

URINE DRUG TESTING

Policy

Neighborhood Health Plan reimburses medically appropriate urine drug testing (UDT) to detect the parent drug and/or its metabolite(s) to demonstrate use of prescription medications and illegal substances of concern for treatment purposes.

Prerequisites

Authorization, Notification and Referral

Service	Requirement
Drug screening , CPT codes 80100, 80101, and 80102	Prior authorization required for testing more than eight (8) specific drug classes per date of service.

Limitations

UDT may be required for use in clinical settings for various reasons. The simplicity of use and access to rapid results has increased demand for and use of immunoassays. UDT should not routinely include a panel of all drugs of abuse. The test ordered should be focused on detecting the specific drugs of concern. Frequency of testing should be at the lowest level to detect presence of drugs bearing in mind the pharmacodynamics for which the drug is being screened.

The **accepted** method of urine drug testing for a patient with a history of poly-substance abuse during a monitoring period is by utilization of a multidrug screening kit (qualitative analysis by multiplexed method for 2-15 drugs or drug classes).

Guideline for Testing Frequency		
UDT Indication	Frequency and Conditions	Annual Maximum
Diagnosis of altered mental status	At the time of the initial medical evaluation. Subsequent testing in the substance abuse treatment center (clinical or office) must be medically necessary and not performed for the sole purpose of validating observable signs of intoxication.	N/A in the acute care facility.
Diagnosis of a medical condition where drug toxicity may be a contributing factor	At the time of the initial medical evaluation.	N/A in the acute care facility.
Diagnosis of fetal withdrawal syndrome in a new born	As medically necessary to support the diagnosis and treatment intervention.	N/A

Guideline for Testing Frequency, Continued		
UDT Indication	Frequency and Conditions	Annual Maximum
Diagnosis of possible exposure of fetus to illicit drugs taken by mother	Bi-Monthly until delivery, and once in labor. Screening beyond this must be supported as medically necessary in the patient's treatment plan.	10 dates of service per calendar year

Residential or Clinical Based Program

UDT Indication	Frequency and Conditions	Annual Maximum
Assessment of patients for substance abuse treatment program during the Induction Phase to determine the patient's drug profile and detoxification regime	Once per program entry	Total number of tests per calendar year during a stabilization phase must be supported by documentation in the medical record.

Residential Substance Abuse Program

Assessment of patient's adherence to the substance abuse treatment program during the Stabilization Phase of treatment	Targeted screenings weekly for a maximum of 4 weeks.	Total number of tests per calendar year during a stabilization phase must be supported by documentation in the medical record.
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Outpatient Opiate Treatment Program

Assessment of patient's adherence to the substance abuse treatment program during the Stabilization Phase of treatment	Targeted screenings weekly for a maximum of 4 weeks.	Total number of tests per calendar year during a stabilization phase must be supported by documentation in the medical record.
Assessment of patient's adherence to the substance abuse treatment program during the Maintenance Phase , but only when the patient is displaying medical or behavioral signs of drug toxicity on examination;	Targeted screenings every 1 to 3 months.	11 dates of service per calendar year
Assessment of abstinence before initiating drug therapy known to produce withdrawal symptoms if administered while the patient is occupied with the drug;	To establish absence of the drug.	Total number of tests per calendar year during the induction phase must be supported by documentation in the medical record.
Assessment of adherence and for diversion for patients in chronic pain treatment programs	Once at initiation, weekly during stabilization (for 4 weeks maximum) and monthly during maintenance phase.	16 dates of service per calendar year

Member Cost-Sharing

The provider is responsible for verifying at each encounter coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

Definitions

Addiction: A primary chronic, neurobiologic disease with genetic, psychological, and environmental factors influencing its development and manifestations. It is characterized by behavior that include a combination of the following that leads to compulsive use of a substance either for its positive effects or to avoid negative effects:

- Physical dependence
- Behavioral manifestations of use
- Subjective sense of need and craving.

