University of Michigan Health Plan

BENEFIT COVERAGE POLICY

Title: BCP-78 Drug Testing for Pain Management and Substance Use Disorders Treatment

Payment Reimbursement Policy: PRP-02 Drug Testing in Pain Management and Substance Use Disorders Treatment

Effective Date: 10/01/2024

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials, including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy addresses drug testing in the outpatient and residential setting for adherence monitoring of controlled substance use as part of the management of chronic pain and for individuals undergoing treatment for opioid addiction and substance use disorder.

This policy does not address the use of urine drug testing in the following circumstances:

- Emergency department testing, including for the detection of potential overdose or poisoning.
- Screening for commercial driver licensing or any other job-related testing.
- State/legally mandated drug testing.

Please refer to the member's benefit plan coverage guidelines for Outpatient Diagnostic Testing and the associated payment reimbursement policy, PRP-02. Benefit plans may include a maximum allowable benefit, either in duration of treatment or in number of visits, for example. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria are met.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Unlisted codes are subject to review.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan and member eligibility. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines. Delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

2.0 Background:

Federal guidelines for treatment programs are published by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS) and can be accessed via the link below in section 7.0 References, Citations, and Resources.

Drug testing includes a variety of tests that can be useful in providing patient care. Clinical drug testing is used in pain management and in substance use screening and treatment programs. Testing may be used to detect prescribed therapeutic drugs, prescription drugs of abuse, illicit drugs, and/or other substances such as nicotine. Urinalysis is usually preferred for determining the presence or absence of prescription medications and illegal substances. It has a one to three-day window for detection for most drugs and/or their metabolites and is currently the most extensively validated biologic specimen for drug testing. Testing for alcohol should be done by breath or blood testing.

A. A routine drug panel includes:

    1. Marijuana metabolites.

    2. Cocaine metabolites.

    3. Opiate metabolites (morphine, hydrocodone, codeine, heroin, hydromorphone).

    4. Phencyclidine (PCP).

    5. Amphetamines (Adderall, Dexedrine, Ritalin, Concerta, crystal methamphetamine).

B. There are two primary categories of urine drug testing (UDT):

    1. Presumptive (screening, qualitative testing).

        a. Can be performed in a laboratory or point-of-service (immunoassay).

        b. A qualitative analysis of a sample to determine whether a specific drug, drug metabolite or substance is detectable.

        c. Reported as either positive (drug level above a pre-specified threshold) or negative (drug level below a pre-specified threshold). A test reported as negative does not necessarily mean the drug, or its metabolite is absent.

        d. A rapid turnaround time of minutes for on-site tests, and one to four hours for laboratory-based tests.

    2. Definitive (confirmatory, quantitative testing)

        a. Always performed in a laboratory (chromatography or spectrometry).

        b. Considered to be the criterion standard.

        c. Quantifies the amount of a specified drug(s) or metabolite(s) present in a urine sample identified by a screening test OR identifies drugs that cannot be isolated in a screening test.

        d. Turnaround time is several days.

C. Full informed consent is required before UDT.

D. Laboratory-developed tests must meet the general regulatory standards of the Clinical Laboratory Improvement Amendments (CLIA).

E. Laboratories that offer laboratory-developed tests must be licensed by CLIA for high-complexity testing. A CLIA waiver is available for the use of certain point-of-care immunoassays (i.e., tests considered to be simple, with low risk of error and low potential for harm).

3.0 Benefit Guidelines:

A. Presumptive and definitive drug testing:

1. Not to exceed one unit per date of service.
2. Up to 20 units per year (combined presumptive and definitive drug testing) is considered medically necessary when there is a suspicion of drug misuse by the individual being tested and the following are met:
    a. Diagnosis, history and physical examination and/or behavior of the individual being tested support the need for the specific drug testing being requested.
    b. The results of drug testing will impact treatment planning.
    c. The testing is performed for treatment in a physician-supervised treatment setting.

