New Urine Drug Test Standards/Requirements Effective 1/1/2019

From: Passport Health Plan
Sent: November 29, 2018
To: Passport Providers

Background:
Urine drug tests (UDTs) are widely used in settings of substance use disorder (SUD) treatment and pain management to detect drugs/drug metabolites. They are also used in other settings when medically necessary for screening purposes, such as part of routine prenatal care. Passport Health Plan (Passport) recognizes the essential role of UDTs in these and other settings and will reimburse charges for medically necessary drug testing. To help ensure that UDTs are adequately documented, Passport is instituting the following standards, effective 1/1/2019.

Provider Action Needed:
General Requirements
For each UDT ordered, medical necessity must be documented in the member’s medical chart and the UDT must be a necessary part of the member’s individualized treatment plan. The provider ordering the UDT must specify the drugs/drug classes to be tested in the order. Standing orders for specific test panels across members, “routine panels” or “custom panels” do not meet medical necessity criteria as they are not individualized to members’ specific needs.

Passport will not reimburse urine drug testing for employment purposes, legal purposes, for validity testing of samples, or for testing urine and blood samples simultaneously for the same drug.

Urine Drug Testing in SUD Treatment
Frequency of Testing in Treatment for SUD
1. Passport allows up to 13 UDTs per year without requiring preauthorization, with the year beginning on the date of the member’s initial UDT. The 13 UDTs allowed authorization-free in the context of treatment for SUD include both presumptive and definitive testing. The provider should review the guidelines included in the policy for
information regarding what is required when ordering specific types of tests. The ordering provider is responsible for requesting pre-authorization for UDT that is beyond the limit allowed. In the event the provider requires additional UDT beyond the allotted amount per year, the provider should request the pre-authorization prior to the additional testing being rendered and it is suggested the request be made prior to the last authorization-free test allotted for that year. If a UDT is not scheduled and it is beyond the limit allowed, the ordering provider is requested to contact UM within 24 hours of the UDT for authorization. If there is no authorization for a UDT past the allotted amount, the claim will be denied. Information on this process will be posted to the Passport Website. Guidelines for types of UDTs used can be found in the following section “Types of Tests for SUD Treatment”.

2. All UDTs should be performed at an appropriate frequency based on clinical needs. Generally, testing is more frequent in the earlier stages of treatment during the stabilization period and less frequent as treatment continues.
   a. During the initial phases of treatment, testing should be performed at least weekly. Documentation in the member’s medical chart must demonstrate medical necessity for more frequent testing.
   b. When the member is stable in treatment, testing should be done at least monthly. Documentation in the member’s medical chart must demonstrate medical necessity for more frequent testing.
   c. Providers may want to increase frequency of testing during tapering MAT medications and in the period after tapering. Documentation in the member’s medical chart must support this.

3. Frequency of testing must take into account the window of detection for the drugs requested on the panel.

4. It is federally mandated that OTP settings perform eight drug tests per year, however, this should be seen as minimum and it is often more appropriate to test more frequently.

Types of Tests for SUD Treatment:

Presumptive (Qualitative) Testing in Treatment for SUD requires documentation in the member’s medical chart indicating medical necessity of the test.

1. Presumptive testing should be a routine part of the initial and ongoing patient assessment and should be used when there is benefit to having more immediate results (ASAM, 2017).

2. A full panel screen of all drugs of abuse/misuse may be performed initially to establish the drug(s) being used. Subsequent tests should not routinely include a panel of all drugs of abuse/misuse. Subsequent tests should include only substances included on the original profile, prescribed medications, and drugs commonly used in the member’s geographic location and peer group. The drugs/drug classes to be tested must be indicated in the provider’s order and medical necessity must be documented for the type of panel ordered. In the event that a member’s behavior suggests the use of drugs not identified on a UDT, a full panel screen may then be considered, provided it is based on patient-specific elements and medical documentation supports the rationale for a full panel screen.
Definitive (Quantitative) Testing in Treatment for SUD, which requires documentation of medical necessity criteria for the test in the member’s medical record.

Quantitative testing may be considered for the following situations (ASAM, 2017):

1. When the provider needs to detect specific substances not identified by presumptive tests, to quantify levels of the substance present, or to refine the accuracy of the results (these conditions must be medically necessary for treatment planning).
2. When the results are medically necessary to inform clinical decisions with major clinical consequences, such as a change in medication therapy.
3. If a member disputes the positive results of a presumptive test. However, if a member indicates that he or she used the substance that led to positive UDT results, a definitive test is not necessary to confirm the test results and would not meet medical necessity criteria.
4. If the presumptive test is negative, but the member exhibits signs of relapse.
5. If presumptive test results are assumed to be positive due to the member’s admission of recent use. In this case, it may be appropriate to skip the qualitative test and move to a quantitative test if the provider needs information regarding the specific substance and quantity used (only if this information is medically necessary for treatment planning).
6. If there is no commercially available qualitative test available for the drug panel required for an individual patient.

