Department:	Medical Management	**Original Approval:**	11/07/2018
Policy #:	MM170	**Last Approval:**	11/12/2018
Title:	Urine Drug Testing in Addiction Treatment		
Approved By:	UM Committee		

REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

- Current chart notes that address the patient's history,
- Current treatment and treatment response,
- Results of urine drug testing,
- Patient's explanation of any unexpected results,
- Details about how limit extension of urine drug testing would change the treatment plan.

BACKGROUND

Drug tests are tools that provide information about an individual's substance use. Testing can provide evidence of current or recent drug use, and serve as a means of corroborating the patient's reported substance use history. Drug testing is not the only means to identify drug use, misuse, diversion, or relapse. Asking individuals about their drug use and psychosocial functioning, and interviewing collateral sources (with appropriate consent) can also provide important information about drug use. Drug testing must be integrated with treatment planning and results must be linked to action plans.

The American Society of Addiction Medicine (ASAM) Consensus Statement on Appropriate Use of Drug Testing in Clinical Addiction Medicine states: "The inappropriate use of drug testing can have extraordinary costs to third-party payers, taxpayers, and at times the patients who are receiving care. Though non-monetary, this has also cost the addiction treatment field because of loss of credibility."[1] Clinicians must consider the type of testing being performed, level of suspicion for drug use or exposure (pretest probability), purpose of obtaining the test, and the likelihood of false-positive and false-negative results.[2]

DEFINITIONS (adapted from ASAM Consensus Statement on Appropriate use of Drug Testing in Clinical Addiction Medicine, 2017)

Confirmatory testing: Quantitative testing targeting a specific unexplained qualitative testing result.
Definitive Testing: Also referred to as quantitative or confirmatory testing is usually performed by chromatography, gas chromatography or mass spectrometry, and is likely to take place in a laboratory

[1] ASAM Consensus Statement. Appropriate use of drug testing in clinical addiction medicine. 2017. https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2. Accessed 11/7/18.
[2] UpToDate. Testing for drugs of abuse. Accessed 11/7/18.

and each individual test can be expensive. In contrast to presumptive testing, definitive testing has high sensitivity and specificity that is able to identify specific drugs, their metabolites, and/or drug quantities.

Expected Test Results: In the context of addiction treatment that includes medication, an expected test result is positive for prescribed medication and negative for other addictive substances
Negative Test Results: The result reported by a test that fails to detect the presence of a target substance in a sample. This can indicate either a complete lack of the drug or drug metabolite or a level too low to be detected by the test.
Point of Collection/Care Test: A drug test performed at the site where the sample is collected, using either an instrumented or non-instrumented commercial device.
Positive Test Result: The result reported by a test that detects the presences of a target substance in a sample.
Presumptive testing: Also referred to as qualitative testing is usually performed by immunoassay. In contrast to definitive testing, presumptive testing has lower sensitivity and specificity, and establishes preliminary evidence regarding the absence or presence of drugs of metabolites in a sample. The results must take into consideration the patient's history.
Unexpected Test Results: In the context of addiction treatment that includes medication (such as buprenorphine), an unexpected result could be (a) negative for prescribed medication, (b) positive for other addictive substance, or (c) both.
Window of Detection: The range of time that a substance can be detected in a sample. It refers both to the time to detection and time to clearance.

INDICATIONS/CRITERIA

Medicaid Members	***Continue to criteria for approval below.***
Medicare Members	***Step-utilization of Part D drugs not required.***

Clinical Coverage Criteria for Urine Drug Testing for both Medicaid and Medicare Members:
Urine drug testing should be individualized to test for substances specific to the individual's treatment plan. In order for urine drug tests to be authorized, **all of the following criteria must be met:**

- Clinical documentation must specify how test results will guide clinical decision making.
- Drug testing must be correlated with a patient's self-report of drug use.
- Clinical documentation must demonstrate that drug testing and orders for drug testing are considered in the context of the patient's psychosocial functioning.

Presumptive testing is appropriate by **1 or more of the following:**

- Baseline screening before or at the time of treatment initiation and all of the following:
    - Clinical assessment of history and risk of substance use have been completed
    - Plan in place for clinical use of test results

- Routine scheduled monitoring for compliance as indicated by 1 or more of the following:
    - Patient stabilization phase—no more than weekly testing during the first 4 weeks after initiation of treatment, independent of risk
    - Patient maintenance phase—no more than testing every 1-3 months after the first 4 weeks of treatment
- Routine random monitoring based on risk level as indicated by 1 or more of the following:
    - Low risk: 1-2 test per year
    - Moderate risk: 3 tests per year
    - High risk: 4 tests per year
- Testing as clinically indicated, such as due to unusual behavior or decline in psychosocial functioning. Clinical indication must be documented.

Definitive testing must only be ordered in specific documented situations in which definitive testing is required for clinical decision making; and is appropriate as indicated by 1 or more of the following:

- Unexpected and unexplained (prescriber must discuss with patient, and patient cannot explain unexpected result) negative presumptive testing and 1 or more of the following:
    - Positive test was expected due to prescribed medication (such as buprenorphine)
    - Negative presumptive test but concern for false negative test based on patient behavior, testing outside of the window of detection, lack of sensitivity, or lab abnormality.
- Confirmation of positive presumptive test when patient denies using substance
- Adjunctive monitoring (not accompanying presumptive testing) as indicated by 1 or more of the following:
    - Annual testing for patient who is at low risk of abuse
    - Twice-per-year testing for patient who is at moderate risk of abuse
    - Specific identified and documented clinical need to test for substance not included in routine qualitative assay
    - Other documented indications for repeat testing, such as ingestion of substance known to interfere with testing

For all drug testing, it must be demonstrated that:

- Unexpected results are addressed with the patient, and
- The outcome of the testing influences the patient's treatment.

Urine drug testing is considered **not medically necessary** in all other situations, including but not limited to:

- Routine testing outside of the frequency guidelines for patient's phase of treatment or risk level
- Routine screenings, including definitive panels, performed as part of a clinician's protocol for treatment
- Standing orders resulting in testing that is not individualized or not used in the patient's specific treatment plan

- No clinical documentation of indications for testing
- Lack of information describing how test will be used to modify treatment planning
- Routine use of large, arbitrary panels
- The confirmation and quantification of presumptive positive and negative test results without documented clinical justification
- Presumptive and Definitive testing panels ordered at the same time without review of the presumptive test results
- Testing for court, employment, sports, school
- Patient is not being actively followed by prescriber
- Limit extension requests will be denied when prior urine drug testing does not meet medical necessity criteria

SPECIAL CONSIDERATIONS

None.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR		
WAC	WAC 284-43-2050	
RCW		
Contract Citation	☒ WAH	
	☒ IMC	
	☒ MA	

Other Requirements	
NCQA Elements	
REFERENCES	ASAM Consensus Statement. Appropriate use of drug testing in clinical addiction medicine. 2017. https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2. Accessed 11/7/18 UpToDate: Testing for drugs of abuse. Accessed 11/7/18

Revision History

Revision Date	Revision Description	Revision Made By
11/07/2018	Policy creation	Terry Lee
11/12/2018	Approved	BH UM Subcommittee