The Health Plan reimburses medically appropriate urine drug testing (UDT) to detect the parent drug and/or its metabolite(s) to demonstrate use of prescription medications and illegal substances of concern for treatment purposes.

UDT may be appropriate in the clinical settings for various reasons, including but not limited to chronic pain management, addictionology, as well as management of anxiety, ADHD, and other medical conditions. Any patient receiving longitudinal (greater than three to six months duration) prescribing of controlled substances (e.g., opioids/ benzodiazepines/ barbiturates/ stimulants), should have periodic toxicology testing performed as part of ‘therapeutic drug monitoring. This should continue for the duration of the controlled drug prescribing regimen.

UDT should not routinely include a panel of all drugs of abuse. The test ordered should be focused on detecting the specific drug(s) of concern. Frequency of testing should be at the lowest level to detect the presence/ absence of drugs of concern bearing in mind the pharmacodynamics for which the drug is being screened.

The accepted method of urine drug screening for a patient with poly-substance abuse during a monitoring period is by utilization of a multi-drug screening kit. (Qualitative analysis by multiplexed method for 2-15 drugs or drug classes). These services may be performed within the provider office and/or sent to a reference lab.

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral and/or authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement.

**Coverage Guidelines for Urine Drug Testing**
**Indications / Inclusions:**
Urine drug testing (UDT) may be indicated for any of the following:
- Diagnosis of altered mental status
- Diagnosis of medical condition where drug toxicity may be a contributing factor
- Diagnosis of possible exposure of fetus to illicit drugs taken by mother
- Assessment of patients for substance abuse treatment program during the Induction Phase to determine the patient’s drug profile and detoxification regime
- Assessment of patient’s adherence to the substance abuse treatment program during the Stabilization Phase of treatment
- Assessment of patient’s adherence to the substance abuse treatment program during the Maintenance Phase
- Assessment of abstinence before initiating drug therapy known to produce withdrawal symptoms if administered while the patient is occupied with the drug
- Assessment of adherence and for diversion for patients in chronic pain treatment programs

**Limitations:**
While the simplicity of use and access to rapid results has increased demand for and use of immunoassays, the following will provide some guidelines related to frequency of testing and the use of multi-drug panels:
- **UDT should not routinely include a panel of all drugs of abuse.**
  A full panel screen should only be considered when the patient’s observed behavior suggests the use of a drug(s) not identified on the initial screening. Medical documentation must support the behavioral observation and medical justification for conducting a full panel screening.
- **The test ordered should be focused on detecting the specific drugs of concern.**
  The preferred method of urine drug testing for a patient with a history of poly-substance abuse during a monitoring period is by utilization of a multidrug screening kit (qualitative analysis by multiplexed method for 2-15 drugs or drug classes).
- **Frequency of testing should be at the lowest level to detect presence of drugs being screened.**
  Subsequent testing should only be conducted for those substances identified on the patient’s initial profile.
UDT Frequency Guidelines per Indication for testing - must be supported by documentation in the medical record:

Diagnosis of altered mental status:
- At the time of the initial medical evaluation.
- Subsequent testing in the substance abuse treatment center (clinical or office) must be medically necessary and not performed for the sole purpose of validating observable signs of intoxication.

Diagnosis of a medical condition where drug toxicity may be a contributing factor:
- At the time of the initial medical evaluation.

Diagnosis of fetal withdrawal syndrome in a newborn:
- As medically necessary to support the diagnosis and treatment intervention.

Diagnosis of possible exposure of fetus to illicit drugs taken by mother:
- Bi-Monthly until delivery, and once in labor.
- Screening beyond this must be supported as medically necessary in the patient’s treatment plan.

Substance Abuse Treatment Programs, Outpatient Opiate Treatment Programs and Chronic Pain Management Programs:

Induction Phase
- Assessment of patients for substance abuse treatment program during the Induction Phase to determine the patient’s drug profile and detoxification regime.
- Further testing during a stabilization phase must be supported by documentation in the medical record.

Stabilization Phase
- Assessment of patient’s adherence to the substance abuse treatment program during the Stabilization Phase of treatment.
- Weekly screenings will be covered for a maximum of four weeks during the initiation of the program.
- After the initial four weeks of treatment, two random or targeted urine screenings will be covered per month.
- Further testing during the stabilization phase must be supported by documentation in the medical record and must be preauthorized.

Maintenance Phase
- Assessment of patient’s adherence to the substance abuse treatment program during the Maintenance Phase is only covered when the patient is displaying medical or behavioral signs of drug toxicity on examination.
- Testing must be supported by documentation in the medical record.
- One screening will be covered at the time of examination, further testing must be preauthorized.

Assessment of abstinence
- before initiating drug therapy known to produce withdrawal symptoms if administered while the patient is occupied with the drug

Assessment of adherence
- Assessment of adherence and for diversion for patients in chronic pain treatment programs
Confirmatory Drug Testing
- Confirmatory testing will be covered only to verify and further analyze positive results of UDT screening and/or buprenorphine levels.

Urine drug testing will be covered only for the duration that Outpatient Opiate Treatment, Substance Abuse Treatment or Chronic Pain Management program.

Exclusions/Contraindications:
Urine Drug Testing for non-medical purposes including, but not limited to, the following are non-covered indications:
- As a condition for:
  - Employment or pre-employment
  - Participation in school or community athletic activities or programs
  - Participation in school or community extracurricular activities or programs
  - Enrollment in school
  - Enrollment in the military
- Court ordered drug testing;
- Forensic/criminal situations;
- Required drug testing and compliance in the workplace;
- Required drug testing and compliance in the school;
- Administrative, or social service agency investigations, proceedings, or monitoring activities;
- Testing that is indiscriminately carried out without a clear treatment role and decision making response to either a positive or negative result;
- Testing for parents involved in divorce/child custody cases;
- Assessment for substances not established on the initial targeted screening; And UDT performed for residential monitoring purposes.
- Routine specimen collection and preparation for the purpose of clinical laboratory analysis (for example, urine samples). The cost for such services is included in the payment for conducting the test and analysis.
- Reports or clinical information derived from the result of laboratory data that is mathematically calculated which are considered part of the test procedure and therefore not a separately reportable service.

Provider Billing Guidelines
For services rendered to enrollees in WV Medicaid, follow WV BMS billing guidelines.

For all other lines of business, follow CMS billing guidelines: www.cms.gov

Reference lab claims may be submitted using CPT codes for quantitative testing and will be paid based on documentation in the physician record indicating the need for each specific test and reimbursed per contracted rate.