Passport will not reimburse for quantitative tests performed as a routine supplement to drug screens, for custom panels that are routinely requested and unrelated to the member’s clinical condition, or for testing in which positive or negative results do not have a clear treatment role or affect treatment decision making.

Urine Drug Testing in Pain Management Settings

Urine Drug Testing has an important role in an overall best practice program in pain management (Urine Drug Testing: Current Recommendations and Best Practices, Pain Physician 2012). It can verify compliance with treatment, identify aberrant behavior, and identify undisclosed drug use and the risk of adverse outcomes.

Frequency of Testing in the Treatment of Pain Management

1. In pain management settings, Passport allows up to four (4) UDTs per year without requiring preauthorization, with the year beginning on the date of the member’s initial UDT. In the context of treatment for pain management, the provider should review the guidelines included in the proposed policy for information regarding what is required when ordering specific types of tests. The ordering provider is responsible for requesting pre-authorization for UDT that is beyond the limit allowed. In the event the provider requires additional UDT beyond the allotted amount per year, the provider should request the pre-authorization prior to the additional testing being rendered and it is suggested that the request be made prior to the last authorization-free test allotted for that year. If a UDT is not scheduled and it is beyond the limit allowed, the ordering provider is requested to contact UM within 24 hours of the UDT for authorization. If there is no authorization for a UDT past the allotted amount, the claim will be denied. Information on this process will be posted to the Passport Website.
2. Guidelines for types of UDTs used can be found in the following section “Types of Tests for Treatment of Pain Management”.

3. The provider should get a baseline UDT, which may include a full panel screen, and do a risk assessment in order to develop an appropriate monitoring plan for the member before initiating acute or chronic controlled substance therapy.

4. After initiation of treatment, providers should consider ordering a UDT at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs that increase risk for overdose when combined with opioids. The monitoring UDTs do not typically require a full panel screen. If a provider orders a full panel screen, it must be medically necessary for appropriate treatment.

5. If a member is considered at risk for misuse, testing may be done more frequently. The Interagency Guideline on Prescribing Opioids for Pain recommends that low use members have a UDT once per year, moderate risk members twice per year, and high risk members 3-4 times per year. Members exhibiting aberrant behavior should be tested at the time of visit. Level of member risk should be clearly documented in the medical record in order to demonstrate medical necessity for the frequency of testing ordered.

**Types of Tests for Treatment of Pain Management**

1. In most settings, the baseline UDT can be performed with an immunoassay panel for commonly prescribed opioids, other controlled substances, and illicit drugs that increase risk for overdose. The initial screening UDT uses a presumptive method to identify the presence of a drug. (CDC Guidelines for Prescribing Opioids for Chronic Pain – United States, 2016). A quantitative test may be considered if qualitative tests for the relevant drug(s) are not commercially available. If this is the case, the provider must document the medical necessity in the member’s medical chart.

2. If the initial immunoassay panel is positive, a confirmatory test is then given unless the result is expected or the member has disclosed drug use. (Interagency Guideline on Prescribing Opioids for Pain, Washington State Agency Medical Directors’ Group, 2015).

3. If immunoassay results are not consistent with clinical expectations for the member, definitive testing is recommended (Using Clinical Laboratory Tests to Monitor Drug Therapy in Pain Management Patients, 2018). For example, if the result is negative for a prescribed drug, a quantitative test should be considered. This rationale must be documented in the member’s medical chart.

4. If the confirmatory test is positive and the member is at high risk for addiction, the provider should consider avoiding prescription of opioids and refer to an addiction specialist. (Interagency Guideline on Prescribing Opioids for Pain, Washington State Agency Medical Directors’ Group, 2015).

**UDTs in OB/GYN or Other Medical Settings**

UDTs can be used to screen pregnant members to assist in treatment planning. In any medical setting where a UDT is indicated (e.g. if a member presents at an Emergency Department with symptoms suggesting drug intoxication), the provider must document medical necessity in the member’s medical chart.

*Passport may require providers to submit records for retrospective review and recoupment may be warranted if medical necessity has not been demonstrated with regard to UDTs.*
Questions:
For questions, please contact Provider Services, 800-578-0775 or your provider relations specialist.

References:


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