B. Treatment Compliance Monitoring Program:

1. The following service limitations apply to urine drug screenings except when performed as part of an emergency room visit, an observation or inpatient admission.
    a. One screening is routine for entrance into the program, the Induction Phase. Weekly screenings are covered for a maximum of four weeks during a substance abuse Stabilization Phase of a treatment program. Following the four-week period, two random or targeted urine screenings are covered per month during the Maintenance Phase of treatment.
    b. Definitive testing is covered only to verify and further analyze positive results of UDT screening and/or buprenorphine levels.
    c. Testing should include both an order for the test and rationale for the testing.
    d. Clinical documentation should reflect how the results of testing will be used to guide clinical care.

C. Services that are not covered:

1. Saliva (CPT 0011U), sweat, nail, and hair (HCPCS P2031) samples for drug testing is considered experimental/investigational.
2. Specimen verification including DNA authentication in comparison to buccal DNA (CPT 0007U).
3. Testing ordered by or on behalf of third parties (e.g., school, courts, or employers) for legal or other non-medical purposes is specifically excluded.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO group L0002193.

COVERED CODES			
Code	**Description**	**Prior Approval**	**Benefit Plan Cost Share Reference**
80305 (Presumptive)	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of	N	Outpatient diagnostic lab and pathology

COVERED CODES			
Code	**Description**	**Prior Approval**	**Benefit Plan Cost Share Reference**
	being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service		
80306 (Presumptive)	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service	N	Outpatient diagnostic lab and pathology
80307 (Presumptive)	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	N	Outpatient diagnostic lab and pathology
80320	Alcohols	N	Outpatient diagnostic lab and pathology
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	N	Outpatient diagnostic lab and pathology
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	N	Outpatient diagnostic lab and pathology
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without	N	Outpatient diagnostic lab and pathology

COVERED CODES			
Code	**Description**	**Prior Approval**	**Benefit Plan Cost Share Reference**
	microscopy		
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	N	Outpatient diagnostic lab and pathology
81005	Urinalysis; qualitative of semiquantitative, except immunoassays	N	Outpatient diagnostic lab and pathology
82077	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)	N	Outpatient diagnostic lab and pathology
82570	Creatinine, other source	N	Outpatient diagnostic lab and pathology
83986	pH; body fluid, not otherwise specified	N	Outpatient diagnostic lab and pathology
G0480 (Definitive)	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase); qualitative or quantitative, all sources, includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed.	N	Outpatient diagnostic lab and pathology
G0481 (Definitive)	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, NEMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase); qualitative or quantitative, all sources, includes specimen validity testing, per day, 8-	N	Outpatient diagnostic lab and pathology

COVERED CODES			
Code	**Description**	**Prior Approval**	**Benefit Plan Cost Share Reference**
	14 drug class(es), including metabolite(s) if performed.		
G0482 (Definitive)	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed.)	N	Outpatient diagnostic lab and pathology
G0483 (Definitive)	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed.	N	Outpatient diagnostic lab and pathology
G0659 (Definitive)	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug	N	Outpatient diagnostic lab and pathology

COVERED CODES			
Code	**Description**	**Prior Approval**	**Benefit Plan Cost Share Reference**
	metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes		

NON-COVERED CODES (list may not be all-inclusive)		
Code	**Description**	**Benefit Plan Reference/Reason**
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	Experimental, investigational, unproven
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites	Experimental, investigational, unproven
0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	Experimental, investigational, unproven
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	Experimental, investigational, unproven
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	Experimental, investigational, unproven
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	Experimental, investigational, unproven
0227U	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation	Not medically necessary
P2031	Hair analysis (excluding arsenic)	Experimental, investigational, or unproven

5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 Terms & Definitions:

