Indiana Medicaid Supplemental Clinical Criteria: Urine Drug Testing (UDT)

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Table of Contents **Page**

Introduction & Instructions for Use

Introduction

The following State or Contract Specific Clinical Criteria defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as Optum Health Behavioral Solutions of California ("Optum-CA")).

Other Clinical Criteria may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services.

Instructions for Use

When deciding coverage, the member's specific benefits must be referenced. All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member's specific benefit, the member's specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

Urine Drug Testing Definitions

Definitive/Qualitative/Confirmation (Definitive) UDT

Used when medically necessary to identify specific medications, illicit substances and metabolites; reports the results of analytes absent or present typically in concentrations such as ng/ml; definitive methods include but are not limited to GC-MS and LC-MS/MS testing methods only (CMS).

Presumptive/Qualitative Drug Testing (Presumptive) UDT

Used when medically necessary to determine the presence or absence of drugs or drug classes in a urine sample; results expressed as negative or positive or as a numerical result; includes competitive immunoassays (IA) and thin layer chromatography (CMS).

Specimen Validity Testing

Urine specimen testing to ensure that it is consistent with normal human urine and has not been adulterated or substituted, may include, but is not limited to pH, specific gravity, oxidants and creatinine (CMS).

Coverage Rationale

- Drug testing/screening should only be ordered for drugs or drug classes likely to be present based on the members medical history (prescribed medications, past drug use or abuse, previous lab findings or substance they are suspected of using) and current clinical presentation, and drugs commonly used in the patient's geographic location and peer group. It is not Medically Necessary to routinely test for substances that are not used in the member's treatment population or community.
- Use of a blood or a saliva sample as an alternative to urine for drug testing is considered Medically Necessary only when collection of urine is not feasible (e.g., member has End Stage Renal Disease). This Utilization Review Guideline also applies to blood or saliva samples.

Clinical Indications

- Evaluation of symptomatic members, multiple drug ingestion, or members with possible substance use disorder
- Monitoring for members on Chronic Opioid Therapy (COT)
- Under this Utilization Review Guideline drug testing is defined as either presumptive (qualitative) or definitive (quantitative). A presumptive test confirms if a substance (analyte) is present in the specimen. A definitive test measures how much (the quantity) of an analyte is present.

Presumptive Testing Criteria

Admission Criteria

Presumptive testing is Medically Necessary when the results of testing will impact treatment planning for a member and any of the following clinical criteria are met:

- Suspected drug overdose, unreliable medical history, and an acute Medically Necessary situation; or
- Initial assessment and ongoing treatment for chronic pain with prescription opioid or other potentially abused medications; or
- Initial assessment or ongoing treatment for, therapeutic compliance, monitoring for relapse of substance use disorder; or
- Assessment of a member when clinical evaluation reasonably supports use of non-prescribed medications or illegal substances.

Presumptive tests should be used when it is a priority to have more immediate (although potentially less accurate) results. If a member disputes the results of a presumptive test, the test should be confirmed using a definitive method. If a member confirms that he or she used a substance detected by a presumptive test, it is not necessary to perform a definitive test to

confirm the result. Presumptive testing should be part of the initial and ongoing assessment of a member's use of substances. Presumptive tests should be performed randomly to monitor a member during treatment and not on a routine basis.

Definitive Testing Criteria

Admission Criteria

All of the classes in the definitive drug testing panel are required for treatment planning and any of the following are met:

- Confirm a negative or positive presumptive test when all of the following criteria are met:
  - Result of the presumptive test is inconsistent with a member's self-report, presentation, medical history, or current prescribed pain medication plan; and
  - Rule out an error as the cause of a presumptive test result.
- Test when a presumptive drug test is not available for the drug for which there is a suspicion of possible abuse or misuse and all of the following criteria are met:
  - The diagnosis, history and physical examination and/or behavior of the member being tested support the need for the specific drug testing being requested; and
  - Results of testing will impact treatment planning.
- Identify a specific substance or metabolite that is inadequately detected by a presumptive test; or
- Identify drugs when a definitive concentration of a drug is needed to guide management; or
- Definitively identify specific drugs in a large family of drugs, only if testing will impact treatment planning.

Definitive testing should only be used whenever a member disputes the findings of a presumptive test, when a provider wants to detect a specific substance not adequately identified by presumptive methods (e.g., heroin rather than opiates) or when the results will inform a decision with major clinical or non-clinical implications for the member (e.g., treatment transition, changes in medication therapies, changes in legal status). If a provider expects the result of a presumptive test to be positive (e.g., a member reports recent use), and information regarding specific substance and/or quantity is desired, it may be appropriate to skip the presumptive test in favor of a definitive test.

When ordering a definitive test, providers should advise the testing laboratory of possible or expected substance(s) in the specimen.

Definitive testing for more than 7 classes of drugs (including metabolites) would be unusual for most members.

Documentation Requirements

- Signed and dated member-specific physician order for each drug test with sufficient information to substantiate each testing panel component (standing orders are not detailed enough);
- Patient medical and behavioral health history, physical examination and previous laboratory findings to include:
  - Presence or absence of aberrant behaviors related to chronic pain management or addiction;
  - History of opioid use and the history of the medical condition associated with the indication for opioid therapy, if applicable;
- Current treatment plan including timeline for future testing and changes in management based upon the previous result(s);
- Copy of test results;
- Prescribed medication(s);
- Risk assessment plan which uses a validated risk assessment interview or questionnaire tool, with appropriate risk stratification and monitoring protocols that affirm the Medical Necessity for drug testing;
- Rationale for ordering a definitive drug test for each drug class tested; and

- If a definitive test is ordered, documentation supporting the inadequacy of presumptive testing.
- A limit of one presumptive test and one definitive test can be performed on the same date of service.
- Definitive testing for more than 7 classes of drugs (including metabolites) would be unusual for most members and would have to be Medically Necessary.

Benefit Exclusions/Limitations

- More than one presumptive test performed on the same date of service by one or more providers;
- Drug testing by breath, sweat and hair analysis is considered experimental, investigational or unproven and is not Medically Necessary;
- Reflex testing by reference laboratories when presumptive testing is performed at point of collection/care (POC);
- Routine standing orders for all members in a practice;
- Reference lab to perform and bill presumptive test prior to definitive test without a specific physician's order for the presumptive test;
- Immunoassay (IA) testing may not be used to confirm or definitively identify a presumptive test result obtained by cups, dipsticks, cards, cassettes, or other IA testing methods;
- Drug testing ordered by or on behalf of third parties (e.g., school, courts, law enforcement, housing, employers);
- Specimen Validity Testing to assure that a specimen has not been compromised or altered.

References

American Society of Addiction Medicine (ASAM). Appropriate use of drug testing in clinical addiction medicine. Available at: https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2 Accessed August 9, 2019.

Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD): Urine Drug Testing (L36037).
Indiana Health Coverage Programs Bulletin, BT202183, September 12, 2021:
http://provider.indianamedicaid.com/ihcp/Bulletins/BT202183.pdf

Policy History/Revision Information

Date	Summary of Changes
8/2021	Version 1
8/2022	Version 2