Compliance testing: Assessment of a patient's adherence to a treatment plan, typically looking for the presence of prescribed medications.

Diversions: The intentional removal of a medication from legitimate distribution and dispensing channels for illicit sale or distribution.

Drug test: Urine is usually preferred for determining the presence or absence of drugs because it has a 1-3 day window for detection for most drugs and/or their metabolites and is currently the most extensively validated biologic specimen for drug testing.

Enzyme-linked immune assay (EIA): a laboratory technology using drug-class specific antibodies to screen for presence of drugs. This technology is used for screening.

Gas chromatography/mass spectroscopy (GC/MS): A laboratory technology used to **confirm** presence of specific drug or its metabolite when EIA test screen is positive.

High-performance liquid chromatography (HPLC): A laboratory technology used to **confirm** presence of specific drug or its metabolite when EIA test screen is positive.

Induction Phase: The goal of the induction phase is to find the minimum dose of treatment medication at which the patient discontinues or markedly diminishes use of other opioids and experiences no withdrawal symptoms, minimal or no side effects, and has no uncontrollable use of abuse. Regardless of the medication used, safety is key during the induction stage. Most treatment providers begin treating new patients when there are no signs of opioid intoxication or sedation and some beginning signs of opioid withdrawal.

Liquid chromatography/mass chromatography (LC/MS): Liquid chromatography is used to separate the different components in a specimen, and mass chromatography is used to specifically identify the components of the specimen.

Maintenance Phase: The maintenance stage of opioid pharmacotherapy begins when a patient is responding optimally to medication treatment and routine dosage adjustments are no longer needed. Patients at this stage have stopped abusing opioids and other substances and have resumed productive lifestyles away from the people, places, and things associated with their addiction. These patients typically receive scheduled take-home medication privileges.

During the maintenance stage, many patients remain on the same dosage of treatment

medication for many months, whereas others require frequent or occasional adjustments. Serious emotional crises may require long-term or temporary dosage adjustments. Drug test reports and medication blood levels are useful for dosage determination and adjustment during and after transition from stabilization to the maintenance stage.

Multidrug Screening Kit: A rapid urine toxicology drug screen, qualitative analysis, utilizing a multidrug screening device that simultaneously screens for 2-15 different drugs and substance classes.

Point of Care Testing: On-site testing using commercial devices without the need for instrumentation.

Stabilization Phase: A steady state is achieved when a treatment medication is eliminated from the blood at the exact rate that more is added. A patient is stabilized when he or she no longer exhibits drug-seeking behavior or craving. The stabilization stage of opioid pharmacotherapy focuses on finding the right dosage for each patient. It is critical to successful patient management in MAT (methadone addition treatment) to determine a medication dosage that will minimize withdrawal symptoms and craving and decrease or eliminate opioid abuse. Dosage requirements for methadone and buprenorphine must be determined on an individual basis.

Standing Order: A request by an authorized prescriber for an independent clinical laboratory to repeat one or more tests over a specified period of time. Standing orders may not exceed **30** days in length and are permissible only when tests are medically necessary and required as part of the member's medical or drug treatment plan.

Substance abuse: The excessive use of a substance, especially alcohol or a drug. Drug abuse is the use of illegal drugs, or the misuse of prescription or over-the-counter drugs for at least a year with negative consequences.

The American Psychiatric Association (DSM-IV) definition of substance abuse is at least one of the following four criteria:

- Continued use despite social or interpersonal problems
- Repeated use resulting in failure to fulfill obligations at work, school, or home
- Repeated use resulting in physically hazardous situations
- Use resulting in legal problems

Substance misuse: Use of a medication (for a medical purpose) other than as directed or as indicated, whether willful or unintentional, and whether harm results or not.

Urine drug testing methods: For most clinical and forensic applications, initial testing is often done with class-specific immunoassay drug panels, which are designed to classify substances as either present or absent according to pre-determined cutoff thresholds. Definitive identification of a specific drug and/or metabolite(s) requires more sophisticated tests, such as GC/MS or LC/MS. The UDT method chosen should be a function of the question that needs to be answered.

Neighborhood Health Plan Reimburses

Urine drug testing for:

- Diagnosis of altered mental status;
- Diagnosis of medical condition where drug toxicity may be a contributing factor;
- Diagnosis of possible exposure of fetus to illicit drugs taken by mother;
- Assessment of patients for substance abuse treatment program during the *Induction Phase* to determine the patient's drug profile and detoxification regime;
- Assessment of patient's adherence to the substance abuse treatment program during the *Stabilization Phase* of treatment;
- Assessment of patient's adherence to the substance abuse treatment program during the *Maintenance Phase*.
- Assessment of abstinence before initiating drug therapy known to produce withdrawal symptoms if administered while the patient is occupied with the drug; and
- Assessment of adherence and for diversion for patients in chronic pain treatment programs.

Neighborhood Health Plan Does *Not* Reimburse

Urine drug Testing for non-medical purposes including, but not limited to the following:

- As a condition for:
 - Employment or pre-employment
 - Participation in school or community athletic activities or programs
 - Participation in school or community extra circular activities or programs
 - Enrollment in school
 - Enrollment in the military
- Court ordered drug testing;
- Forensic/criminal situations;
- Required drug testing and compliance in the work place;
- Required drug testing and compliance in the school;
- Administrative, or social service agency investigations, proceedings, or monitoring activities;
- Testing that is indiscriminately carried out without a clear treatment role and decision making response to either a positive or negative result;
- Testing for parents involved in divorce/child custody cases;
- Assessment for substances not established on the initial targeted screening; and
- UDT performed for residential monitoring purposes (CMR 130 401.411 5B).
- Routine specimen collection and preparation for the purpose of clinical laboratory analysis (for example, urine samples). The cost for such services is included in the payment for conducting the test and analysis.
- Reports or clinical information derived from the result of laboratory data that is mathematically calculated which are considered part of the test procedure and therefore not a separately reportable service.

Procedure Codes

Note: This list of codes may not be all-inclusive.

Code	Descriptor	Comments
80100	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure	Please refer to the Table of Drugs and Appropriate Codes below. Note the footnotes and comments at the end of the table.
80101	Drug screen, qualitative; single drug class method (e.g. immunoassay, enzyme assay) each drug class	Billable once with a count of one. Please refer to the Table of Drugs and Appropriate Codes below. Note the footnotes and comments at the end of the table. For qualitative analysis by multiplexed screening kit for multiple drugs or drug classes, use 80104.
80104*	Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure	Submit to report a specific drug screen, qualitative analysis by multiplexed method for 2-15 drugs or drug classes (e.g., multi-drug screening kit). Bill once with a count of 1.
80102	Drug confirmation, each procedure	Please refer to the Table of Drugs and Appropriate Codes below. Note the footnotes and comments at the end of the table.

* Code is out of numerical sequence. See 2011 CPT manual for codes 80100-80103.

Table of Drugs and Appropriate Qualitative Screening, Confirmatory and Quantitative Codes

Drug Qualitative	Multiple Drug Class Method ^a	Single Drug Class Method ^b	Confirmatory ^c	Quantitative
Amphetamines	80100	80101	80102	82145
Barbiturates	80100	80101	80102	80184 or 82205 ^e
Benzodiazepines	80100	80101	80102	80154
Cocaine and metabolites	80100	80101	80102	82520
Methadone	80100	80101	80102	83840
Methaqualone	80100	80101	80102	80299 or 82491 ^f
Opiates	80100	80101	80102	83925
Phencyclidine	80100	80101	80102	83922
Phenothiazines	80100	80101	80102	84022
Propoxyphene	80100	80101	80102	80299 or 82491 ^f
Tetrahydrocannabinoids	80100	80101	80102	80299 or 82491 ^f
Tricyclic antidepressants	80100	80101	80102	80152, 80160, 80166, 80174, 80182 ^g , 80299, or 82491 ^f
a Use CPT 80100 for each combination of mobile phase with stationary phase.				
b Use CPT 80101 for each single drug class tested and reported.				

c Use CPT 80102 for each combination of mobile phase with stationary phase used for drug confirmation.
e Use CPT 80184 for “Phenobarbital”, CPT 80188 for “Primidone”, CPT 82205 for “Barbiturates, not elsewhere specified”.
f If there is no appropriate quantitative code for the drug listed, use CPT 82491 for chromatographic determination, or CPT 80299 for quantitation NOS
g Code 80152 “Amitriptyline” 80160 for “Desipramine”, 80166 for “Doxepin”, 80174 for “Imipramine”, or 80182 for “Nortriptyline”

Provider Payment Guidelines and Documentation

To Report Drug Testing Codes:

- Use 80100 for each multiple drug class *chromatographic* procedure.
 - For *chromatography*, each combination of stationary and mobile phase is to be counted as one procedure. (If multiple drugs can be detected using a single analysis, [one stationary with one mobile phase] report 80100 once.)
 - If detection of three drugs by *chromatography* requires one stationary phase with three mobile phases, report CPT 80100 three times.
- Use 80104 to report a specific drug screen, qualitative analysis by multiplexed method for 2-15 drugs or drug classes (eg. multidrug screening kit).
- Use 80102 for each procedure necessary for confirmation.
- Quantitative assays should be reported using the appropriate code chosen from the table of drugs above.

Required Information:

Requests for laboratory services must be written and include the following information:

- The date of the request;
- The name or any other means of identifying the member to be tested;
- The name and address of the authorized prescriber;
- The name of the specific laboratory tests to be performed;
- The frequency for performing each laboratory test (applicable to standing orders only);
- The duration and maximum number of times each laboratory test or tests are to be performed (applicable to standing orders only); and
- A statement by the authorized prescriber that such testing is required as part of the member’s medical or drug treatment plan (applicable to standing orders only).

If a laboratory refers a specimen to a testing laboratory, the referring laboratory must forward the original request to perform the service to the testing laboratory. The testing laboratory must maintain such request in its records in accordance with 130 CMR 401.416(A).

Both referring and testing laboratories must keep a record of each written request for laboratory services, each specimen, and each test result for at least **six years** from the date on which the results were reported to the authorized prescriber.

The laboratory record must contain the following information:

- The written request for laboratory services with all information required by 401.416;
- The identification number of the specimen;
- The name or any other means of identifying the person from whom the specimen was taken;

- The name of the authorized prescriber and, if applicable, the referring laboratory that submitted the specimen;
- The date on which the specimen was collected by the authorized prescriber or laboratory, the location of the collection, and the name of the collector;
- The date on which the specimen was received in the laboratory;
- The condition of unsatisfactory specimens when received (for example, broken, leaked);
- The specific tests performed;
- The date or dates on which each test was performed;
- The results of each test, the name and address of all persons to whom each test result is reported, and the date of reporting; and
- The name and address of the laboratory to which the specimen was referred, if applicable.

References

American Medical Association; *CPT 2011 Professional Edition*

Commonwealth of Massachusetts MassHealth Provider Manual Series: Independent Clinical Laboratory Manual, Transmittal Letter LAB-34 dated 01/01/2010

Commonwealth of Massachusetts MassHealth Bulletins: Acute Outpatient Hospital Bulletin 23, Community Health Bulletin 66, Independent Clinical Laboratory Bulletin 8, Physician Bulletin 89, September 2010

Commonwealth of Massachusetts MassHealth Transmittal Letter: LAB 35, dated 04/01/2010

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Publication History

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This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Neighborhood Health Plan utilizes McKesson’s claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the “appropriate set” of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Please refer to Neighborhood Health Plan’s Provider Manual Billing Guidelines section for additional information on NHP’s billing guidelines and administration policies. Questions may be directed to Provider Network Management at prweb@nhp.org.