



Medical Coverage Policy

	SAHP	IHP	SGC	LGC	SC	ADMIN
	X	X*	X	X	X	

SHP MCP-001 Drug Testing (UDT) in the Outpatient Setting	Effective Date: 10/31/2017
	Last Revision/Review Date: 10/10/2018
	Dissemination Date: 10/22/2018
	Required Review Date: 10/10/2020

***IHN-CCO Diagnostic Guideline D23 Urine Drug Testing is the primary criteria for IHN-CCO, this Medical Coverage Policy will service as a secondary criteria.**

DISCLAIMER

This Samaritan Health Plans (SHP) Medical Coverage Policy is intended to facilitate the Utilization Management process. It expresses Samaritan Health Plan’s determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Samaritan Health Plans) for a particular member. The member’s benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member’s benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member’s plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. CMS’s Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Samaritan Health Plans Medical Coverage Policy (SHPMCP) document and provide the directive for all Medicare members.

Samaritan Health Plan Medical Coverage Policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Samaritan health plans reserves the right to conduct retrospective review for medical necessity, medical appropriateness and/or potential fraud, waste and abuse. Claims may be reviewed for medical appropriateness for the services.

DESCRIPTION

Urine drug testing is a key diagnostic and therapeutic tool that is useful for patient care and monitoring of adherence to a controlled substance treatment regimen (e.g., for chronic noncancer pain) and to identify drug misuse or addiction prior to starting or during treatment with controlled substances. This policy is applicable to specific levels of care including Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP), Recovery Support Group



Medical Coverage Policy

	SAHP	IHP	SGC	LGC	SC	ADMIN
	X	X*	X	X	X	

SHP MCP-001 Drug Testing (UDT) in the Outpatient Setting	Effective Date: 10/31/2017
	Last Revision/Review Date: 10/10/2018
	Dissemination Date: 10/22/2018
	Required Review Date: 10/10/2020

(RSG), Residential Treatment Center (RTC) and Subacute Detoxification and testing as a part of office-based treatment. It is not applicable to INPATIENT treatment.

POLICY

Important Note regarding what types of providers may request prior authorization for Laboratory Tests, including urine drug testing:

Laboratories are not allowed to obtain clinical authorization on behalf of the ordering physician. In no circumstance shall a physician/provider use a representative of a laboratory or anyone with a relationship to a laboratory, to facilitate any portion of the authorization process, including any element of the preparation of necessary documentation of clinical appropriateness. If a laboratory is found to be supporting any portion of the authorization process, Samaritan Health Plans will deem the action a violation of this policy and severe action will be taken up to and including termination from the Samaritan Health Plans provider network. If a physician/provider provides a laboratory service that has not been authorized, the service will be denied as the financial liability of the laboratory and may not be billed to the member.

- I. It is the policy of Samaritan Health Plans that outpatient drug testing for drugs of abuse (DOA) is medically necessary for confirmatory/definitive testing for a specific drug(s) when members meet the criteria in A or B:
 - A. Member has a documented history or suspicion of illicit or prescription drug use or noncompliance or a high probability of non-adherence to a prescribed drug regimen documented in the medical record; and all of the following:
 - i. A preliminary drug test has been previously performed; and
 - ii. The findings from that preliminary test (either positive or negative) are either:
 - I. Inconsistent with the expected results as suggested by the member's medical history, clinical presentation, and/or member's own statement after a detailed discussion about their recent medication and drug use, or
 - II. The test yielded results consistent with the clinical scenario but drug class specific assays are needed to identify the precise drug(s) that resulted in the positive test result, and
 - III. Resolving the inconsistency is essential to the ongoing care of the member, and



Medical Coverage Policy

	SAHP	IHP	SGC	LGC	SC	ADMIN
	X	X*	X	X	X	

SHP MCP-001 Drug Testing (UDT) in the Outpatient Setting	Effective Date: 10/31/2017
	Last Revision/Review Date: 10/10/2018
	Dissemination Date: 10/22/2018
	Required Review Date: 10/10/2020

- IV. The requested confirmatory/definitive test is only for the specific drug(s) or number of drug classes for which preliminary analysis has yielded unexpected results. OR
- B. The request is for a serum therapeutic drug level in relation to the medical treatment of a disease or condition (e.g. phenobarbital level in the treatment of seizures).
- II. Urine drug testing is considered not medically necessary if provided for reasons that include, but are not limited to, the following:
 - A. As a condition of:
 - i. Employment or pre-employment purposes (pre-requisite for employment or as a requirement for continuation of employment).
 - ii. Participation in school or community athletic or extracurricular activities or programs.
 - B. Screening for medico-legal purposes such as court-ordered drug screening (unless required by state regulations).
 - C. Screening in asymptomatic patients.
 - D. As a component of a routine physical/medical examination; e.g. (enrollment in school, enrollment in the military, etc.).
 - E. As a component of a medical examination for any other administrative purposes not listed above (e.g., for purposes of marriage licensure, insurance eligibility, etc.).
 - F. Same-day screening of drug metabolites in both a blood and urine specimen by either preliminary or confirmatory/definitive analyses.
 - G. Specimen validity/adulteration testing, as this is considered part of the laboratory quality control practices.
- III. It is the policy of Samaritan Health Plans that outpatient drug testing for DOA is considered not medically necessary unless all components of the panel have been determined to be medically necessary based on the criteria above. A full panel screen should only be considered for initial testing when appropriate or when the behavior suggests the use of drugs not identified on the original screening. Medical documentation must support the justification for conducting a full panel screening.
- IV. It is the policy of Samaritan Health Plans that the outpatient urine drug testing for DOA should be performed at an appropriate frequency based on clinical needs. The frequency of testing should be at the lowest level to detect the presence of drugs. Substance abuse treatment adherence is often best measured through random testing rather than frequent scheduled testing.



