

# Clinical Policy: Outpatient Testing for Drugs of Abuse

Reference Number: CP.MP.50

Last Review Date: 10/20

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description

Urine drug testing is a key diagnostic and therapeutic tool that is useful for patient care and monitoring of adherence to a controlled substance treatment regimen (e.g., for chronic non-cancer pain) and to identify drug misuse or addiction prior to starting or during treatment with controlled substances.

## Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® *outpatient* testing for drugs of abuse (DOA) is **medically necessary** for presumptive (preliminary) testing for a specific drug(s) when meeting both of the following:
  - A. Indication meets one of the following:
    1. Verification of compliance with treatment, identification of undisclosed drug use or abuse, or evaluation of aberrant\* behavior beginning at the start of treatment, as part of a routine monitoring program for individuals who meet one of the following (\*Note: aberrant behavior includes, but is not limited to, lost prescriptions, repeated requests for early refills, and prescriptions from multiple providers, unauthorized dose escalation, and apparent intoxication):
      - a. Receiving treatment for chronic pain with prescription opioid or other potentially abused medications;
      - b. Undergoing treatment for, or monitoring for relapse of, opioid addiction or substance use disorder;
    2. Clinical evaluation suggests use of non-prescribed medications or illegal substances;
    3. On initial entrance into a pain management program;
  - B. If requesting for chronic opioid therapy, frequency of testing with any combination of codes 80305, 80306, and 80307 meets all of the following:
    1. One unit or less per day;
    2. One unit or less per 30 days;
    3. 12 units or less per 365 days.
- II. It is the policy of health plans affiliated with Centene Corporation that *outpatient* testing for drugs of abuse (DOA) is **medically necessary** for confirmatory/definitive (quantitative) testing for a specific drug(s) when meeting *the criteria in A, B, or C*:
  - A. Documented history or suspicion of illicit or prescription drug use or noncompliance or a high probability of non-adherence to a prescribed drug regimen documented in the medical record; *and all of the following*:
    1. A preliminary/presumptive drug test has been previously performed, unless no reliable test exists;
    2. The findings from that preliminary/presumptive (qualitative) test (either positive or negative) are either:

- a. Inconsistent with the expected results as suggested by medical history, clinical presentation, and/or member's/enrollee's own statement after a detailed discussion about their recent medication and drug use;
  - b. Consistent with the clinical scenario but drug class-specific assays are needed to identify the precise drug(s) that resulted in the positive test result;
  3. Resolving the inconsistency is essential to the ongoing care of the member/enrollee,
  4. The requested confirmatory/definitive test(s) is for  $\leq 14$  drugs/drug classes,
  5. Tests are only for the specific drug(s) or number of drug classes for which preliminary analysis has yielded unexpected results;
- B.** The provider expects the presumptive test to be positive (e.g. the member/enrollee reports recent use), *and all of the following*:
1. Information regarding specific substance and/or quantity is desired;
  2. There are established benchmarks for clinical decision making based on specific substance and/or quantitative levels;
  3.  $\leq 14$  drugs/drug classes are requested;
  4. Tests are only for the specific drug(s) or number of drug classes for which the presumptive test is expected to be positive;
- C.** The request is for a serum therapeutic drug level in relation to the medical treatment of a disease or condition (e.g. phenobarbital level in the treatment of seizures).

**III.** It is the policy of health plans affiliated with Centene Corporation that outpatient confirmatory/definitive (quantitative) drug testing of more than 14 drugs/drug classes (HCPCS codes G0482, G0483) is **not medically necessary**.

**IV.** Urine drug testing is considered **not medically necessary** if provided for reasons that include, but are not limited to, the following:

- A.** As a condition of:
1. Employment or pre-employment purposes (pre-requisite for employment or as a requirement for continuation of employment). OR
  2. Participation in school or community athletic or extracurricular activities or programs
- B.** Screening for medico-legal purposes such as court-ordered drug screening (unless required by state regulations).
- C.** Screening in asymptomatic patients, except as listed in sections I or II.
- D.** As a component of a routine physical/medical examination; e.g. (enrollment in school, enrollment in the military, etc.).
- E.** As a component of a medical examination for any other administrative purposes not listed above (e.g., for purposes of marriage licensure, insurance eligibility, etc.).
- F.** Same-day screening of drug metabolites in specimens sourced from any combination of blood, saliva and urine by either preliminary or confirmatory/definitive analyses.
- G.** Blanket orders.
- H.** Reflex definitive drug tests when presumptive testing is performed at point of care.
- I.** Routine standing orders for all patients in a physician's practice. Physician-defined standing orders for pre-determined drug panels according to specific patient profiles for a limited sequential period may be reasonable and necessary and must be documented in the patient's medical record.

