

Medical Policy

Drug Testing	
MEDICAL POLICY NUMBER	MED_Clin_Ops-010
CURRENT VERSION EFFECTIVE DATE	January 1, 2024
APPLICABLE PRODUCT AND MARKET	Individual Family Plan: All Plans Small Group: All Plans Medicare Advantage: All Plans

Brand New Day/Central Health Medicare Plan develops policies and makes coverage determinations using credible scientific evidence including but not limited to MCG™ Health Guidelines, the ASAM Criteria™, and other third party sources, such as peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and expert opinion as relevant to supplement those sources. Brand New Day/Central Health Medicare Plan Medical Policies, MCG™ Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Brand New Day/Central Health Medicare Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/ Central Health Medicare Plan policy may contact the Health Plan. Brand New Day/Central Health Medicare Plan policies and practices are compliant with federal and state requirements, including mental health parity laws.

If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), govern. Refer to the CMS website at <http://www.cms.gov> for additional information.

Brand New Day/Central Health Medicare Plan medical policies address technology assessment of new and emerging treatments, devices, drugs, etc. They are developed to assist in administering plan benefits and do not constitute an offer of coverage nor medical advice. Brand New Day/Central Health Medicare Plan medical policies contain only a partial, general description of plan or program benefits and do not constitute a contract. Brand New Day/Central Health Medicare Plan does not provide health care services and, therefore, cannot guarantee any results or outcomes. Treating providers are solely responsible for medical advice and treatment of members. Our medical policies are updated based on changes in the evidence and healthcare coding and therefore are subject to change without notice. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). MCG™ and Care Guidelines® are trademarks of MCG Health, LLC (MCG).

PURPOSE

The purpose of this policy is to establish the clinical review criteria that support the determination of medical necessity for drug testing.

POLICY

Clinical Review Criteria

Presumptive (qualitative) and definitive (quantitative) drug tests are limited to 12 combined tests per calendar year unless there is documentation in the medical record that identifies medical necessity, as determined by plan review.

I. Presumptive (Qualitative) Drug Testing

- A. Presumptive (Qualitative) urine drug testing may be authorized for **ANY** of the following:
 - i. To verify compliance with treatment, identify undisclosed drug use or abuse, or evaluate aberrant behavior (e.g. lost prescriptions, repeat requests for early refills, prescriptions from multiple providers, apparent intoxication) for **EITHER**:
 - Individuals receiving treatment for chronic pain with prescription opioid or other potentially abused medications.
 - Individuals undergoing treatment for, or monitoring for relapse of, opioid addiction or substance abuse Detail Two

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- ii. To assess an individual when clinical evaluation suggests use of non-prescribed medications or illegal substances
- iii. On initial entrance into a pain management program or substance abuse recovery program.

II. Definitive (Quantitative) Drug Testing

- A. Quantitative (definitive) urine drug testing may be authorized when **ALL** of the following are met:
 - i. The qualitative test was negative for prescribed medications, positive for a prescription drug with abuse potential which was not prescribed, or positive for an illegal drug (e.g. methamphetamine or cocaine).
 - ii. The specific quantitative test(s) ordered are supported by documentation specifying the rationale for each quantitative test ordered.
 - iii. Clinical documentation reflects how the results of the test(s) will be used to guide clinical care.

BACKGROUND

The American Society of Addiction Medicine (ASAM) defines addiction as a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

There is no standard that can be applied universally to drug testing for addiction identification, diagnosis, treatment, medication monitoring or recovery. Drug testing is used as a part of evidence-based addiction treatment in an individualized treatment plan.

Tests should be based on patient's addiction history, prescribed medications and support an active personalized treatment plan.

Presumptive Tests are not required before definitive tests.

DEFINITIONS

1. **Authorization:** A decision by Brand New Day/Central Health Medicare Plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary or meets other member contract terms. Sometimes called prior authorization, prior approval or precertification. Brand New Day/Central Health Medicare Plan requires preauthorization for certain services before a member receives them, except in an emergency. Authorization is not a promise that Brand New Day/Central Health Medicare Plan will cover the cost.
2. **Drug Screening or Presumptive or Qualitative UDT:** identifies the presence or absence of a drug or a drug class, but is not designed to measure the precise level of drugs or metabolites in the specimen. Results are reported as "positive" or "negative".

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- Confirmation Testing or Definitive or Quantitative UDT:** validates the identity of and specific quantity of drugs or drug metabolites in the specimen. A numerical value of the concentration of the drug/metabolite is reported.

CODING

The codes listed below are for reference purposes. This list does not imply whether the code is covered or not covered. The benefit document should be referenced for coverage determination. This list of applicable codes may not be all-inclusive.

CPT CODE	DESCRIPTION
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS
80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE
80320	DRUG SCREEN QUANTITATIVE ALCOHOLS
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2
80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE
80323	ALKALOIDS NOT OTHERWISE SPECIFIED
80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2
80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4
80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE
80327	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2
80328	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE
80329	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2
80330	DRUG SCREEN ANALGESICS NON-OPIOID 3-5
80331	DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE
80332	ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2
80333	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5
80334	ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE
80335	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2
80336	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5
80337	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE
80338	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED
80339	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3
80340	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6
80341	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE
80342	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3
80343	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6
80344	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE
80345	DRUG SCREENING BARBITURATES
80346	DRUG SCREENING BENZODIAZEPINES 1-12
80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE
80348	DRUG SCREENING BUPRENORPHINE
80349	DRUG SCREENING CANNABINOIDS NATURAL
80350	DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3
80351	DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6
80352	DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE
80353	DRUG SCREENING COCAINE
80354	DRUG SCREENING FENTANYL

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CPT CODE	DESCRIPTION
80355	DRUG SCREENING GABAPENTIN NON-BLOOD
80356	DRUG SCREENING HEROIN METABOLITE
80357	DRUG SCREENING KETAMINE AND NORKETAMINE
80358	DRUG SCREENING METHADONE
80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES
80360	DRUG SCREENING METHYLPHENIDATE
80361	DRUG SCREENING OPIATES 1 OR MORE
80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2
80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4
80364	DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE
80365	DRUG SCREENING OXYCODONE
80366	DRUG SCREENING PREGABALIN
80367	DRUG SCREENING PROPOXYPHENE
80368	DRUG SCREENING SEDATIVE HYPNOTICS
80369	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2
80370	DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE
80371	DRUG SCREENING STIMULANTS SYNTHETIC
80372	DRUG SCREENING TAPENTADOL
80373	DRUG SCREENING TRAMADOL
80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS
80375	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3
80376	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6
80377	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE

HCPCS CODE	DESCRIPTION
G0480	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL
G0481	DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL
G0482	DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL
G0483	DRUG TEST DEFINITV DR ID METH P DAY 22/MORE DR CL
G0659	DRUG TEST DEFINITV DRUG ID METH ALL DR CLASSES

EVIDENCE BASED REFERENCES

- Appropriate Use of Drug Testing in Clinical Addiction Medicine Consensus Statement. American Society of Addiction Medicine (ASAM). April 2017.
https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/guidelines/the-asam-appropriate-use-of-drug-testing-in-clinical-addiction-medicine-full-document.pdf?sfvrsn=700a7bc2_0
- A White Paper of the American Society of Addiction Medicine (ASAM) October 26, 2013. www.asam.org.
- American Society of Interventional Pain Physicians (ASIPP) Website. Urine drug testing in chronic pain. Pain Physician. March/April 2011: 14:123-143.

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POLICY HISTORY

This policy has been approved by the approval body listed below or has received other necessary approval pursuant to Brand New Day/Central Health Medicare Plan's policies on clinical criteria and policy development.

Approval Body		Utilization Management Committee	
Version History	Approval Date	Effective Date	Action
V1	04-18-2018	04-18-2018	New Policy
V2	12-18-2018	12-18-2018	Annual review, no changes
V3	04-29-2019	04-29-2019	Updated to reflect new markets
V4	02-01-2020	02-01-2020	Updated to reflect new markets
V5	09-24-2020	09-24-2020	Annual review, no changes
V6	12-20-2020	12-20-2020	Updated to reflect new LOB
V7	09-16-2021	09-16-2021	Annual review
V8	09-28-2022	09-28-2022	Annual review
V9	09-28-2022	03-1-2023	Adopted by MA UM Committee (no policy revisions made)