Subject: Urine Drug Testing

Background: Urine drug screening/testing is used in the setting of pain management and substance abuse treatment to assess and monitor drug misuse and/or abuse. Members in these settings are at risk for abusing or misusing prescribed opioids and/or non-prescribed drugs and should be assessed at the initiation of treatment as well as monitored while they are receiving treatment. Urine drug testing is a widely utilized method for monitoring opioid use in chronic pain individuals. It is used for tracking member compliance and exposing possible drug misuse and abuse.

Policy and Coverage Criteria:
Presumptive Testing
Harvard Pilgrim Health Care (HPHC) considers presumptive as reasonable and medically necessary for individuals with chronic pain when documentation confirms ANY of the following:

- Member is initiating treatment in a pain management or substance abuse program, OR
- Member’s clinical history and evaluation suggests use of non-prescribed medications or illegal substances, OR
- Member is on chronic opioid therapy and has a history of substance abuse and is at high risk for medication abuse due to psychiatric reasons
- Ongoing monitoring when medical record documentation supports testing is part of an active treatment plan

Harvard Pilgrim Health Care (HPHC) considers presumptive testing as reasonable and medically necessary for individuals with suspected drug overdose when documentation confirms ANY of the following:

- Unexplained coma, OR
- Altered mental status in the absence of a clinically defined toxic syndrome or toxidrome, OR
- Severe or unexplained cardiovascular instability (cardiototoxicity), OR
- Unexplained metabolic or respiratory acidosis in the absence of a clinically defined toxic syndrome or toxidrome, OR
- Seizures with an undetermined history, OR
- To provide antagonist to specific drug

Definitive Testing
Harvard Pilgrim Health Care (HPHC) considers definitive or confirmatory testing as reasonable and medically necessary when ANY of the following indications are met:

- Immunoassays for the relevant drug(s) are not commercially available, OR
- A presumptive screen was negative for prescribed medications [Testing should ONLY be ordered for the prescribed drug], OR
- A presumptive screen was positive for a prescription drug with abuse potential not prescribed to the member, OR
- Qualitative test was positive for an illegal drug
Therapeutic Drug Assays are considered medically necessary when performed to monitor a clinical response to a known, prescribed medication.

**Exclusions:** Harvard Pilgrim Health Care (HPHC) considers urine drug testing as not medically necessary for all other indications. In addition, HPHC does not cover:
- Specimen validity or adulteration testing
- Continuous urine drug testing (e.g. Litholink Urine Test)
- Mandated drug testing (e.g. court-ordered, residential monitoring, non-medically necessary testing)
- Employment or job screening testing

**Supporting Information:**
Presumptive/Qualitative urine drug testing (UDT) is used to determine the presence or absence of drugs in a urine sample. A positive test result is conveyed when the drug concentration is above the cut-off value. Definitive/Quantitative urine drug testing (UDT) recognizes medication, illicit substances and metabolites. In contrast to presumptive UDT, definitive testing is performed using a highly sensitive method that specifies particular drugs and drug quantities.

Owen et al. (2012) state that the frequency of random urine drug testing should be based on a risk assessment of the individual patient using a validated risk-assessment instrument. Some existing guidelines recommend that high-risk patients be screened at least 4 times per year, up to every month, office visit, or drug refill, and that low-risk patients be randomly screened once or twice a year; moderate-risk patients should be screened on a schedule somewhere between these extremes.

The American Society of Interventional Pain Physicians (ASIPP, 2012) recommends that urine drug testing be implemented from initiation of a pain management treatment program along with subsequent adherence monitoring to decrease prescription drug abuse or illicit drug use.

The Washington State Agency Medical Directors’ Group published an Interagency Guideline on opioid dosing for chronic non-cancer pain. This guideline recommends that low risk individuals have urine drug testing up to once per year, moderate risk up to 2 per year, high risk individuals up to 3-4 tests per year, and individuals exhibiting aberrant behaviors should be tested at the time of the office visit.

The American Society of Addiction Medicine (ASAM, 2017) supports the use of presumptive detection of substance use in addiction treatment setting. The guideline assesses the use of urine testing for opioid use and recommends that immunoassay results should be used cautiously when monitoring an individual’s adherence to prescribed benzodiazepines.

**Billing Guidelines:**
Member’s medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

Lab conducting the urine drug test must be certified through the Clinical Laboratory Improvement Amendments (CLIA-certified). Medical record documentation should include rationale for ongoing testing and indicate how results are used to manage member treatment and care.
References:

Summary of Changes:

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<thead>
<tr>
<th>Date</th>
<th>Change</th>
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<tbody>
<tr>
<td>9/18</td>
<td>Policy coverage criteria refined; coding and references updated</td>
</tr>
<tr>
<td>6/17</td>
<td>References and coding updated, policy coverage criteria refined</td>
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</tbody>
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Approved by Medical Policy Review Committee: 9/4/18
Reviewed/Revised: 8/15; 6/17; 9/18
Initiated: 8/15