- J.** Billing of individual definitive CPT codes when a comprehensive definitive drug testing panel (CDDP) is ordered.
- K.** Performing presumptive point of care testing and ordering presumptive immunoassay (IA) testing from a reference laboratory.
- L.** Performing presumptive IA testing and ordering presumptive IA testing from a reference laboratory with or without reflex testing.
- M.** Performing IA presumptive screening prior to definitive testing without a specific physician's order for the presumptive testing.
- N.** IA testing, regardless of whether it is qualitative or semi-quantitative used to "confirm" or definitively identify a presumptive test result obtained by cups, dipsticks, cards, cassettes or other CLIA-waived methods. Semi-quantitative IA testing provides a presumptive test (numerical) result. Definitive UDT provides specific identification and/or quantification by GC-MS or LC-MS/MS.
- O.** Specimen validity/adulteration testing, as this is considered part of the laboratory quality control practices.

**Protocols for testing requiring prior authorization**

- Testing for children < 6 years of age is exempt from prior authorization.
- Requests for prior authorization will be accepted up to 10 business days after specimen collection and reviewed for medical necessity based on the above stated criteria.

**Background**

A drug of abuse is defined as a drug, chemical, or plant product known to be misused for recreational purposes. In the United States, the basic screening test for DOA includes five drugs: amphetamine, cocaine, marijuana, opioids, and phencyclidine. Other common drugs tested for include benzodiazepines, a wider range of opioids, barbiturates, and methamphetamine. These tests can vary by region based on epidemiologic trends. There currently is no uniformity for what is included in extended DOA assay testing, or what cutoff values should be used for detection of drugs that are not covered by workplace testing laws.

The three methods of drug assays include immunoassay, chromatography, and mass spectrometry. Immunoassay is the most widely used method for initial testing for DOA and offers results within minutes. They are able to detect low concentrations of a drug with a high degree of sensitivity but lack some specificity. This can be most easily performed using point-of-care test kits such as a urine drug cup. Unfortunately, in the clinical setting point-of-care testing does not perform to manufacturers' claims and untrained staff can improperly interpret test results.

Gas chromatography/mass spectrometry (GC/MS) or liquid chromatography (LC/MS) are typically used as confirmatory tests. Chromatography is used to separate a specimen into its component parts and mass spectrometry to identify those parts. Chromatography, LC/MS and GC/MS require highly trained lab staff and instruments to provide a highly sensitive and specific technique for detecting drugs or metabolites. It often takes many hours to obtain results, thus these methods are generally not used for initial screening in the clinical setting. The mass spectrometer is capable of detecting even minute amounts of a given substance and is considered to have the highest specificity of all lab detection methods. It is most commonly used for

confirmatory test results that are primarily of forensic importance. GC/MS rarely provides results that are clinically necessary or useful beyond those obtained by standard immunoassays or chromatography.

The ordering clinician must be knowledgeable regarding the type of testing being requested, level of suspicion for drug use or exposure, the purpose for obtaining the test, and the likelihood of false-positive or false-negative results. Knowledge of potential drug exposure allows a clinician working in an addiction or chronic pain management program to include testing for a metabolite of a parent drug instead of simply testing for the parent drug for a patient with a tendency for opioid abuse. If initial screening does not correlate with expected findings, then confirmatory testing improves the accuracy of initial results especially with concern of false-positive or false-negative results.

Immunoassays can yield false-positive results when cross-reacting medications or drugs are present. Cross-reacting substances can be found in common prescription medications, over-the-counter cold medications, and even in some food substances. The highest false-positive results occur with amphetamine testing due to the chemical structure of amphetamine being present in many over-the-counter medications and herbal supplements. False-negative results can occur from improper specimen collection, transport, or testing procedures or from patient attempts to subvert the testing. The most common cause of false-negative results is a test failure to detect a specific drug within a given class of drugs.

**Coding Implications**

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**CPT® Codes That Support Coverage Criteria**

| CPT® Codes | Description  |
|------------|--|
| 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   |
| 80184      | Phenobarbital  |
| 80305      | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of 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      | 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   |

