Drug Testing During Substance Abuse Treatment

Origination: 03/20/2017	**Revised:** 7/24/20	**Annual Review:** 11/04/21

Purpose

To provide guidelines for drug testing during substance abuse treatment for Population Health and Provider Alliances associates for reference when making benefit determinations

Compliance Status

- Centers for Medicare & Medicaid Services *(CMS*)

Introduction

Drug testing, usually via urine sample, but sometimes with blood, is frequently used during the treatment and maintenance of members in Substance Abuse/Dependence Detoxification programs. The frequency of testing should be matched to member risk. Every member pose some, however small, risk for drug misuse, addiction, or diversion. Risk should be assessed for every member prior to and throughout therapy. Members with added risk factors may warrant more frequent testing. It is reasonable for stable, low-risk members to be tested infrequently but randomly.

Members should not be privy to testing schedules. For members who misuse, are addicted to, or divert their medications, to be forewarned is to be forearmed. Nearly anyone can temporarily change their drug-use behaviors or subvert a drug test if they know they will be tested. Rather, testing should be unpredictable or for-cause.

Coverage Guidelines

Procedure for inpatient, residential, partial hospitalization, or intensive outpatient Substance Abuse/Dependence Detoxification:

1. Drug and alcohol screens by qualitative testing will only be covered if documentation includes all of the following: History; Current treatment plan; and Risk potential for abuse, misuse, and diversion.
2. Confirmatory and/or quantitative drug testing may be considered medically necessary, when reliable validation (patient self-report, prescription drug monitoring data, pharmacy profile, communication from prescribing clinician) is not available AND one or more is documented:
    a. Member reports taking a prescribed opioid, but the drug screen is negative
    b. Member screens positive for cocaine and the patient is believed to be a chronic cocaine user

c. Member screens positive for THC, but documentation supports that the patient is discontinuing THC according to the treatment plan.
d. Screening is positive for stimulant, barbiturate, or benzodiazepine class of drug.
e. Screening is negative, but the results are inconsistent with the patient's medical history and there is documentation to support the need for confirmatory testing.
f. Member is in stabilization phase and requesting an increase over 80mg of methadone.
g. Member is in maintenance phase and requesting significant dose changes.
h. Clinician suspects that a patient is experiencing a drug-drug interaction involving Methadone.
i. Clinician is considering split dosing of methadone for the patient, or
j. Member is pregnant, and clinician identifies need to screen for changes in metabolism of methadone.

Frequency of Screening

1. Medicare Advantage Members-
   a. For members with 0 to 90 consecutive days of abstinence, testing is expected at a frequency of 1 to 3 qualitative/presumptive tests per week. **More than** 3 qualitative/presumptive tests in one week is not reasonable and necessary and is not covered.
   b. For patients with more than 90 consecutive days of abstinence, testing is expected at a frequency of 1 to 3 qualitative/presumptive tests per month. **More than** 3 physician-directed qualitative/presumptive testing in one month is not reasonable and necessary and is not covered.

2. Commercial Members -
   a. Screenings occur upon admission to the substance use disorder rehabilitation program and at **ten (10) day** intervals to monitor program compliance. Testing at more frequent intervals must be accompanied by documentation of reasons of medical/clinical necessity.

Testing that is not Covered

- Routine qualitative/presumptive or quantitative/definitive or confirmatory urine drug testing (e.g., testing at every physician or office visit)
- Unbundled tests when using a multi-test kit screening (e.g. strip, dip card, or cassette) unless documentation includes a statement of the reasons for each of the drugs/drug classes or alcohol to be screened.
- Quantitative/definitive or confirmatory testing instead of drug screening, or as a routine supplement to drug screens

- Qualitative/presumptive, quantitative/definitive, or confirmatory testing orders for "custom profile" or "conduct additional testing as needed"
- Quantitative/definitive or confirmatory testing that is indiscriminately carried out without a positive or unexpected negative result
- Quantitative/definitive or confirmatory testing of negative results, and expected positive results (i.e., known prescribed drugs)
- Testing ordered by or for third parties (such as courts, schools, military, or employers) or ordered for the sole purpose of meeting the requirements of any third party
- Testing for residential monitoring
- Routine urine analysis for confirmation of specimen integrity.
- Specimen validity testing

References

1. CMS-Medicare Coverage Guidelines LCD L36393. Controlled Substance Monitoring and Drugs of Abuse Testing.
2. Drug Testing: A White Paper of the American Society of Addiction Medicine. Adopted by the Board of Directors 10/26/2013. American Society of Addiction Medicine
3. Veteran's Affairs (VA) and Department of Defense (DoD) Management of Opioid Therapy for Chronic Pain Working Group. Clinical practice guideline: management of opioid therapy for chronic pain. 2010.
4. Magellan Healthcare Clinical Guidelines – Assessment and Treatment of Substance Use Disorders, 2016 edition.

Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.