Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

NOTE: This coverage policy does not address use of urine drug testing for monitoring of substances of abuse/addiction in the following circumstances, including but not limited to:
1. Residential program testing for compliance monitoring of controlled substances for substance abuse/addiction or management of chronic pain.
2. Hospital testing for monitoring of controlled substances for substance abuse/addiction or management of chronic pain.
3. Emergency department testing (e.g., detection of potential overdose or drug poisoning).
4. Job or activity (e.g., sports team participation) related testing.
5. Legally/state mandated drug testing.

Coverage Policy
This policy addresses urine drug testing (UDT) for outpatient adherence monitoring of substances of abuse (e.g., opioid addiction) or for controlled substances used in the medical management of chronic pain. Outpatient substance use disorder services may be provided in a variety of locations, including but not limited to:
1. Ambulatory care center (e.g., mental health center; substance use disorder clinic; intensive outpatient treatment center; day treatment or partial program center)
2. Community health center
3. Hospital setting (e.g., substance use disorder clinic; intensive outpatient treatment clinic; day treatment or partial program clinic)
4. Practitioner’s office.

UDT in the outpatient setting is COVERED when documentation in the medical record includes all of the following:
A. The individual is in one of the following phases of treatment:
   1. Active diagnosis and stabilization phase within an outpatient treatment program
   2. Maintenance phase accompanied with ongoing physician oversight.
B. Signed treatment compliance contract between the individual and his/her provider is on file.
C. Recent history of use of recreational substances of abuse or administration of a potentially addictive drug for pain control associated with a medical indication.
D. Record of the individual's substance use inventory, including current prescription and over-the-counter medication history.
E. UDT ordered by a licensed, treating professional.
F. Clinical documentation specifying how test results will guide clinical decision making.

**Presumptive (qualitative) UDT** in an outpatient setting is **COVERED** when documentation in the medical record indicates **one of the following**:

A. Baseline screening prior to, or at the time of, initiation of treatment.
   1. The drug class or classes (e.g., small multiplexed assay) being tested reflect the results of the individual's substance use/abuse inventory and medication history.
   2. Consideration may be given to additional testing for a select number of added substances known to be endemic to specific regions.

   **NOTE**: Repeat baseline testing is considered not medically necessary and therefore **NOT COVERED**.

B. Stabilization and maintenance UDT for those targeted substances identified during initial screening and/or definitive testing.
   1. Stabilization testing is to be conducted *a maximum of twice per week*.
   2. Maintenance testing is to be conducted no more than once a month.

   **NOTE**: Presumptive UDT using all-inclusive, full-panel testing is considered not medically necessary and therefore **NOT COVERED**.

**NOTE**: Specimen validity testing (e.g., measuring urine pH, urine specific gravity, creatinine, oxidants [e.g., nitrites, bleach, iodine, peroxide], or other specimen characteristics) to detect specimen substitution, adulteration, or dilution is considered standard urine specimen quality control and is not separately reimbursable.

**Definitive (i.e., confirmatory; quantitative) UDT** in an outpatient setting is **COVERED** when documentation in the medical record indicates **one of the following**:

A. Presumptive (qualitative) testing is positive. See **NOTE**, below
B. Presumptive testing for the relevant substance(s) is not commercially available
C. Quantitative levels are required for clinical decision making,

**NOTE**: Definitive UDT using all-inclusive, full-panel testing is considered not medically necessary and therefore **NOT COVERED**.

**NOTE**: Specimen validity testing (e.g., measuring urine pH, urine specific gravity, creatinine, oxidants [e.g., nitrites, bleach, iodine, peroxide], or other specimen characteristics) to detect specimen substitution, adulteration, or dilution is considered standard urine specimen quality control and is not separately reimbursable.

**Note**: See also related Medica coverage policy, *Urine Drug Testing (UDT) for Residential Substance Abuse Treatment*

**Description**

The American Society of Addiction Medicine (ASAM, 2011) defines addiction as “a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”
Although drug analysis can be performed on multiple fluid and tissue samples, urine is the most commonly used specimen. Urine drug testing (UDT) is routinely used for patient monitoring in outpatient drug treatment programs. UDT is performed to detect a parent drug (prescription or illicit) and/or one of its subsequent metabolites and to determine urine drug levels. Results are used to assist in treatment planning and monitoring. Examples of drugs and substances that may be misused include (but are not limited to) opioids, alcohol, cocaine, phencyclidine (PCP), tetrahydrocannabinol (THC), amphetamines, benzodiazepines, and barbiturates.

Multiple profession guidelines (e.g., American Society of Addiction Medicine) recommend that UDT be individualized to test for those drugs/substances specific to an individual’s drug history, including limited multiplexed assays when appropriate. These guidelines further recommend against routine use of all-inclusive UDT panels designed to test for all possible drugs of abuse. In addition, they recommend that UDT should be performed at the lowest frequency to detect presence of drugs at onset of, during, and following a course of treatment. As treatment progresses, suggested time between recommended UDT lengthens. In most cases, drug screening is recommended on a random basis, so that the individual is less likely to “prepare” for testing.

Urinary drug testing can be either presumptive or definitive. Presumptive UDT is used to identify the presence or absence of a drug or a drug class, but is not designed to measure the precise level of drugs or metabolites in the specimen. Results are reported as “positive” or “negative” based on predetermined cut-off drug levels. Presumptive UDT is used upon admission to an outpatient treatment program to identify drugs present in an individual’s system and is the recommended method to monitor compliance throughout the treatment regimen.

Definitive UDT is done to validate the identity of and determine the specific quantity of drugs or drug metabolites in the urine. A numerical value of the concentration of the drug/metabolite is reported. For example, tetrahydrocannabinol (THC), the principal psychoactive constituent of cannabis, is reported as the number of nanograms per milliliter of urine. Definitive tests are referred to as confirmatory tests, and are performed after positive results are reported following presumptive testing. Professional guidelines recommend definitive, confirmatory testing in the initial admission phase of outpatient treatment, with presumptive UDT performed thereafter.

During the stabilization (aka, detoxification) phase of treatment, individuals are normally experiencing withdrawal symptoms. Treatment focuses on eliminating the drug(s) of abuse. In certain cases, maintenance medication (e.g., methadone, benzodiazepine) is given to ease withdrawal symptoms and cravings. Clearance of drugs from the individual’s system is normally achievable within seven to ten days. During stabilization, UDT is routinely done one to two times per week. The maintenance (aka, rehabilitation) phase begins when the individual is responding to optimal medication levels and routine dosage adjustment is no long required. Qualitative, targeted screening once every one to three months is recommended during the active maintenance phase of treatment.

Prior Authorization
Prior authorization of urinary drug testing is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations
Use the current applicable CPT/HCPCS code(s).