



# Urine Drug Screening

## Clinical Coverage Criteria

### **Overview**

Urine drug testing is performed to detect the use of prescription medications and illegal substances of concern for the purpose of medical treatment. Confirmatory testing is an additional test completed to verify the results of the urine drug test. Urine drug testing should not routinely include a panel of all drugs of abuse. The test should be focused on the detection of specific drugs. The frequency of testing should be at the lowest level to detect the presence of drugs.

### **Policy**

Fallon Health may cover urine drug testing when medically necessary. Prior authorization is not required. Adherence to the below documentation and criteria is required, this is subject to audit. Please note this policy is effective to all Fallon Health Products.

Documentation requirements:

1. All documentation must be maintained in the Member's medical record and available to Fallon Health upon request.
2. Every page of the record must be legible and include appropriate Member identification information [e.g., complete name, dates of service(s)]. The record must include the identity of the physician or non-physician practitioner responsible for and providing the care of the Member.
3. If requested for review, the submitted medical record should support the use of the selected ICD-10 code(s). The submitted CPT/HCPCS code should describe the service performed. Documentation maintained by the ordering provider/treating provider must indicate the medical necessity for performing a qualitative drug test.
4. Medical record documentation (e.g., history and physical, progress notes) maintained by the ordering provider/treating provider must indicate the medical necessity for performing a qualitative drug test. All tests must be ordered in writing by the treating provider and all drugs/drug classes to be tested must be indicated in the order.
5. If the provider of the service is other than the ordering/referring provider, that provider must maintain printed copy documentation of the lab results, along with printed copies of the ordering/referring provider's order for the qualitative drug test. The provider must include the clinical indication/medical necessity in the order for the qualitative drug test. Orders which include statements such as "conduct additional testing as needed or custom profile" will not be accepted.

Criteria:

Fallon Health will not reimburse for:

- Confirmatory drug screens when billed with any combination of more than twenty (20) units within a calendar year beginning January 1<sup>st</sup> of each year per Member, as it exceeds clinical guidelines.

- Presumptive drug screens when billed with any combination of more than twenty (20) units within a calendar year beginning January 1st of each year per member, as it exceeds clinical guidelines.
- Quantitative tests in lieu of drug screening services or as a routine supplement to drug screens.
- Saliva testing in conjunction with urine drug screening.

Fallon Health may cover urine drug testing for medical conditions, such as those listed below, when medical necessity is demonstrated and when treatment planning by the requesting provider is dependent upon the test results.

- Altered mental status
- Medical or psychiatric condition where drug toxicity may be a contributing factor
- Fetal withdrawal syndrome
- Possible exposure of the fetus to illicit drugs taken by the mother
- To assess and treat Members with substance use disorders
- To assess adherence to prescribed medications

All urine drug testing should be performed at an appropriate frequency based on clinical needs. Substance use disorder treatment adherence is often best measured through random testing rather than frequent scheduled testing.

A full panel screen should only be considered for initial testing when appropriate or when the Member's behavior suggests the use of drugs not identified on the original screening. Medical documentation must support the justification for conducting a full panel screening. Subsequent testing should only be conducted for those substances identified on the Member's initial profile.

- The preferred method of urine drug testing for a Member with a history of poly-substance use during the monitoring period is by utilization of a multi-drug screening kit (qualitative analysis by multiplex method for 2-15 drugs or drug classes).

The Plan will not reimburse for presumptive screening greater than 20 units within a calendar year beginning January 1st of each year per member, as this exceeds clinical guidelines. For coverage of confirmatory testing, the test results must be necessary for treatment planning and be requested by the ordering provider. Written orders are required.

#### Confirmatory Testing:

Drug confirmation (see table below) by a second method is indicated when either of the following has occurred:

- The result of the screen is positive and there is a need for definitive levels for specific medical management that would change the member's treatment plan.
- The result is negative and the negative finding is inconsistent with the patient's medical history.

The Plan will not reimburse for drug confirmation greater than 20 units within a calendar year beginning January 1st of each year per member, as this exceeds clinical guidelines.

For coverage of confirmatory testing, the test results must be necessary for treatment planning and be requested by the ordering provider. Written orders are required.

Note: Use of non-contracted labs may have the unintended consequence of subjecting the Member to unnecessary services not ordered by you as the treating provider or other unreasonable financial exposure. In such circumstances, Fallon Health may hold the treating or ordering provider financially liable for services not medically necessary or non-reimbursable on the part of the non-participating lab.

## Exclusions

- Confirmatory drug screen when billed with any combination of more than twenty (20) units within a calendar year beginning January 1st of each year per Member, as it exceeds clinical guidelines.
- Presumptive drug screen when billed with any combination of more than twenty (20) units within a calendar year beginning January 1st of each year per Member, as it exceeds clinical guidelines.
- Quantitative tests in lieu of drug screening services or as a routine supplement to drug screens.
- Testing ordered by third parties, such as school, courts, or employers or requested by a provider for the sole purpose of meeting the requirements of a third party.
- Testing for residential monitoring.
- Routine urinalysis for confirmation of specimen integrity.
- Custom panels routinely requested that are unspecific to the member's clinical condition.
- Saliva testing done in conjunction with urine testing.

## Codes

Code type (Covered) Presumptive	Code	Description
CPT	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
(Covered) Confirmatory		
	G0480	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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed
	G0481	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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed
	G0482	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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed
	G0483	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) and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase); qualitative or quantitative, all sources(s), 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
--	--	---

(Not covered)	Code	Description
CPT	80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3
	80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6
	80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more

## References

1. Center for Medicare & Medicaid Services. Local Coverage Determination LCD L34645. Drug Testing. Effective October 1, 2015. Last Revised October 1, 2018
2. Center for Medicare & Medicaid Services. Local Coverage Determination LCD L36037 Urine Drug Testing Effective December 1, 2015. Last Revised October 1, 2018
3. Commonwealth of Massachusetts. MassHealth Independent Clinical Laboratory. Bulletin 9. February 2013.
4. American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. May 27, 2015

## Policy History

Origination date: 05/01/2014

Approval(s): Technology Assessment Committee: 03/26/2014, 04/23/2014 (approved new policy) 07/22/2015 (clarified policy language, updated confirmatory coding, exclusions, and references) 02/24/2016 (revised for 2016 coding, updated references), 12/07/2016 (non-covered codes 80300-80304 terminated, codes G0477-G0479 terminated and replaced with codes with codes 80305-80307) 02/01/2017 (added code G0659, policy not reviewed at committee), 10/25/2017 (added limit of 20 yearly presumptive screens, changed from 365 day methodology to calendar year starting in January, updated references), 05/15/2018 (clarified language regarding confirmatory testing criteria and added exclusion for saliva testing), 05/22/2019 (updated references)

*Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.*