

Department of Origin: Integrated Healthcare Services	Effective Date: 09/13/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/13/22
Clinical Policy Document: Drug Testing in Substance Abuse Treatment and Chronic Pain Management Settings	Replaces Effective Clinical Policy Dated: 10/22/21
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PURPOSE:

The intent of this clinical policy is to provide coverage guidelines in drug testing for screening or adherence monitoring of controlled substance use, or abstinence, as part of the management of chronic pain and for individuals undergoing treatment for substance abuse and addiction.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

The Plan covers medically necessary drug testing to detect drugs/drug metabolites as part of screening for and medical treatment of substance abuse or the abuse of prescription medications including medical pain management.

Drugs or drug classes which are being *definitively* tested for, should reflect only those that are likely to be present based on the medical history, current clinical presentation and current medication program. The frequency of testing should be at appropriate intervals to detect the presence of drugs.

Urine, serum and saliva drug testing should not be performed simultaneously.

Court mandated drug testing (eg, court ordered or house arrest monitoring) is not considered medically necessary.

GUIDELINES:

Medical Necessity Criteria - Must satisfy the following: I or II, and III

- I. Urine, serum or saliva drug testing for initial screening of controlled substances – *presumptive* drug testing is considered medically necessary for any of the following: A – C
 - A. To assess an individual when there is a suspected overdose or poisoning; or
 - B. To assess an individual when clinical evaluation suggests use of non-prescribed medications or illegal substances; or
 - C. Upon initial entrance into a pain management program or substance abuse recovery program, including those entering a *Medication-Assisted Treatment (MAT)* program (eg, methadone maintenance treatment [MMT] or Opioid Treatment Program [OTP])

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- II. Urine, serum or saliva drug testing for adherence monitoring of controlled substance used as part of the management of chronic pain and for individuals undergoing treatment for opioid addiction and/or substance abuse, including *MAT* – must satisfy any of the following: A - B
- A. Requests for *presumptive* drug testing to verify compliance with treatment, identify undisclosed drug use or abuse, or evaluate *aberrant* behavior is considered medically necessary up to 16 times per year, beginning at the start of treatment and as part of a routine monitoring program for individuals who satisfy any of the following: 1 - 2
 - 1. Receiving treatment for chronic pain with prescription opioid or other (potentially abused) medications; or
 - 2. Undergoing treatment for, or monitoring for relapse of, opioid addiction or substance abuse
 - B. Requests for *definitive* drug testing - must satisfy the following: 1 - 3, and any of 4 - 6
 - 1. The request meets indications for *presumptive* drug testing (see II. A., above); and
 - 2. The specific *definitive* test(s) ordered are supported by documentation specifying the rationale for each test ordered; and
 - 3. Clinical documentation reflects how the results of the test(s) will be used to guide clinical care; and
 - 4. The *presumptive* test was negative for prescribed medications, positive for a prescription drug with abuse potential which was not prescribed, or positive for an illegal drug (eg, methamphetamine or cocaine) and the member disputes the drug testing results; or
 - 5. A presumptive test was inconclusive or inconsistent; or
 - 6. A presumptive test for the specific drug(s) is not commercially available.
- III. Documentation requirements - all documentation must be maintained in the member's medical records, must be available upon request, and satisfy all of the following: A - G
- A. Every page of the record must be legible and include appropriate member identification information (eg, complete name, dates of service) and include the identity of the ordering provider.
 - B. The submitted medical record should clearly describe the service(s) performed.
 - C. Documentation of the information from the state prescription drug monitoring program.
 - D. Medical record documentation (eg, history and physical, progress notes) maintained by the ordering physician/treating physician must indicate the medical necessity for performing a *definitive* drug test.
 - 1. 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.
 - 2. In addition, the names of drugs prescribed should also be clearly documented.

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3. Documentation must exist for how the results will drive the treatment options (eg, an anticipated treatment plan based on confirmation of inconsistencies in the initial drug testing, to include implementation and follow-up procedures).
 - E. When a *definitive* confirmatory (laboratory-based specific identification) test is performed, the record must show that an inconsistent finding was noted on the *presumptive* screening testing. This involves either the presence of a non-prescribed drug or the absence of a prescribed drug.
 - F. If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of the lab results, along with copies of the ordering/referring physician's order for the *definitive* drug test. The physician must include the clinical indication/medical necessity in the order for the *definitive* drug test.
 - G. Drugs or drug classes for which testing are performed should reflect only those likely to be present, based on the patient's medical history, current clinical presentation and current medication program. Drugs for which specimens are being tested must be indicated by the ordering health care provider in a written order.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:

Aberrant behavior:

Includes, but is not limited to, lost prescriptions, repeated requests for early refills, prescriptions from multiple providers, unauthorized dose escalation and apparent intoxication.

Definitive Testing:

A type of testing that is more specific than presumptive testing, and allows for the detection of specific drugs or metabolites.

Medication-Assisted Treatment (MAT):

Combines behavioral therapy and medications to treat substance use disorders.

Presumptive Testing:

A type of testing that is intended to identify the use or non-use of a drug or general class of origin.

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Prior Authorization: No

CODING:

CPT® or HCPCS

- 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, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
- 0007U Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service - ToxProtect
- 0011U Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites - Cordant CORE™ Cordant Health Solutions
- 0051U Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry LC-MS/MS, urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service UCompliDx Elite Medical Laboratory Solutions, LLC (LDT)
- 0054U Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service - AssuranceRx Micro Serum
- 0082U Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service - NextGen Precision™ Testing, Precision Diagnostics LBN Precision Toxicology, LLC
- 0093U Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected - ComplyRX Claro Labs
- 0143U Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service - CareViewRx Newstar Medical Laboratories, LLC
- 0144U Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service - CareViewRx Newstar Medical Laboratories, LLC
- 0145U Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service - PainViewRx Newstar Medical Laboratories, LLC

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- 0146U Drug assay, definitive, 80 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service - PainViewRx Newstar Medical Laboratories, LLC
- 0147U Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service – RiskViewRx Newstar Medical Laboratories, LLC
- 0148U Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service – RiskViewRx Newstar Medical Laboratories, LLC
- 0149U Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service - PsychViewRx Newstar Medical Laboratories, LLC
- 0150U Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service PsychViewRx Plus Newstar Medical Laboratories, LLC
- 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 (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched

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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

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Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف
Arabic

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

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Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).