



## Urine Drug Testing

### I. Policy

Urine Drug Testing (UDT, also known as Urine Drug Screening, or UDS) is performed to detect the presence in the urine of prescription medications and illegal substances for the purpose of medical treatment.

Note: This policy refers to coverage for drug testing in Outpatient Pain Management and substance abuse disorders. This policy does not apply to palliative or end of life comfort care. All other instances of coverage for UDT are not dependent on the criteria of this policy but must meet applicable criteria for medical necessity.

UHA recognizes the following definitions within this policy:

Presumptive/Qualitative testing is used to determine the presence or absence of drugs or drug classes as a Urine Drug Test; results may be negative, positive, or numeric, and methods may be TLC or immunoassay.

Definitive/Quantitative testing is used to identify specific medications, illicit drugs, or metabolites [note these are specific chemical entities, not classes], which are absent or present in ng/ml; and tested by GC-MS or LCMS methods.

Specimen validity testing does not test drugs (or classes), but tests pH, specific gravity, etc. to validate the integrity of the specimen that was submitted for testing.

### II. Criteria/Guidelines

University Health Alliance (UHA) will reimburse for Urine Drug Testing when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

- A. Within the scope of this policy, all Urine Drug Testing is considered medically necessary for the conditions listed below only when treatment planning by the requesting provider is dependent upon the test results:
  1. Outpatient Pain Management, defined as the medical management of chronic opioid therapy for non-cancer pain. This policy does not apply to palliative or end of life comfort care.
  2. To assess and treat members with substance abuse disorders.
- B. Outpatient Pain Management:
  1. In outpatient pain management, presumptive urine drug testing may be considered medically necessary within the following limitations:
    - a. For baseline screening before initiating treatment or at the time treatment is initiated, when the following conditions are met:
      - i. An adequate clinical assessment of patient history and risk of substance abuse is performed;
      - ii. Clinicians have knowledge of test interpretation;
      - iii. There is a plan in place regarding how to use test findings clinically;
      - iv. Only Presumptive/Qualitative testing will be covered for baseline screening.
    - b. Subsequent UDT for monitoring of treatment at a frequency appropriate for the risk level of the individual patient. The risk level for an individual patient should include a

global assessment of risk factors and monitoring for the presence of aberrant behavior. Standardized risk assessment tools are available, such as the 5-item opioid risk tool (ORT) and should be used only by clinicians familiar with the inherent limitations of such tools. UHA reimburses for subsequent UDT as follows:

- i. All members on long term opioids: Up to 1 per year
  - ii. Members determined objectively to be at high risk for abuse, showing signs of aberrant behavior, or on opioid dose >90 MED: Up to 4 times per year
    - Aberrant behavior is defined by one or more of the following:
      - Multiple lost prescriptions
      - Multiple requests for early refill
      - Obtained opioids from multiple providers
      - Unauthorized dose escalation
      - Apparent intoxication during previous visits
  - iii. Testing on date of service when clinical evaluation of the patient suggests noncompliance or use of non-prescribed medications or illegal substances. Such testing is not subject to four times a year limit, but specific, clear documentation of medical necessity is required and must be available to UHA upon request.
    - Documentation must clearly show medical decision making that supports medical necessity for more frequent testing and how the results of this testing will impact clinical treatment decisions.
  - iv. Unless the criteria in this policy for definitive testing are met, only Presumptive/Qualitative testing will be covered for subsequent UDT for monitoring treatment.
- c. In the absence of adequate documentation that the above criteria for subsequent UDT has been met and that testing results have been reviewed and acted upon as appropriate, payment for UDS will be denied and may result in a significant financial burden to the patient. The clinician should discuss the potential cost with the patient at time of testing.

C. Substance abuse treatment:

1. Urine Drug Testing for the outpatient management of substance abuse, including opioid abuse, may be considered medically necessary under the following conditions:
  - a. Baseline screening before initiating treatment program or at the time treatment is initiated, 1 time per program entry, when the following conditions are met:
    - i. An adequate clinical assessment of patient history and risk of substance abuse is performed;
    - ii. Clinicians have knowledge of test interpretation;
    - iii. There is a plan in place regarding how to use test findings clinically.
2. After patient is established in a substance abuse treatment program (residential program, partial hospitalization program, or intensive outpatient program), Urine Drug Testing may be medically necessary once every 1 to 3 months, up to eight random drug tests per year, per patient.
  - a. In addition to random drug testing, testing on date of service may be medically necessary when clinical evaluation of the patient suggests noncompliance or use of

non-prescribed medications or illegal substances (not subject to eight times a year limit, but documentation required).