Medical Coverage Policy

	SAHP	IHP	SGC	LGC	SC	ADMIN
	X	X*	X	X	X	

SHP MCP-001 Drug Testing (UDT) in the Outpatient Setting	Effective Date: 10/31/2017
	Last Revision/Review Date: 10/10/2018
	Dissemination Date: 10/22/2018
	Required Review Date: 10/10/2020

- A. Presumptive testing for substance abuse use (CPT 80305-80307) must be medically necessary and documented in the medical record.
 - i. For patients with 0 to 30 consecutive days of abstinence, presumptive testing may be performed randomly but **no more often than 3 presumptive tests per week.**
 - ii. For patients with 31 to 90 consecutive days of abstinence, confirmatory/definitive testing may be performed **no more often than 3 physician-directed testing profiles in one month.**
 - iii. For patients with > 90 consecutive days of abstinence, confirmatory/definitive testing may be performed **no more often than 1 physician-directed testing profile in one month.**
- B. Confirmatory/Definitive testing for substance use (G0480-G0483) must be medically necessary and the medical record must include an appropriate testing frequency based on the stage of screening, treatment, or recovery; the rationale for the drugs/drug classes ordered; and the results must be documented in the medical record and used to direct care. Confirmatory/Definitive testing shall only be provided and billed by providers with appropriate CLIA and/or CAP accreditation and must be billed as an independent laboratory as identified with a place-of-service 81. In-office testing will not be considered for payment.
 - i. For patients with 0 to 30 consecutive days of abstinence, confirmatory /definitive testing may be performed **no more often than 1 physician-directed testing profile in one week.**
 - ii. For patients with 31 to 90 consecutive days of abstinence, confirmatory/definitive testing may be performed **no more often than 3 physician-directed testing profiles in one month.**
 - iii. For patients with > 90 consecutive days of abstinence, confirmatory/definitive testing may be performed **no more often than 1 physician-directed testing profile in one month**

AUTHORIZATION PROTOCOLS

Outpatient confirmatory/definitive testing for DOA requires prior authorization except when performed for children < 6 years of age. Requests for prior authorization will be accepted up to 5 business days after specimen collection and reviewed for medical necessity based on the above stated criteria. Request requirements:

- I. A clinical laboratory may not bill for a service unless it has received a written request to perform that specific service from an authorized prescriber who is treating the



Medical Coverage Policy

	SAHP	IHP	SGC	LGC	SC	ADMIN
	X	X*	X	X	X	

SHP MCP-001 Drug Testing (UDT) in the Outpatient Setting	Effective Date: 10/31/2017
	Last Revision/Review Date: 10/10/2018
	Dissemination Date: 10/22/2018
	Required Review Date: 10/10/2020

member and will use the test for the purpose of diagnosis, treatment, or an otherwise medically necessary reason as defined in this policy.

- II. Any claim for a service for which a prior authorization has not been provided may be subject to denial.
- III. Any clinical laboratory billing for a service must maintain such request in its records, and make such records available upon request.
- IV. All documentation must be maintained in the member's medical record and available upon request.
- V. In the exceptional case that a provider believes that outpatient drug testing is required either more frequently or for longer duration than allowed by the policy, the provider may submit a prior authorization request with clinical documentation of the reason for the need along with documentation requirements outlined above and two peer reviewed publications supporting that such testing is evidenced based to the health plan's Utilization Management department for review.

Documentation for medical necessity for drug testing includes:

- I. A signed and dated physician order for the drug screening and/or testing is required. Copies of test results alone without the proper clinician's order for the test are not sufficient documentation to support a claim.
- II. The physician's order must specifically match the number, level and complexity of the testing panel components performed.
- III. Orders for "custom profiles," "standing orders," or to "conduct additional testing as needed," are not sufficiently detailed and may not be covered since they would not verify medical necessity for the specific tests.

REFERENCES

1. American Society of Addiction Medicine. Public Policy Statement on Drug Testing as a Component of Addiction Treatment and Monitoring Programs and in Other Clinical Settings. Revised October 2010. Center for Substance Abuse Treatment. Medication-Assisted Treatment for Opioid Addition in Opioid Treatment Programs. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2005. (Treatment Improvement Protocol (TIP) Series, No. 43.)
2. Hoffman RJ. Testing for drugs of abuse (DOA). In: UpToDate, Traub SJ (Ed), UpToDate, Waltham, MA. Accessed June 7, 2017.



Medical Coverage Policy

	SAHP	IHP	SGC	LGC	SC	ADMIN
	X	X*	X	X	X	
SHP MCP-001 Drug Testing (UDT) in the Outpatient Setting	Effective Date: 10/31/2017					
	Last Revision/Review Date: 10/10/2018					
	Dissemination Date: 10/22/2018					
	Required Review Date: 10/10/2020					

Required Review Date: 10/10/2020			
Revision #	Approved By / Date	Policy Owner Approved / Date	Revision Description
1	10/31/2017	Quality Improvement Committee	New Medical Coverage Policy
2	10/10/2018	Quality Improvement Committee	Clarifying policy language added to Policy introduction.