policy to determine eligibility, and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHIC follows Medicare's National and Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

Procedure Detail:

I. Description
   - A. Drug testing by blood, urine, saliva, sweat, hair and/or breath, is often used to detect drugs or drug metabolites, alcohol, benzodiazepines, opiates and/or other illegal substances and can provide evidence of ongoing substance abuse and assist in directing treatment. The frequency of testing should be at the lowest level to detect presence and align with clinical history, current symptoms and other supporting evidence of continuing use.
   - B. Most substances of abuse can be detected for approximately two (2) to four (4) days. However, the higher the dose and the more often the substance is used over an extended period of time, it is more likely the substance can be detected longer.

II. Medical Criteria
   - A. Drug screening and testing is covered when completed upon admission into treatment setting including inpatient, residential or intensive outpatient treatment (IP/Residential/IOP) for the purpose of an initial assessment or baseline of the substances being used.
   - B. Drug screening and testing is covered when completed before initiating chronic opioid therapy to treat pain related to a specific medical indication for the purpose of initial assessment or baseline of the substances being used.
   - C. Additional drug screening and testing may be covered for any of the following circumstances when a requesting practitioner will utilize the results for treatment planning:
     1. If the individual reports relapse; **OR**

2. If any external agencies or individuals report relapse, **OR**
3. If the individual's mental or physical status appears to be altered, **OR**
4. If there is any other definitive information suggesting the individual has relapsed, **OR**
5. If the individual is on chronic opioid therapy, additional drug screening will be covered yearly or more frequently if the individual exhibits evidence of increased risk of misuse, **OR**
6. In other situations where testing is medically necessary not outlined above.

D. Only when a drug screening reveals the presence of non-prescribed or illicit drug(s), then confirmatory testing is appropriate.
   1. Confirmation of drug testing is indicated when ALL the following criteria are met:
      a. The result of the drug test is different than that suggested by the patient's medical history, clinical presentation or patient's own report; **AND**
      b. There are inconsistent findings if previous tests were performed; **AND**
      c. The ordered confirmatory tests are not part of a predesignated laboratory panel, **AND**
      d. A signed requesting practitioner order deeming the laboratory test(s) medically necessary, includes the specific name of the lab test(s) to be performed (on pre-determination).

E. A full panel screening should only be considered when **ALL** the following criteria are met:
   1. The patient's observed behavior suggests the use of drug(s) not identified on the initial screening, **AND**
   2. Medical documentation supports the behavioral observation and medical justification for conducting a full panel screening, **AND**
   3. A signed requesting practitioner order deeming the laboratory test(s) medically necessary, includes the specific name of the lab test(s) to be performed.

F. Ongoing urine drug screening assessment may also be necessary. Components of ongoing assessment of risk include:
   1. Review of the Prescription Drug Monitoring Program (PDMP) information.
   2. Periodic urine drug testing (including chromatography) – at least yearly in low risk cases, more frequently with evidence of increased risk.
   3. Violations of the opioid agreement.
   4. Periodic pill counts may also be considered for high risk patients.

G. See MCG guidelines for drug screening and testing requests specifically related to opioid use.

III. Non-covered indications

A. Network Health does not cover drug screening or testing for any of the following circumstances:
   1. Routine drug screening or testing during IP/Residential/IOP treatment without evidence suggestive of relapse.
   2. Random drug screening or testing during IP/Residential/IOP treatment without evidence suggestive of relapse.
   3. Drug screening or testing ordered by third parties, including employer, school and/or court ordered or mandated drug screening/testing without evidence suggestive of relapse.

4. If a urine drug screen (urine dipstick testing, simple drug screen, etc.) is consistent with the patient's prescribed medications and the patient is not displaying any unusual behaviors, is not medically necessary for full panel or confirmatory lab test to be performed.
5. Network Health considers it not medically necessary to test for the same drug via blood and urine simultaneously.

B. Network Health considers drug testing via hair analysis **NOT** medically necessary.

Definitions:

Full Panel Screen: a drug test that screens for the most misused illicit and/or prescription drug classes.

Qualitative (presumptive) drug testing: Test methodology to detect the presence or absence of a substance belonging to a general class of drugs. The test result is expressed in non-numerical terms (i.e. positive or negative).

Quantitative (definitive or confirmatory) drug testing: Test methodology to determine the specific quantity/concentration of a drug or drug metabolite. The test result is expressed in numerical terms.

Related Documents:

None

CPT/HCPCS Codes:

80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay); capable of being read by direct optical observation only (e.g., 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 (e.g., immunoassay); read by instrument assisted direct optical observation (e.g., 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 (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA,KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed,per date of service
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., ia, 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	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., ia, 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; 8-14 drug class(es), including metabolite(s) if performed
G0482	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., ia, 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; 15-21 drug class(es), including metabolite(s) if performed
G0483	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., ia, 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; 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., IA, 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

References:
1. MCG Ambulatory Care 28th Edition Guidelines, Urine Toxicology Testing ORG:B-817-T (BHG)
2. Centers for Medicare/Medicaid (CMS) Local Coverage Determination (LCD) Urine Drug Testing L39611, effective 12/24/2024
3. Center for Substance Abuse Treatment. Substance Abuse: Clinical Issues in Intensive Outpatient Treatment. Treatment Improvement Protocol (TIP) Series 47. Appendix B. Urine Collection and Testing Procedures and Alternative Methods for Monitoring Drug Use. DHHS Publication No. (SMA) 06-4182. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006. Updated December 12, 2023. Accessed July 1, 2024.
4. UpToDate, Inc. Screening for Unhealthy Use of Alcohol and Other Drugs in Primary Care. Updated January 11, 2024, current through May 2024. Accessed July 1, 2024
5. UpToDate, Inc. Testing for Drugs and Abuse (DOA). Updated November 8, 2023, current through May 2024. Accessed July 1, 2024

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only.
Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.

Origination Date: 09/21/2017	**Approval Date:** 08/15/2024	**Next Review Date:** 08/15/2025
Regulatory Body: none	**Approving Committee:** Medical Policy Committee	**Policy Entity:** NHAS, NHIC, NHP
Department of Ownership: Utilization Management		**Revision Number:** 8
Revision Reason: 09/21/2017- NEW policy developed 09/20/2018- Annual Review 08/15/2019- Annual Review 08/20/2020-Annual Review & added CPT codes, confirmatory testing clarified. 08/19/2021 - To ensure that changes are tracked in HCC, pushing through consent process. Updates will be made to reflect the prior approval and renewal date. 08/19/2021 - Annual Review. 08/18/2022 - Annual Review- references updated and language pertaining to the "It's Your Choice" booklet removed (approved 8/18/22 by Medical Policy Committee) Approved by Medical Policy Committee on 08/18/2022. 9/21/2023-Annual Review, minor grammar and formatting changes, CPT codes updated to reflect termination of codes effective 7/1/2023, references updated 08/15/2024- Annual Review. Minor formatting changes. CPT codes reviewed and updated to include removal of terminated codes, and addition of one additional code identified, references updated and now include reference to CMS criteria effective 12/24/2023.		