

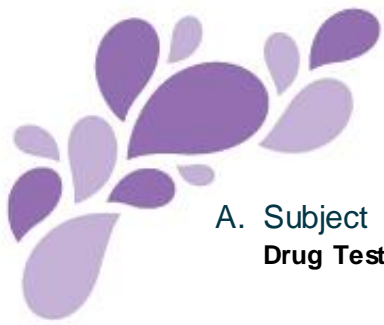
MEDICAL POLICY STATEMENT KENTUCKY MEDICAID			
Policy Name	Policy Number		Date Effective
Drug Testing	MM-0064		7/1/2019
Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

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A. Subject
Drug Testing

B. Background

Drug testing is a part of medical care during the initial assessment, ongoing monitoring, and recovery phase for members with substance use disorder (SUD); for members who are at risk for abuse/misuse of drugs; or for other medical conditions. The drug test guides a provider in diagnosing and planning the member's care when prescription medications or illegal drugs are of concern.

Urine is the most common specimen to monitor drug use. There are two main types of urine drug testing (UDT): presumptive/qualitative and definitive/quantitative.

C. Definitions

- **Qualitative test** - The testing of a substance or mixture to determine its chemical constituents, also known as presumptive testing.
- **Quantitative test** - A test that determines the amount of a substance per unit volume or unit weight, also known as confirmatory or definitive testing.
- **Independent laboratory** – A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a provider's office.
- **Random drug test** – A laboratory drug test administered at an irregular interval that is not known in advance by the member.
- **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)** - this benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.
- **Aberrant drug-related behavior:** Member behaviors that may indicate medication abuse such as losing prescriptions, early refill requests, or multiple prescribers for pain medications on KASPER
- **Independent laboratory** – A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a provider's office.
- **Participating/non-participating** - Participating means in-network and contracted with Humana — CareSource®. "Non-participating," means out-of-network, not contracted with Humana — CareSource.
- **Opioid treatment program (OTP)** – Program or qualified provider delivering opioid treatment to members with an opioid agonist treatment medication.
- **Intensive Outpatient Program (IOP)** – Generally provide increased weekly services consisting primarily of counseling and education for Substance Abuse Disorder (SUD). Kentucky regulation defines IOP as multi-modal, multi-disciplinary structure outpatient program and is provided at least three hours a day at least three days per week. Treatment includes individual outpatient therapy; group outpatient therapy or family outpatient therapy; crisis intervention; or psycho-education.
- **Partial Hospital Program (PH or PHP), sometimes known as "Day Treatment"** – Kentucky regulation defines day treatment as an organized behavioral health program of treatment and rehabilitative services. Treatment includes individual outpatient therapy, family outpatient therapy, or group outpatient therapy; behavioral management and social skills training; independent living skills correlating to the age and developmental stage of member; and services and links



to community resources. Day Treatment is provided in collaboration with education services.

- **Residential services** for substance use – Kentucky regulation defines residential as a 24 hour per day unit that is a live-in facility offering planned structure care to treat members with addition or co-occurring mental health and substance use disorders.

D. Policy

I. General Criteria

- A. UDT must be individualized based on the member's unique clinical presentation i.e. stage of recovery, suspected abused substance, member history and physical, current treatment plan, risk assessment.
- B. An order for UDT must include at a minimum **ALL** of the following:
 1. List the type of test to be performed (presumptive/qualitative or definitive/quantitative).
 2. Include all medications currently prescribed to the member.
 3. Drug and drug class to be tested.
 4. Clinical indication.
 5. Be signed and dated by a qualified provider.**AND** UDT order must specifically match the number, level and complexity of the testing components performed.
- C. Copies of test results alone without the proper provider's order for the test are not sufficient documentation of medical necessity to support a claim.
- D. Provider documentation must support medical necessity of UDT.
 1. All components of a UDT panel must be supported by medically necessity.
 2. A panel of drugs may be initially performed to develop a monitoring plan as long as it is supported with medical necessity. A panel of drugs should only be conducted based on an individualized treatment plan noting the need for definitive/quantitative test with greater than 14 drug tests. These tests are rarely indicated for routine UDT.
- E. Provider must maintain a complete legible medical record for the member and include the following:
 1. Complete member name and identification on each page of record.
 2. Identification of the provider responsible for providing member care.
 3. Appropriate indication for UDT.
 4. CPT code that accurately describes the service performed.
- F. UDT should be completed on a random unpredictable schedule.
- G. UDT frequency is expected to be more frequent early in treatment or when tapering. UDT frequency is expected to decrease as member stabilizes.