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| CPT <sup>®</sup> Codes | Description  |
|------------------------|--|
| 80307                  | 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 |
| 80320                  | Alcohols   |
| 80321                  | Alcohol biomarkers; 1 or 2   |
| 80322                  | Alcohol biomarkers; 3 or more  |
| 80323                  | Alkaloids, not otherwise specified   |
| 80324                  | Amphetamines; 1 or 2   |
| 80325                  | Amphetamine; 3 or 4  |
| 80326                  | Amphetamines; 5 or more  |
| 80327                  | Anabolic steroids; 1 or 2  |
| 80328                  | Anabolic steroids; 3 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 and other cyclicals; 1 or 2   |
| 80336                  | Antidepressants, tricyclic and other cyclicals; 3-5  |
| 80337                  | Antidepressants, tricyclic and other cyclicals; 6 or 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 or more   |
| 80342                  | Antipsychotics, not otherwise specified; 1-3   |
| 80343                  | Antipsychotics, not otherwise specified; 4-6   |
| 80344                  | Antipsychotics, not otherwise specified; 7 or more   |
| 80345                  | Barbiturates   |
| 80346                  | Benzodiazepines; 1-12  |
| 80347                  | Benzodiazepines; 13 or more  |
| 80348                  | Buprenorphine  |
| 80349                  | Cannabinoids, natural  |
| 80350                  | Cannabinoids, synthetic; 1-3   |
| 80351                  | Cannabinoids, synthetic; 4-6   |
| 80352                  | Cannabinoids; synthetic; 7 or more   |
| 80353                  | Cocaine  |
| 80354                  | Fentanyl   |
| 80356                  | Heroin metabolite  |
| 80357                  | Ketamine and norketamine   |
| 80358                  | Methadone  |
| 80359                  | Methylenedioxyamphetamines (MDA, MDEA, MDMA)   |
| 80360                  | Methylphenidate  |
| 80361                  | Opiates, 1 or more   |
| 80362                  | Opioids and opiate analogs; 1 or 2   |
| 80363                  | Opioids and opiate analogs; 3 or 4   |
| 80364                  | Opioids and opiate analogs; 5 or more  |

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| <b>CPT<sup>®</sup> Codes</b> | <b>Description</b>   |
|------------------------------|--|
| 80365                        | Oxycodone  |
| 80366                        | Pregbalin  |
| 80367                        | Propoxyphene   |
| 80368                        | Sedative Hypnotics (non-benzodiazepines)   |
| 80369                        | Skeletal muscle relaxants; 1 or 2  |
| 80370                        | Stimulants, synthetic  |
| 80371                        | Stimulants, synthetic  |
| 80372                        | Tapentadol   |
| 80373                        | Tramadol   |
| 80374                        | Stereoisomer (enantiomer) analysis, single drug class  |
| 80375                        | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3       |
| 80376                        | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6       |
| 80377                        | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more |
| 83992                        | Phencyclidine (PCP)  |

**CPT Codes That Do Not Support Coverage Criteria**

| <b>CPT<sup>®</sup> Codes</b> | <b>Description</b>  |
|------------------------------|---|
| 0006U                        | Detection of interacting medications, substances, supplements and foods, 120 or more analytes, definitive chromatography with mass spectrometry, urine, description and severity of each interaction identified, per date of service  |
| 0143U                        | Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service   |
| 0144U                        | Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service   |
| 0145U                        | Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service    |
| 0146U                        | Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service |
| 0147U                        | Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service    |
| 0148U                        | Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service   |

| <b>CPT® Codes</b> | <b>Description</b>  |
|-------------------|---|
| 0149U             | Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service  |
| 0150U             | Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service |

**HCPCS Codes That Support Coverage Criteria**

| <b>HCPCS Codes</b> | <b>Description</b>  |
|--------------------|---|
| G0480              | Drug test(s), definitive, utilizing (1) 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 (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed              |
| G0481              | Drug test(s), definitive, utilizing (1) 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 (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); definitive, qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed |
| G0659              | 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 metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes  |

**HCPCS Codes That Do Not Support Coverage Criteria**

| <b>HCPCS Codes</b> | <b>Description</b>  |
|--------------------|---|
| G0482              | Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), |

| HCPCS Codes | Description   |
|-------------|---|
|             | including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed   |
| G0483       | Drug test(s), definitive, utilizing (1) 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 (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed |

**ICD-10-CM Codes That Support Coverage Criteria**

| ICD-10-CM | Description  |
|-----------|--|
| F10.11    | Alcohol abuse, in remission  |
| F10.20    | Alcohol dependence, uncomplicated  |
| F11.11    | Opioid abuse, in remission   |
| F11.20    | Opioid dependence, uncomplicated   |
| F11.220   | Opioid dependence with intoxication, uncomplicated                           |
| F11.221   | Opioid dependence with intoxication delirium                                 |
| F11.222   | Opioid dependence with intoxication with perceptual disturbance              |
| F11.229   | Opioid dependence with intoxication, unspecified                             |
| F11.23    | Opioid dependence with withdrawal  |
| F11.24    | Opioid dependence with opioid-induced mood disorder                          |
| F11.250   | Opioid dependence with opioid-induced psychotic disorder with delusions      |
| F11.251   | Opioid dependence with opioid-induced psychotic disorder with hallucinations |
| F11.259   | Opioid dependence with opioid-induced psychotic disorder, unspecified        |
| F11.281   | Opioid dependence with opioid-induced sexual dysfunction                     |
| F11.282   | Opioid dependence with opioid-induced sleep disorder                         |
| F11.288   | Opioid dependence with other opioid-induced disorder                         |
| F11.29    | Opioid dependence with unspecified opioid-induced disorder                   |
| F12.11    | Cannabis abuse, in remission   |
| F13.11    | Sedative, hypnotic or anxiolytic abuse, in remission                         |
| F14.11    | Cocaine abuse, in remission  |
| F15.11    | Other stimulant abuse, in remission  |
| F16.11    | Hallucinogen abuse, in remission   |
| F18.10    | Inhalant abuse, uncomplicated  |
| F18.11    | Inhalant abuse, in remission   |
| F18.120   | Inhalant abuse with intoxication, uncomplicated                              |
| F18.90    | Inhalant use, unspecified, uncomplicated                                     |



