MEDICAL COVERAGE POLICY	
SERVICE:	**Urine Drug Monitoring in Pain Management and Substance Abuse**
Policy Number:	**252**
Effective Date:	**09/01/2020**
Last Review:	**07/30/2020**
Next Review Date:	**07/30/2021**

Important note:
Unless otherwise indicated, this policy will apply to all lines of business.
Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will 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. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Urine Drug Monitoring in Pain Management and Substance Abuse

PRIOR AUTHORIZATION: Not required.

POLICY:

The frequency of urine drug testing (UDT) should be based on the risk of aberrant medication-taking behaviors as determined and documented in the medical record. There are several tools available that can assist the provider in determining risk. In addition, prescription drug monitoring program (PDMP) reports may impact risk status.

1. Perform UDT at baseline for all members receiving opioids for chronic pain.
2. UDT should be performed no more that two times each year for members documented to be at low-risk.
3. UDT should be performed no more that four times each year for members at moderate-risk.
4. UDT may need to be performed as often as monthly (12 times each year) for members at high-risk.
5. In members with drug addiction being treated for substance use disorders, it may be medically necessary for UDT's to be performed weekly for the first month.

Testing performed more frequently will be subject to medical review.

The method used for testing depends somewhat on the drug(s) being tested for. Qualitative (presumptive) UDT is appropriate most of the time. Definitive testing may be appropriate in the following situations:

- Qualitative (presumptive) UDT is positive for a prescription drug that is NOT prescribed to the member;
- Qualitative (presumptive) UDT was negative for a prescription drug that IS prescribed to the member;
- Qualitative (presumptive) UDT was positive for an ILLICIT drug;

- A qualitative (presumptive) UDT for the relevant drug is not commercially available.
- Other special circumstances that are supported by medical documentation.

Routine screening, either presumptive or definitive performed as part of a clinician's protocol for treatment, WITHOUT documented individual patient assessment, is considered NOT medically necessary

Documentation Requirements: Drugs or drug classes for which screening is performed should only reflect those likely to be present based on the patient's medical history or current clinical presentation, and without duplication. Each drug or drug class being tested for, must be indicated by the referring clinician in a written order and so reflected in the patient's medical record. Additionally, the clinician's documentation must be patient specific and accurately reflect the need for each test.

OVERVIEW:

Patients in pain management programs and substance abuse treatment may misuse prescribed opioids and/or may use non-prescribed drugs. Thus, patients are often assessed before treatment and monitored while they are receiving treatment. Urine drug testing (UDT) can be part of this monitoring strategy; it is most often used as part of a multifaceted intervention that includes other components such as patient benefit contracts.

Immunoassay testing (also called presumptive testing or qualitative testing or screening) can be performed in a laboratory or at point-of-service. Immunoassay tests are based on the principle of competitive binding and use antibodies to detect a particular drug or drug metabolite in a urine sample. Results are generally reported qualitatively as either positive (drug level above a prespecified threshold) or negative (drug level below a prespecified threshold). These tests generally have a rapid turnaround time, from minutes to a few hours.

Confirmatory tests are always performed in a laboratory. Gas chromatography/mass spectrometry (GC/MS) and liquid chromatography/mass spectrometry (LC/MS) are considered the "gold" standard for confirmatory testing. Definitive 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.

Situations for quantitative (definitive) 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.

MANDATES:

SUPPORTING DATA:

CODES:

Important note:

MEDICAL COVERAGE POLICY	
SERVICE:	**Urine Drug Monitoring in Pain Management and Substance Abuse**
Policy Number:	**252**
Effective Date:	**09/01/2020**
Last Review:	**07/30/2020**
Next Review Date:	**07/30/2021**

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	
CPT Not Covered:	
ICD10 codes:	
ICD10 Not covered:	

CMS:

POLICY HISTORY:

Status	Date	Action
New	05/22/2019	New policy
Review	07/30/20	No changes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Rational Urine Drug Monitoring in Patients Receiving Opioids for Chronic Pain: Consensus Recommendations. Charles E. Argoff, et al. Pain Medicine 2018; 19: 97–117, doi: 10.1093/pm/pnx285
2.