II. Prior Authorization (PA)

- A. Humana — CareSource will consider all prior authorization requests when they are medically necessary to the member's treatment and care, or if they fall within the standards of care under EPDST guidelines.
 1. **PA is required for UDT for members 7 years and older when a definitive/quantitative test for greater than 14 drug classes (Codes G0482 & G0483) is ordered. These drug tests are rarely indicated for**



routine urine drug testing. (Refer to Humana – CareSource Drug Testing Reimbursement Policy PY-0087 for details on coding)

2. PA is required for any non-participating provider with Humana — CareSource for non-emergency room setting.
 3. PA is required for any non-participating lab/facility with Humana — CareSource for non-emergency room setting.
 4. PA is NOT required in an emergency room setting. UDT utilization will be monitored by Humana — CareSource.
 5. PA is NOT required for members age 6 and younger.
- B. Providers and laboratories will need to ensure specimen integrity appropriate for the stability of the drug agent being tested until the PA process is complete i.e. freezing specimen.
- C. Must submit appropriate clinical documentation with PA request to determine appropriate medical necessity.
- D. If needed, the ordering physician must obtain the prior authorization.

III. Quantity Limitations

- A. **Humana — CareSource will cover up to 25 UDT in a calendar year for each member.**
1. Each CPT code is counted as one test toward the 25 total drug tests in a calendar year.
 2. UDT codes that require a PA will also count toward the 25 total UDT in a calendar year.
 3. **Humana – CareSource will require a PA review for ALL UDT tests >25/calendar year for all members 7 years or age or older to determine if they are medically necessary.** In determining medical necessity for additional tests, current clinical information will be considered as well as review of prior medical records will be performed to determine the medical appropriateness of the initial 25 drug tests ordered in the current calendar year.
- B. There are NO quantity limits for members ages 6 and younger.

IV. Laboratory

- A. **Only Humana — CareSource identified laboratories will be covered for definitive/quantitative UDT.**
- B. Humana — CareSource may require documentation of FDA-approved complexity level for instrumented equipment, and/or Clinical Laboratory Improvement Amendments (CLIA) Certificate of Registration, Compliance, or Accreditation as a high complexity lab.
- C. Laboratories must maintain hard copy documentation of lab results with copies of the order for the drug test and any required PA.

V. Clinical Situation

- A. The member’s clinical situation is medically necessary as indicated by **ONE OR MORE** of the following:
1. The member is receiving Intensive Outpatient Services (IOP) or Partial Hospital Services (PH or PHP sometimes known as “Day Treatment”) for



- Substance Use Disorder (SUD) and the medical record includes documentation that supports **ALL** of the following:
- a. Member meets criteria for Opioid Use Disorder.
 - b. Testing frequency as indicated by **ONE** of the following:
 01. The minimum guideline threshold for testing is weekly.
 02. Testing required above minimum guideline thresholds as indicated by the **TWO OR MORE** of the following:
 - (1) Poor participation in services.
 - (2) Collateral information from member's support network reporting recent use.
 - (3) Evidence of intoxication or behavior suggesting renewed use.
 - (4) Recent deterioration in functioning (loss of job, school, active Behavioral Health (BH) symptoms).
 - (5) State Prescription Monitoring Program shows Drug Enforcement Administration (DEA) drug prescriptions that member did not disclose.
 - c. Provider has documented current or planned action to support member if drug test result shows unexpected result or medication not disclosed by member and includes **TWO OR MORE** of the following:
 01. MAT dose adjustment.
 02. Second opinion or consultation with another prescriber.
 03. Level of Care increased to **ONE** of the following:
 - (1) Partial Hospital Services (PHP).
 - (2) Residential.
 - (3) Inpatient.
 04. Planned changes in **TWO OR MORE** of the following:
 - (1) Individual Counseling.
 - (2) Group counseling.
 - (3) Prescriber visits.
 - (4) Narcotic anonymous visits/AA visits.
 - (5) High-risk living environment.
2. The member is in Induction Phase of Medication Assisted Treatment (MAT) for Substance Use Disorder (SUD) with buprenorphine/naloxone products, buprenorphine products, or methadone and the medical record includes documentation that supports **ALL** of the following:
- a. Member meets criteria for Opioid Use Disorder.
 - b. Testing frequency as indicated by **ONE** of the following:
 01. The minimum guideline threshold for testing is weekly during the induction.
 02. Testing required above minimum guideline thresholds as indicated by the **TWO OR MORE** of the following:
 - (1) Poor participation in services.
 - (2) Collateral information from member's support network reporting recent use.
 - (3) Evidence of intoxication or behavior suggesting renewed use.
 - (4) Recent deterioration in functioning (loss of job, school, active BH symptoms).
 - (5) State Prescription Monitoring Program shows DEA drug prescriptions that member did not disclose.