1. Adulteration – any process used in an attempt to alter the results of a drug test.
2. Amphetamine – a synthetic, addictive, mood-altering drug, used illegally as a stimulant and legally as a prescription drug to treat children with attention deficit hyperactivity disorder (ADHD) and adults with narcolepsy (an uncontrollable urge to sleep).
3. Buprenorphine (Buprenex, Subutex, etc.) – a narcotic used to treat pain as well as addiction to opioids. Very serious interactions can occur when used with alcohol.
4. Clinical Laboratory Improvement Amendments (CLIA accredited) – a national program that regulates laboratories which perform testing on patient specimens to ensure accurate and reliable test results.
5. Cocaine – a powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. Although health care providers can use it for valid medical purposes, such as local anesthesia for some surgeries, cocaine is an illegal drug.
6. Detoxification (detox) – a medically supervised program for withdrawal from drugs of abuse. May be voluntary or involuntary. Short term detox programs range from 7 - 30 days. Long term residential rehab programs average from 60 – 180 days, with some programs up to one year.
7. Heroin – an opioid drug made from morphine, a natural substance taken from the seed pod of the various opium poppy plants grown in Southeast and Southwest Asia, Mexico, and Columbia.
8. High-complexity test **–** a test used to confirm results of a screening test using very specific chromatography or spectrometry techniques. This type of test should be performed in a CLIA-accredited laboratory which follows consistent quality control standards for testing and interpretation. The complexity of a test is designated by the U.S. Food and Drug Administration (FDA).
9. Marijuana – the dried leaves, flowers, stems, and seeds from the hemp plant, Cannabis sativa. The plant contains the mind-altering chemical delta-9-tetrahydrocannabinol (THC) and other related compounds.
10. Methamphetamine is a stimulant drug usually used as a white, bitter-tasting powder or a pill. Crystal methamphetamine is a form of the drug that looks like glass fragments or shiny, bluish-white rocks.
11. Opioids – a class of drugs that includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.
12. Point-of-Care Test – a drug test conducted at the collection site, bedside or a health care provider's office using dipsticks, cups, cards, cartridges or instrumented test systems, such as discrete multichannel chemistry analyzers using immuno- or enzyme assay. These tests are simple and have a low risk of incorrect results. A CLIA waiver is available for Point-of-Care test sites.
13. Substance Abuse and Mental Health Services Administration (SAMHSA) **–** an agency established by Congress in 1992, within the U. S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA provides leadership, supports programs and services, and devotes resources to helping the U.S. act on the knowledge that behavioral health is essential to health, prevention works, treatment is effective, and people recover.

7.0 References, Citations & Resources:

1. American Society of Addiction Medicine (ASAM). Public Policy Statement on "Drug Testing as a Component of Addiction Treatment and Monitoring Programs and in Other Clinical Settings,"

October 1, 2010. https://www.maineaap.org/assets/docs/Public-Policy-Statement-on-Drug-Testing-as-a-Component-of-Addiction-Treatment.pdf
2. National Institute on Drug Abuse, Drugs of Abuse. Available at: https://www.drugabuse.gov/drugs-abuse/opioids.
3. Substance Abuse and Mental Health Services Administration. Federal guidelines for opioid treatment programs. March 2015. Accessed Jan 4, 2018. Available at URL address: https://store.samhsa.gov/sites/default/files/d7/priv/pep15-fedguideotp.pdf
4. U.S. Preventive Services Task Force. Drug use, illicit: screening. Release date 06/09/2020. Available at URL address: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening?ds=1&s=drug%20screening

8.0 Associated Documents [For internal use only]:

Policy and Procedure (P&P) - MMP-09 Benefit Determinations, MMP-02 Transition and Continuity of Care.

Standard Operating Procedure (SOP) – MMS-03 Algorithm for Use of Criteria for Benefit Determinations; MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Letter; Lack of Information Letter

Form – Request Form: Out of Network/ Prior Authorization.

Revision History
Original Effective Date: 01/01/2019

Next Review Date: 10/01/2025

Revision Date	Reason for Revision
7/18	Policy created
11/19	Annual review; revisions made to 3.0.C.1; n/c code 0020U removed; 2/18/20 1/1/20 code changes made.
02/20	Annual review; new codes added, unlisted codes removed, citations updated
7/22	Annual review; 81000-81003, 82570, 83986 moved from non-covered to covered codes list to match CC Tools and Database. 1/11/23 edits: updated associated documents, added 81005 to covered section per gap analysis
7/23	Annual review, removed 0143u-0150u from non-covered code section, updated references, updated section 8.0 associated documents
7/24	Annual review, added 0011U which is listed in section C to the non-covered code section, removed 0020U from section C. 4, code is a deleted code, removed “"Routine testing to confirm specimen integrity; e.g., urinalysis (CPT 81005), creatinine concentration (CPT 82570), presence of oxidizing agent, pH (CPT 83986), temperature” from section C, these are covered codes, updated references.