

**Benefit Coverage:**

<b>Covered Benefit for lines of business including:</b>
Health Benefits Exchange (HBE), RIte Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP)

**Description:**

Urine toxicology screening that can be either qualitative (Screening) or Quantitative (Confirmatory) is a covered benefit for the lines of business noted above when medical records document the medical necessity of billed services.

**Immunoassay Testing (i.e., Qualitative Testing, Screening)**

Immunoassays use antibodies to detect the presence of a drug, a drug class, and/or of their metabolites. They are performed at point of service, provide rapid results, and are the preferred initial test to screen for illicit substance use as well as for confirmation of some prescribed therapies.

Immunoassay findings are qualitative and are generally reported as either positive (drug level above a prespecified threshold) or negative (drug level below a prespecified threshold). Raising or lowering the threshold thus changes the proportion of positive tests. A negative test is interpreted as a level below the threshold and does not necessarily mean that the drug or metabolite is absent. Performance of immunoassay urine tox screening in a laboratory setting is NOT considered to be medically necessary because as their being performed at point of service makes the results more clinically actionable.

Urine toxicology immunoassays commonly check for: cocaine, amphetamines, marijuana metabolites, phencyclidine, and opioid metabolites. They have high predictive value for cocaine and marijuana and lesser predictive value for amphetamines, which can be falsely positive from some commonly used medications. Immunoassay urine tox screens have long been reliable in detecting the presence of natural opioids (morphine) but have been less predictive for the presence of semi-synthetic/synthetic opioids. Immunoassays continue to improve in specificity and reliability and are increasingly used to detect drugs such as buprenorphine, benzodiazepines, and oxycodone.

**Qualitative urine drug testing is considered medically necessary under the following conditions:**

- An individual is receiving treatment for chronic pain with prescription opioid or other medication associated with increased risk for misuse or addiction; **OR**
- An individual is undergoing treatment for substance use disorder or is otherwise requiring monitoring for use/misuse of controlled or illicit substance(s); **OR**
- Misuse of prescribed or illicit substances is suspected; **OR**
- An individual is beginning a pain management program or substance use disorder treatment program.

**Medical records must document the medical necessity of billed services.**

### **Specific Drug Identification (i.e., Quantitative Testing, Confirmatory Testing)**

Confirmatory tests are always performed in a laboratory. Gas chromatography/mass spectrometry (GC/MS) is considered to be the criterion standard for confirmatory testing. This technique involves using GC to separate the analytes in a specimen and MS to identify the specific molecular structures of the drug and its metabolites. The tests are able to quantify the amount of drug or metabolite present in the urine sample. Quantitative tests can be used to confirm the presence of a specific drug identified by a screening test and can identify drugs that cannot be isolated by currently available immunoassays. Results are reported as the specific levels of substances detected in the urine. GC/MS generally requires specification of the drug or drugs to be identified. Alternatively, "broad spectrum screens" can be conducted. There is a several day turnaround time for GC/MS testing.

### **Specific situations for quantitative drug testing may include, but are not limited to the following:**

- Unexpected positive test inadequately explained by the patient
- Unexpected negative test (suspected medication diversion)
- Need for quantitative levels to compare with established benchmarks for clinical decision making

Quantitative or confirmatory testing must be ordered on an individual basis by a medical provider directly caring for a member at the time of order and may not be ordered from "standing" orders, i.e., orders that provide for routine testing. Quantitative testing must be ordered with an indication of the specific drug being confirmed, not as a comprehensive confirmatory panel.

*According to Medicare instructions, drug testing providers performing validity testing on urine specimens utilized for drug testing should not separately bill the validity testing.* For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, is an internal control process that is not separately reportable or billed.

#### Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org).

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060. Fax authorization forms to 401-459-6023.

**For More information on Coding please reference the [Authorization Quick Reference Guide](#)**

### **Exclusions:**

### **Qualitative testing is not eligible for reimbursement as described below:**

- Testing as required for or as part of participation in a substance use disorder treatment program with an all inclusive bundled rate.

- Routine testing (i.e., testing at every visit)
- Testing ordered by or for third parties for the sole purpose of meeting the requirements of a third party

**Quantitative testing is not eligible for reimbursement as described below:**

1. Routine quantitative drug testing (i.e., testing at each visit)
2. Quantitative testing when qualitative testing is clinically appropriate and meets clinical needs
3. Routine confirmatory testing in the absence of an unexpected positive finding or an unexpected negative finding
4. Testing ordered by or for third parties for the sole purpose of meeting the requirements of a third party

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<b>Medical Director</b>	
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**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

**References:**

Opioid Risk Tool (ORT). <http://www.opioidrisk.com/node/884>. Accessed December 2015  
Manchikanti L, Malla Y, Wargo BW, et al. Comparative evaluation of the accuracy of immunoassay with liquid chromatography tandem mass spectrometry (LC/MS/MS) of urine drug testing (UDT) opioids and illicit drugs in chronic pain patients. *Pain Physician*. Mar-Apr 2011;14(2):175-187. PMID 21412372

Goldberg KC, Simel DL, Oddone EZ. Effect of an opioid management system on opioid prescribing and unscheduled visits in a large primary care clinic. *J Clinical Outcomes Management*. 2005;12:621-628. PMID

Dupouy J, Memier V, Catala H, et al. Does urine drug abuse screening help for managing patients? A systematic review. *Drug Alcohol Depend.* Mar 1 2014;136:11-20. PMID 24417964

Chutuape MA, Silverman K, Stitzer ML. Effects of urine testing frequency on outcome in a methadone take-home contingency program. *Drug Alcohol Depend.* Mar 1 2001;62(1):69-76. PMID 11173169

American society of Addiction Medicine (ASAM). Public Policy Statement On Drug Testing as a Component of Addiction Treatment and Monitoring Programs and in other Clinical Settings.  
<http://www.asam.org/docs/publicpolicy-statements/ldrug-testing---clinical-10-10.pdf?sfvrsn=0>. Accessed December 2015

Manchikanti L, Aduri S, Trescot AM, et al. Monitoring opioid adherence in chronic pain patients: tools, techniques, and utility. *Pain Physician.* Mar 2008; 11(2 Suppl):S155-180. PMID 1844363