- c. Provider has documented current or planned action to support member if drug test result shows unexpected result or medication not disclosed by member and includes **TWO OR MORE** of the following:
 - 01. Medication Assisted treatment (MAT) dose adjustment.
 - 02. Second opinion or consultation with another prescriber.
 - 03. Level of Care increased to **ONE** of the following:
 - (1) Opioid Treatment Program.
 - (2) Intensive Outpatient Program (IOP).
 - (3) Partial Hospital Services (PHP).
 - (4) Residential.
 - (5) Inpatient.
 - 04. Planned changes in **TWO OR MORE** of the following:
 - (1) Individual Counseling.
 - (2) Group counseling.
 - (3) Prescriber visits.
 - (4) Narcotic anonymous visits/AA visits.
 - (5) High-risk living environment.
 - d. Member demonstrates **ALL** of the following:
 - 01. Readiness for treatment.
 - 02. Adheres to program rules and expectations.
 - 03. No unsafe behaviors putting self or others at risk.
 - e. Provider documents that member is in the appropriate level of care for the service being provided.
 - f. Induction documentation shows member was in mild or higher withdrawal at the time of induction including **ONE OR MORE** of the following:
 - 01. Score from a validated opioid withdrawal scale [(e.g. Clinical Opioid Withdrawal Scale (COWS) or Clinical Institute Narcotic Assessment (CINA)].
 - 02. Documentation demonstrates that member had the following withdrawal symptoms after stopping or reducing an opioid by **THREE OR MORE** of the following:
 - (1) Dysphoric mood.
 - (2) Nausea or vomiting.
 - (3) Muscle aches.
 - (4) Lacrimation or rhinorrhea.
 - (5) Pupillary dilation, piloerection or sweating.
 - (6) Diarrhea.
 - (7) Yawning.
 - (8) Fever.
 - (9) Insomnia.
3. The member's behaviors demonstrate potential risk of diversion and the medical record includes documentation that supports **ALL** of the following:
- a. State Prescription Monitoring Program results reveal **THREE OR MORE** of the following:
 - 01. Scheduled DEA drug appears that member did not disclose.
 - 02. Member using more than 4 prescribers to obtain Scheduled DEA drug within past 90 days.
 - 03. Member is using more than 4 pharmacies to obtain Scheduled DEA drug within past 90 days.
 - 04. 12 or more Scheduled DEA drug prescriptions within last 90 days.



- b. Provider documented risk factors including **THREE OR MORE** of the following:
 - 01. Requests for early refills.
 - 02. Recent drug screen does not show MAT drug or metabolite.
 - 03. Member claims lost prescription, lost medication, or stolen medication.
 - 04. Pill counts (or film counts) are not correct.
 - 05. Collateral information from member's support network alleging diversion.
 - 06. Multiple recent ED visits where DEA drugs are prescribed (e.g. pain complaints).
 - 07. Involvement in criminal justice system during treatment.
- c. Provider documents planned consequence if diversion likely based on result of this drug test order result and other risk factor data.
- 4. The member is being treated for chronic pain.
 - a. Prior to prescribing opioids for chronic pain, it is recommended that a baseline UDT be obtained.
 - b. It is recommended that a UDT be obtained at least annually when prescribing opioids for chronic pain.
 - c. The KY Board of Medical Licensure suggests the following frequency for UDT:
 - 01. Low risk – at least once a year.
 - 02. Moderate risk – at least twice a year.
 - 03. High risk – at least 3-4 times a year.
 - 04. When member shows aberrant drug-related behavior.
 - d. The member is being treated for chronic pain and the medical record includes documentation that supports **ALL** of the following:
 - 01. Member has a chronic pain diagnosis.
 - 02. Testing frequency is based on the member's risk level.
 - (1) The minimum guideline threshold for testing is 4 times per year.
 - i. The risk level is determined by utilizing **ONE** of the following validated risk tools:
 - a. Screener and Opioid Assessment for Patients with Pain (SOAPP-R).
 - b. Opioid Risk Tool (ORT).
 - (2) Testing required above minimum guideline thresholds as indicated by **ONE OR MORE** of the following:
 - i. Documented use of drug/substances other than as prescribed (misuse), or substance-related disorder symptoms as indicated by **TWO OR MORE** of the following:
 - a. Poor participation in services.
 - b. Collateral information from member's support network reports misuse or abuse of medication, use of medication not prescribed, or diverting medication.
 - c. Evidence of intoxication or behaviors suggesting substance-related disorder.
 - d. Recent deterioration in functioning (loss of job, school, important relationships, new BH symptoms).
 - e. State Prescription Monitoring Program shows DEA drug prescriptions that member did not disclose.