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| ICD-10-CM | Description  |
|-----------|--|
| F19.11    | Other psychoactive substance abuse, in remission       |
| F19.20    | Other psychoactive substance dependence, uncomplicated |
| F55.0     | Abuse of antacids                                      |
| F55.1     | Abuse of herbal or folk remedies                       |
| F55.2     | Abuse of laxatives                                     |
| F55.3     | Abuse of steroids or hormones                          |
| F55.4     | Abuse of vitamins                                      |
| F55.8     | Abuse of other non-psychoactive substances             |

| Reviews, Revisions, and Approvals  | Date  | Approval Date |
|--|-------|---------------|
| Policy developed   | 09/12 | 09/12         |
| Added under Criteria: A.2.b option for concordant test results but specific quantitative analysis needed to identify specific drug   | 10/15 | 10/15         |
| Added new 2016 G codes for definitive drug testing, clarified in criteria the addition of definitive testing   | 02/16 |               |
| Added same day urine/blood screening and sample validity testing limitations to the not medically necessary section. Replaced “qualitative” language with “preliminary,” and “quantitative” with “confirmatory/definitive.”  | 09/16 | 10/16         |
| Added term “presumptive” and “qualitative” to preliminary drug testing. Codes reviewed and updated. Reviewed by neurology/pain management specialist. References reviewed and updated.   | 09/17 | 09/17         |
| Modified criteria in I.A.1 that a presumptive test must be performed before a definitive test unless no reliable test is available. Added an indication for testing when the presumptive test is assumed to be positive based on patient history, but quantitative levels are required. Modified II.C. to state that screening in asymptomatic patients is medically unnecessary, unless otherwise stated in section I.  | 07/18 | 07/18         |
| Revised background to clarify that immunoassays are able to detect low concentrations of a drug with a high degree of sensitivity but lack some specificity.   | 03/19 |               |
| Revised policy to state that HCPCS codes G0482 & G0483 are not medically necessary, and to reflect a 10 day post-collection authorization period. Updated coding tables to include 80367, 80368, 80369, 80370, 80372, 80373. Revised I.A.1 from “unless no reliable test is available” to “unless no reliable test is in existence” for clarification.   | 05/19 | 05/19         |
| References reviewed and updated.   | 06/19 |               |
| Added criteria for presumptive testing. In II.B, added that “Tests are only for the specific drug(s) or number of drug classes for which the presumptive test is expected to be positive.” Added the following not medically necessary indications: blanket orders; reflex definitive testing when presumptive testing is performed at point of care; physician standing orders for all patients; billing codes for individual drugs which are included in a billed panel; presumptive immunoassay testing in a lab when presumptive | 05/20 | 06/20         |

| Reviews, Revisions, and Approvals   | Date  | Approval Date |
|---|-------|---------------|
| POC testing has been performed; presumptive screening before definitive testing if presumptive testing not ordered; IA testing used to confirm a presumptive test result obtained by cups, dipsticks, cards, cassettes or other CLIA-waived methods. Removed authorization protocol information about requests for ages <6 not being on PA, and for a 10 day window to submit PA requests after testing. Removed request requirements section. Added more CPT codes to support coverage criteria. Added the following CPT codes as not medically necessary: 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U. Added HCPCS codes 0011U and G0659 as medically necessary. Added ICD-10-CM codes. References reviewed and updated. |       |               |
| Reinstated notes regarding PA not being required for children < 6 years of age, and a 10 day post-test window for PA.   | 07/20 |               |
| Corrected medical necessity statement in section I. to state that “one” of the following must be met, instead of “both.”  | 08/20 |               |
| Added presumptive drug testing limits in chronic opioid therapy to I.B.<br>Replaced all instances of “member” with “member/enrollee.”   | 09/20 | 10/20         |

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**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

## CLINICAL POLICY

### Outpatient Testing for Drugs of Abuse

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

**CLINICAL POLICY**  
**Outpatient Testing for Drugs of Abuse**



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