- b. Services provided while a member is a resident in a chemical dependence rehabilitation program must be reasonable, follow standard guidelines, and meet criteria for medical necessity. Services that do not meet the scope or frequency for appropriate care will be denied payment.
  - i. Urine drug testing (qualitative screening) in residential setting is covered on admission. Additional testing while a member is participating in a residential program must show documentation for necessity and in no instance will be covered more than once per week.
  - ii. Quantitative drug testing is not covered in residential setting.
  - iii. Per Residential Treatment for Chemical Dependency Medical Payment Policy: "When the criteria are met, residential services for chemical dependence will be paid exclusively per diem".
3. Members being tested more than 8 times per year require documentation in the medical records stating the clinical reasoning that clearly shows a need for more frequent testing and how the results of testing will impact/has impacted clinical treatment decisions.
  - a. Documentation above must be provided to UHA upon request.
4. In the absence of adequate documentation showing the above criteria have been met and that results have been reviewed and acted upon as appropriate, payment for UDT will be denied and may result in a significant financial burden to the patient. The clinician should discuss the potential cost with the patient at the time of testing.
5. Unless the criteria in this policy for definitive testing are met, only Presumptive/Qualitative testing will be covered for monitoring patients undergoing outpatient substance abuse treatment.

D. Definitive/Quantitative (confirmatory) urine drug testing:

1. Definitive/Quantitative testing is considered medically necessary only in those instances when the results of the initial urine drug testing (Presumptive/Qualitative testing) require information that may result in a change in the evaluation and/or treatment of patients.
  - a. In agreement with nationally accepted guidelines, it is UHA's policy that every urine drug test does not require Definitive/Quantitative (confirmatory) testing. The results of presumptive urine drug testing are often all that is necessary to initiate the conversations with patients that are an integral part of opioid therapy for treatment of chronic pain or the treatment of substance abuse.

In outpatient pain management or substance abuse treatment, definitive UDT may be considered medically necessary under the following circumstances:

- i. There is a positive finding (e.g. presence of a substance not prescribed) on the presumptive UDT; or
- ii. A negative finding when a positive result is expected on presumptive UDT (e.g. absence of a prescribed medication); or
- iii. There is no immunoassay test commercially available.
  - When testing is required and meets criteria for medical necessity for a drug not included in the initial presumptive drug screening panel, as may be the case for certain synthetic or semi-synthetic opioids.

- UHA recognizes that many drugs are not available on presumptive UDT, however this exclusion is not an indication to allow coverage for definitive testing unless there is a clinical rationale for such testing documented in the patient chart.
- iv. Definitive testing should be ordered only after the results of preliminary testing have been reviewed and, when appropriate, discussed with the patient and the results of this discussion were not sufficient to answer the clinical concerns that would make definitive testing unnecessary.
  - v. Definitive testing without adequate documentation that the above criteria were met will not be covered. Denied coverage for testing may result in a significant financial burden to the patient. The clinician should discuss the potential cost with the patient at time of testing
- b. Definitive/Quantitative (confirmatory) UDT must be ordered indicating the specific drug(s) requiring further testing. (e.g., order the individual substance(s) in question) instead of a comprehensive confirmatory panel. Routine/reflex definitive testing using preset orders or comprehensive panels will not be covered.

**NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

### **III. Limitations/Exclusions**

- A. The following are not covered services within this policy:
  1. Routine or reflex presumptive or definitive urine drug testing (e.g., testing without consideration for specific patient risk factors or without consideration for whether testing is required for clinical decision making).
  2. Unbundled tests when a multi-test kit screening (e.g., strip, dip card, or cassette) is used.
  3. Definitive/Quantitative (confirmatory) testing instead of presumptive drug screening or as a routine/reflex supplement to presumptive drug screens.
  4. Any Urine Drug Testing orders for "custom profile" or "conduct additional testing as needed."
  5. Definitive/Quantitative (confirmatory) testing that is indiscriminately carried out without a positive or unexpected negative result on initial presumptive screening.
  6. Definitive/Quantitative (confirmatory) testing ordered prior to clinician review of the results of initial presumptive testing and, when appropriate, discussion of results with patient.
  7. Testing ordered by third parties, such as school, courts, athletic programs, or employers (as a pre-requisite for employment or as a requirement for continuation of employment); or requested by a provider for the sole purpose of meeting the requirements of a third party.

8. Testing for residential monitoring.
9. UHA will allow one unit of service for presumptive testing per patient encounter regardless of the number of drug classes tested.
10. Definitive/Quantitative (confirmatory) urine drug testing will be denied when no underlying preliminary test has been performed.
11. UHA does not reimburse for UDT result interpretation or supplies; as such service is considered a routine part of a patient care visit.
12. UHA does not reimburse for Specimen Validity Testing (pH, specific gravity, creatinine, and urinalysis).
13. UHA does not reimburse for hair drug testing and oral fluid drug testing.

#### IV. Administrative Guidelines

- A. Prior Authorization is not required.
- B. UHA reserves the right to perform retrospective review using the above criteria to validate that services rendered met payment determination.
- C. Frequent use of UDT will be monitored for appropriateness.

| CPT Code | Description  |
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| 80305    | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or 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; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or 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 |

| HCPCS Code | Description   |
|------------|---|
| 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 |

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| 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  |

## V. Policy History

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