

Meeting: Utilization Management Committee	Date: 8/15/2024
Title/Topic: Medical Policy – Drug, Drug Metabolite and Alcohol Testing Frequency	Policy Number: n05621
Purpose: Annual Review	Outcome: Accept with changes as outlined
Line of Business: Commercial and Medicare	Effective Date: 9/21/2023

INTRODUCTION:

Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

Drug testing by blood, urine, saliva, sweat, hair and/or breath, is often used to detect drugs or drug metabolites, alcohol, 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.

Network Health’s Utilization Management Coordinator Registered Nurses (UMC-RN) utilize MCG guidelines for consistency with medical necessity review of drug screening and testing specifically related to opioid use. This policy was developed for decision-making consistency for drug testing frequency during inpatient, residential and intensive outpatient treatment without evidence suggestive of relapse. Network Health no longer requires authorization or performs clinical review on drug screening and/or testing related to opioid use. This policy is due for annual review.

ACTION RECOMMENDED:

States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

Annual review has been conducted and the Drug, Drug Metabolite and Alcohol Testing Frequency medical policy is presented for review and approval with changes as written.

No changes were made to the intention or utilization guidance of this policy. Changes made include minor grammatical and formatting changes, updating of references, and verification of CPT codes with three (3) CPT codes removed based on termination of code effective 07/01/2023.

ANALYSIS/JUSTIFICATION:

Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

No national or local coverage determinations were identified from the Centers for Medicare/Medicaid (CMS) pertaining to the frequency of drug and alcohol testing.

MCG Ambulatory Care 27th Edition Guidelines, Urine Toxicology Testing ORG: B-817-T (BHG) provides guidance on the medical necessity for testing but does not address frequency of performing testing.

REFERENCES:

Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.

- MCG Ambulatory Care 27th Edition Guidelines, Urine Toxicology Testing ORG: B-817-T (BHG)
- 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.
- UpToDate, Inc. Screening for Unhealthy Use of Alcohol and Other Drugs in Primary Care. Updated February 16, 2022.
- UpToDate, Inc. Testing for Drugs and Abuse (DOA). Updated September 16, 2022.

REVISION REASON:

Includes the date changes or updates were made and summary of changes applied.

09/21/2023: Annual review. Minor grammatical and formatting changes made. References were reviewed and updated. CPT code verification was performed with removal of three (3) codes based on termination of code effective 07/01/2023.

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.