



United Behavioral Health

Coverage Determination Guideline: Drug Testing

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INTRODUCTION

Coverage Determination Guidelines are a set of objective and evidence-based behavioral health criteria used by Commercial plans that don't have a provision for medical necessity to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®¹.

INSTRUCTIONS FOR USE

This guideline provides assistance in interpreting UnitedHealthcare Commercial benefit plans, and is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. 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 this guideline. 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 guideline and the member's specific benefit, the member's specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in *Clinical Criteria*.

This guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member-specific benefit plan document and any federal or state mandates, if applicable.

¹ Optum is a brand used by United Behavioral Health and its affiliates.

COVERAGE RATIONALE

This Coverage Determination Guideline is applicable to drug testing as an adjunct to the assessment and treatment of Substance-Related Disorders. It is not applicable to other circumstances such as the following:

- The assessment or treatment of other conditions (e.g., toxicology testing to establish if conditions such as coma or stupor are the result of an overdose) (CMS, 2019);
- To establish the qualitative or quantitative presence of a controlled substance prescribed for the treatment of conditions other than Substance-Related Disorders (e.g., therapeutic drug monitoring of lithium for members with Bipolar Disorder) (Substance Abuse and Mental Health Services Administration [SAMSHA], 2012);
- Federally-regulated drug testing for federal employees, and non-federal employees in safety-sensitive positions (e.g., pilots) (SAMSHA, 2012).

Benefits are available for covered services that are not otherwise limited or excluded. Examples of limitations and exclusions include testing related to:

- Judicial or administrative proceedings or orders except when otherwise necessary;
- Obtaining or maintaining a license;
- Employment;
- Housing.

Specimen Validity Testing is included in the presumptive and definitive drug testing CPT and HCPCS code descriptions and is considered a quality control which is an integral part of the collection process and is not separately reimbursable by either a same or different provider.

Drug testing involving the analysis of urine is the most common method of determining the presence or absence, or concentration of drugs of abuse; or determining compliance with treatment. Drug tests may only be ordered by the treating physician or other treating practitioner within the scope of his or her license (American Society of Addiction Medicine [ASAM], 2017).

The comprehensive evaluation and assessment of substance use should include toxicological tests of bodily fluids, usually urine but also blood, and hair samples to detect the presence of specific substances. The use of urine screening requires proper collection techniques including visualization of obtaining the sample, evaluation of positive results, and precise treatment planning with a specimen positive for a substance (American Academy of Child & Adolescent Psychiatry [AACAP], 2005).

The American Psychiatric Association (2006) recommends qualitative and quantitative laboratory tests such as blood and urine screening for substances of abuse and or abnormalities that are associated with acute or chronic substance use. Drug testing and screening can be clinically beneficial in adjusting prescription dosages, interventions, and treatment (SAMSHA, 2020).

Doyle and Strathmann (2017) investigated and compared the value of alternative urine drug screens versus conventional drug screens. The results showed that alternative urine drug screens reduce costs, provide faster results, and deliver a broad assessment of prescription compliance and drug abuse.

Prior to the use of drug testing, the provider has determined the clinical value of the following:

- Drug Testing and Self-Report of Substance Use (ASAM, 2017):
 - Drug testing is used in combination with an individual's self-reported information about substance use.
 - Drug testing is used as a supplement to self-report as individuals may be unaware of the composition of the substances(s) they have used.
 - Drug testing is appropriate for individuals facing negative consequences if substance use is detected, and are less likely to provide accurate self-reported substance use information.
 - Discrepancy between self-report and drug tests results can be a point of engagement for the provider.

- Drug Testing and Treatment Outcomes (ASAM, 2017):
 - Clinical evidence suggests that drug testing supports monitoring of adherence and abstinence behaviors, thereby, improving outcomes.
- Drug Testing as a Therapeutic Tool (ASAM, 2017):
 - Drug testing is used as a therapeutic tool as part of evidence-based addiction treatment and recovery.
 - Providers should utilize drug testing to explore denial, motivation, and actual substance use behaviors with individuals.
 - If drug-testing results contradict self-reports of use, therapeutic discussions should take place.
 - Providers should present drug testing to individuals as a way of providing motivation and reinforcement for abstinence.
 - Providers should educate individuals as to the therapeutic purpose of drug testing. To the extent possible, persuade individuals that drug testing is therapeutic rather than punitive.
 - If an individual refuses a drug test, the refusal itself should be an area of focus in the individual's treatment plan.
- Assessment (ASAM, 2017):
 - Treatment providers should include drug testing at intake to assist in an individual's initial assessment and SUD treatment planning.
 - Results of a medical and psychosocial assessment should guide the process of choosing the type of drug test and matrix to use for assessment purposes.
 - Drug test results should not be used as the sole determinant in assessment for SUD. They should always be combined with individual history, psychosocial assessment, and a physical examination.
 - Drug testing may be used to help determine optimal placement in a level of care.
 - Drug testing can serve as an objective means of verifying an individual's substance use history.
 - Drug testing can demonstrate a discrepancy between an individual's self-report of substance use and the substances detected in testing.
 - For an individual presenting with altered mental status, a negative drug test result may support differentiation between intoxication and/or presence of an underlying psychiatric and/or medical condition that should be addressed in treatment planning.
 - Drug testing can be helpful if a provider is required to document an individual's current substance use.
- Monitoring (ASAM, 2017):
 - Drug testing should be used to monitor recent substance use in all addiction treatment settings.
 - Drug testing can be useful as an ongoing measure of treatment effectiveness.
 - Drug testing should be only one of several methods of detecting substance use or monitoring treatment; test results should be interpreted in the context of collateral and self-report and other indicators.
- Test Choice (ASAM, 2017):
 - Providers actively address the following factors in the process of choosing a drug test:
 - The information they wish to gain from testing
 - The substance(s) targeted
 - Matrix sample collected
 - The reliability/usefulness of the result
 - Cost both to individuals and insurers when utilizing drug testing
 - Before choosing the type of test and matrix, providers should determine the questions they are seeking to answer and familiarize themselves with the benefits and limitations of each test and matrix.
 - Test selections should be individualized based on specific individual and clinical scenarios.
 - Individuals' self-reported substance use can help guide test selection.

- Responding to Test Results (ASAM, 2017):
 - Providers should attach a meaningful therapeutic response to test results, both positive and negative, and deliver it to individuals as quickly as possible.
 - Providers should not take a confrontational approach to discussing positive test results with individuals.
 - Providers should be aware that immediate abstinence may not be a realistic goal for individuals early in treatment.
 - When making individual care decisions, providers should consider all relevant factors surrounding a case rather than make a decision based solely on the results of a drug test.
 - Considering all relevant factors is particularly important when using drug test results to help make irreversible individual care decisions.

- Test Frequency/Random Testing (ASAM, 2017):
 - For people in addiction treatment, frequency of testing should be dictated by individual acuity and level of care.
 - Providers should look to tests' detection capabilities and windows of detection to determine the frequency of testing.
 - Providers should understand that increasing the frequency of testing increases the likelihood of detection of substance use, but there is insufficient evidence that increasing the frequency of drug testing has an effect on substance use itself.
 - Drug testing should be scheduled more frequently at the beginning of treatment; test frequency should be decreased as recovery progresses.
 - During the initial phase of treatment, drug testing should be done at least weekly. When possible, testing should occur on a random schedule.
 - When an individual is stable in treatment, drug testing should be done at least monthly. Individual consideration may be given for less frequent testing if an individual is in stable recovery. When possible, testing should occur on a random schedule.
 - Random unannounced drug tests are preferred to scheduled drug tests.

- Provider Proficiency (ASAM, 2017):
 - Providers responsible for ordering tests should be familiar with the limitations of presumptive and definitive testing.
 - Providers responsible for ordering tests should be familiar with the potential for cross-reactivity in drug testing.
 - Providers responsible for ordering tests should consider the possible impact of tampering on test results. Providers should note that tampering is more likely in settings where consequences for substance use are severe, such as discharge from treatment.
 - Providers responsible for ordering tests should understand the potential benefits of alternative matrices to urine (eg, oral fluid, hair, etc).
 - Providers responsible for ordering tests should be aware of the costs of different test methods.
 - If the provider responsible for making clinical decisions based on test results does not have training in toxicology, he or she should collaborate with a medical toxicologist, a toxicologist from the testing laboratory, or an individual with MRO certification, as needed.

All services must be provided by or under the direction of a properly qualified behavioral health provider.

APPLICABLE CODES

Listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other clinical criteria may apply. For coding and coding information, please refer to the following: [Optum Drug Testing Reimbursement Policy](#).

DEFINITIONS

Confirmation Testing: Re-testing used to evaluate initial qualitative screening results to minimize the potential of a clinician relying on a false negative or positive result (SAMSHA, 2012).

Cross-reactivity: When a test cannot distinguish between the substances being tested for and substances that are chemically similar (SAMSHA, 2012).

Cutoff Concentrations: The threshold of a drug test that is the point of measurement at or above which a result is considered positive and below which a result is considered negative (SAMSHA, 2012).

Drug Testing: The use of a biological specimen to confirm the presence or absence, or concentration of drugs and/or drug metabolites (ASAM, 2019).

Drug of Abuse: A substance used by a person who has a Substance-Related Disorder. Drugs of abuse include illicit substances, alcohol, and/or medications when not used as prescribed (SAMSHA, 2012).

Opioid Treatment Services: Opioid Treatment Programs (Methadone Maintenance) or Office-Based Opioid Treatment used to treat Opioid Use Disorder (SAMSHA, 2012).

Point of Care Testing (POCT): Screen testing conducted at the site of care. POCT is typically employed when immediate results are needed and are typically available for urine and saliva specimens (SAMSHA, 2012).

Qualitative (Presumptive) Drug Testing: A form of initial screening drug testing used to determine the presence or absence of drugs of abuse; results are expressed as negative or positive or a numerical result (CMS L35006; L35724; L36029; L36393; L36668; L36707, 2019; SAMSHA, 2012).

Quantitative (Definitive) Drug Testing: A form of drug testing used to determine and confirm the quantity of drugs or the metabolites present in the specimen; reports the results of analytes absent or present typically in concentrations (CMS LCD L35006; L35724; L36029; L36393; L36668; L36707, 2019; SAMSHA, 2012).

Specimen Validity Testing: Testing to ensure that a urine specimen is consistent with normal human urine and has not been corrupted or replaced to reflect a negative result (CMS LCD L35006; L35724; L36029; L36393; L36668; L36707, 2019; SAMSHA, 2012).

Substance-Related Disorders: A cluster of cognitive, behavioral, and physiological symptoms indicated that the individual continues using the substance despite significant substance related problems. The diagnosis is based on a pathological pattern of behaviors related to the use of any of the 10 classes of drugs identified in the DSM-5 (APA, 2013).

Therapeutic Drug Monitoring: An application of testing used to establish the qualitative or quantitative presence of a controlled substance prescribed for the treatment of a medical or behavioral health condition (SAMSHA, 2012).

Toxicology Testing: An application of testing used to determine if medical conditions such as altered mental status or coma are the result of drug consumption (CMS LCD 35006, 2019).

Window of Detection: is the length of time the drug or drug metabolites can be identified in a specimen. Detection differs depending upon the substance and among the various types of specimens (ASAM, 2017; SAMSHA, 2012).

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REVISION HISTORY

| Date | Action/Description |
|------------|--|
| 03/14/2017 | <ul style="list-style-type: none">Version 1 (Approved by UMC) |
| 03/14/2018 | <ul style="list-style-type: none">Annual Update: Updates to formatting, references |
| 09/10/2018 | <ul style="list-style-type: none">Mid-Term Review: Updates to clinical best practices |
| 10/21/2019 | <ul style="list-style-type: none">Annual Update: Updates to formatting, references |
| 08/24/2020 | <ul style="list-style-type: none">Annual Review: updates to sourcing, references, added link to Optum Drug Testing Reimbursement Policy, removed coding grids. |