- ii. Current or planned action taken to support member at risk for addiction is documented and includes **ONE OR MORE** of the following:
 - a. Provide addiction assessment on site if behavioral health services are integrated.
 - b. Refer for addiction assessment and treatment program.
 - c. Introduction of alternative pain therapies without addictive properties.
 - d. Use of motivational interviewing or other technique to motivate member to change.
- 5. The member is receiving Residential Level of Service for Substance Use Disorder (SUD) and the medical record includes documentation that supports **ALL** of the following:
 - a. Member meets criteria for opioid use disorder.
 - b. Testing frequency is indicated by **ONE** of the following:
 - 01. The minimum guideline threshold for testing is monthly.
 - 02. Testing required above minimum guideline thresholds as indicated by the **TWO OR MORE** of the following:
 - (1) Poor participation in services.
 - (2) Collateral information from member's support network reporting recent use.
 - (3) Evidence of intoxication or behavior suggesting renewed use.
 - (4) Recent deterioration in functioning (loss of job, school, active BH symptoms).
 - (5) State Prescription Monitoring Program shows DEA drug prescriptions that member did not disclose.
 - c. Provider has documented current or planned action to be taken to support member at risk for dropping out of treatment if drug test result shows medication other than prescribed medications and includes **TWO OR MORE** of the following:
 - 01. MAT dose adjustment.
 - 02. Second opinion or consultation with another prescriber.
 - 03. Level of Care increased to **ONE OF THE FOLLOWING**:
 - (1) Higher Intensity Residential.
 - (2) Inpatient.
 - 04. Planned changes in **TWO OR MORE** of the following:
 - (1) Individual Counseling.
 - (2) Group counseling.
 - (3) Prescriber visits.
 - (4) Narcotic anonymous visits/AA visits.
 - (5) High-risk living environment.
 - d. Drug/substance testing is **NOT** being ordered as a program requirement to remain in residential program.
 - e. Drug/substance testing is **NOT** for pre-employment testing or to meet federal requirements in the transportation industry to retain employment.
- 6. The member is in an Opioid Treatment Program (OTP)
 - a. Provider documentation supports the Federal Guidelines for OTP
 - 01. In maintenance treatment, OTPs must perform a minimum of 8 random drug tests per year per member.



02. In short-term detoxification treatment, OTPs must perform at least one initial drug abuse test on each member.
03. In long-term detoxification treatment OTPs must perform initial and monthly random tests on each member.
7. The member is prescribed Buprenorphine products
 - a. Per Kentucky Regulation, for member's prescribed Buprenorphine products
 01. Prior to initiating treatment, a UDT shall be completed.
 02. Eight drug screens within a 12 month period of treatment shall be completed. After two years of positive treatment progress, six drug screens shall be completed within each 12 month period.
 03. Each drug screen must include at least testing for buprenorphine, methadone, oxycodone, other opioids, tetrahydrocannabinol (THC), benzodiazepines, amphetamines, and cocaine.
8. The member is pregnant and provider documentation supports medical necessity of requested test.
9. The member is under the age of 21 and provider documentation supports medical necessity of requested test.

VI. Definitive/Quantitative Testing

1. Definitive/quantitative testing is medically necessary when provider documentation supports **ALL** of the following:
 - a. How the test results will guide plan of care i.e. modification of treatment plan, consultation with specialist **AND ONE** of the following:
 01. Presumptive/qualitative testing was negative for prescription medications **AND** provider was expecting the test to be positive for prescribed medication **OR**
 02. Presumptive /qualitative testing was positive for prescription drug with abuse potential that was not prescribed by provider **AND** the member disputes the presumptive/qualitative testing results **OR**
 03. Presumptive/qualitative testing was positive for illegal drug **AND** the member disputes the presumptive/qualitative testing results **OR**
 04. A substance or metabolite is needed to be identified that cannot be identified by a presumptive/qualitative testing.

VII. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is regarded as medically necessary for comprehensive and preventive health care service for children under age 21.

VIII. Blood drug testing is considered medically necessary when it is in the emergency room setting.

IX. The following UDT occurrences are NOT covered:

- A. Blood drug testing when completed outside of the emergency room.
- B. Hair, saliva, or other body fluid testing for controlled substance monitoring.
- C. Any type of drug testing not addressed in this policy.
- D. Universal testing.
- E. Routine nonspecific or wholesale orders including routine drug panels.



- F. Routine use of definitive/quantitative testing following a negative presumptive/qualitative expected result.
- G. Custom Profiles, standing orders, drug screen panel, custom panel, blanket orders, reflex testing or conduct additional testing as needed orders.
- H. Tests required by a third party such as the following:
 - 1. Employment/Military.
 - 2. School or community athletics or extra circular activities.
 - 3. Routine physical/medical examination EXCEPT for the EPSDT program.
 - 4. Forensic.
 - 5. Medico-legal.
 - 6. Marriage license.
 - 7. Program requirement to stay in a residential facility or sober center.
- I. A definitive/quantitative test prior to discussing results of qualitative test with member.
- J. