Drug Testing (for Indiana Only)

Guideline Number: CS050IN.01
Effective Date: April 1, 2021

Instructions for Use

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Related Policies
None

Application

This Utilization Review Guideline only applies to the state of Indiana.

Coverage Rationale

This Utilization Review Guideline applies to drug testing/screening, when conducted for medical purposes related to the evaluation of members being treated with controlled substances for non-cancer-related chronic pain or substance use disorder.

This Utilization Review Guideline does not apply when drug testing/screening is performed:
- as part of an emergency room or urgent care center visit; or
- as part of an inpatient or residential treatment program.

Drug testing/screening should only be ordered for drugs or drug classes likely to be present based on the members medical history (prescribed medications, past drug use or abuse, previous lab findings or substance they are suspected of using) and current clinical presentation, and drugs commonly used in the patient's geographic location and peer group. It is not Medically Necessary to routinely test for substances that are not used in the member's treatment population or community.

Use of a blood or a saliva sample as an alternative to urine for drug testing is considered Medically Necessary only when collection of urine is not feasible (e.g., member has End Stage Renal Disease). This Utilization Review Guideline also applies to blood or saliva samples.

Clinical Indications for Urine Drug Testing (UDT)
- Evaluation of symptomatic members, multiple drug ingestion, or members with possible substance use disorder
- Monitoring for members on Chronic Opioid Therapy (COT)

Under this Utilization Review Guideline drug testing is defined as either presumptive (qualitative) or definitive (quantitative). A presumptive test confirms if a substance (analyte) is present in the specimen. A definitive test measures how much (the quantity) of an analyte is present.

Presumptive testing is Medically Necessary when the results of testing will impact treatment planning for a member and any of the following clinical criteria are met:

- Suspected drug overdose, unreliable medical history, and an acute Medically Necessary situation; or
- Initial assessment and ongoing treatment for chronic pain with prescription opioid or other potentially abused medications; or
- Initial assessment or ongoing treatment for, therapeutic compliance, monitoring for relapse of substance use disorder; or
- Assessment of a an member when clinical evaluation reasonably supports use of non-prescribed medications or illegal substances.

Presumptive tests should be used when it is a priority to have more immediate (although potentially less accurate) results. If a member disputes the results of a presumptive test, the test should be confirmed using a definitive method. If a member confirms that he or she used a substance detected by a presumptive test, it is not necessary to perform a definitive test to confirm the result. Presumptive testing should be part of the initial and ongoing assessment of a member's use of substances. Presumptive tests should be performed randomly to monitor a member during treatment and not on a routine basis.

Definitive drug testing panels are Medically Necessary when the following criteria are met:
- All the classes in the definitive drug testing panel are required for treatment planning; and
- Any of the following are met:
  - Confirm a negative or positive presumptive test when all of the following criteria are met:
    - Result of the presumptive test is inconsistent with an member's self-report, presentation, medical history, or current prescribed pain medication plan; and
    - Rule out an error as the cause of a presumptive test result.
  - Test when a presumptive drug test is not available for the drug for which there is a suspicion of possible abuse or misuse and all of the following criteria are met:
    - The diagnosis, history and physical examination and/or behavior of the member being tested support the need for the specific drug testing being requested; and
    - Results of testing will impact treatment planning.
  - Identify a specific substance or metabolite that is inadequately detected by a presumptive test; or
  - Identify drugs when a definitive concentration of a drug is needed to guide management; or
  - Definitively identify specific drugs in a large family of drugs, only if testing will impact treatment planning.

Definitive testing should only be used whenever a member disputes the findings of a presumptive test, when a provider wants to detect a specific substance not adequately identified by presumptive methods (e.g., heroin rather than opiates) or when the results will inform a decision with major clinical or non-clinical implications for the member (e.g., treatment transition, changes in medication therapies, changes in legal status). If a provider expects the result of a presumptive test to be positive (e.g., a member reports recent use), and information regarding specific substance and/or quantity is desired, it may be appropriate to skip the presumptive test in favor of a definitive test.

When ordering a definitive test, providers should advise the testing laboratory of possible or expected substance(s) in the specimen.

Definitive testing for more than 7 classes of drugs (including metabolites) would be unusual for most members.

Documentation Requirements

- Signed and dated member-specific physician order for each drug test with sufficient information to substantiate each testing panel component (standing orders are not detailed enough);
- Patient medical and behavioral health history, physical examination and previous laboratory findings to include:
  - Presence or absence of aberrant behaviors related to chronic pain management or addiction;
  - History of opioid use and the history of the medical condition associated with the indication for opioid therapy, if applicable;
- Current treatment plan including timeline for future testing and changes in management based upon the previous result(s);
- Copy of test results;
- Prescribed medication(s);
- Risk assessment plan which uses a validated risk assessment interview or questionnaire tool, with appropriate risk stratification and monitoring protocols that affirm the Medical Necessity for drug testing;
- Rationale for ordering a definitive drug test for each drug class tested; and
- If a definitive test is ordered, documentation supporting the inadequacy of presumptive testing.

Notes:
- A limit of one presumptive test and one definitive test can be performed on the same date of service.
- Definitive testing for more than 7 classes of drugs (including metabolites) would be unusual for most members and would have to be Medically Necessary.

Benefit Exclusions and Limitations

- More than one presumptive test performed on the same date of service by one or more providers;
- Drug testing by breath, sweat and hair analysis is considered experimental, investigational or unproven and is not Medically Necessary;
- Reflex testing by reference laboratories when presumptive testing is performed at point of collection/care (POC);
- Routine standing orders for all members in a practice;
- Reference lab to perform and bill presumptive test prior to definitive test without a specific physician's order for the presumptive test;
- Immunoassay (IA) testing may not be used to confirm or definitively identify a presumptive test result obtained by cups, dipsticks, cards, cassettes, or other IA testing methods;
- Drug testing ordered by or on behalf of third parties (e.g., school, courts, law enforcement, housing, employers);
- Specimen Validity Testing to assure that a specimen has not been compromised or altered.

Definitions

Check the member specific benefit plan document or any applicable federal or state contractual or regulatory requirements. In the event of a conflict, the federal, state or contractual definitions for benefit plan coverage supersede this Utilization Review Guideline.

Definitive/Quantitative/Confirmation (hereafter called "definitive" UDT): Used when medically necessary to identify specific medications, illicit substances and metabolites; reports the results of analytes absent or present typically in concentrations such as ng/ml; definitive methods include but are not limited to GC-MS and LC-MS/MS testing methods only. (CMS)

Medically Necessary: Health care services that are all of the following as determined by us or our designee:
- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services. These clinical policies (as developed by us and revised from time to time) are available to Covered Persons on www.myuhc.com or the telephone number on your ID card. They are also available to Physicians and other health care professionals on www.UHCprovider.com.

Presumptive/Qualitative Drug Testing (hereafter called "presumptive" UDT): Used when medically necessary to determine the presence or absence of drugs or drug classes in a urine sample; results expressed as negative or positive or as a numerical result; includes competitive immunoassays (IA) and thin layer chromatography. (CMS)

Specimen Validity Testing: Urine specimen testing to ensure that it is consistent with normal human urine and has not been adulterated or substituted, may include, but is not limited to pH, specific gravity, oxidants and creatinine. (CMS)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Presumptive Drug Testing	
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, GC HPLC), and mass spectrometry either with or without 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

HCPCS Code	Description
Definitive Drug Testing	
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify member 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 member 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.

HCPCS Code	Description
Definitive Drug Testing	
G0482	Drug test(s), definitive, utilizing (1) drug identification methods able to identify member 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 member 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 member 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

American Society of Addiction Medicine (ASAM). Appropriate use of drug testing in clinical addiction medicine. Available at: https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2 Accessed August 9, 2019.

Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD): Urine Drug Testing (L36037).

Guideline History/Revision Information

Date	Summary of Changes
04/01/2021	• New Utilization Review Guideline

Instructions for Use

This Utilization Review Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Utilization Review Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.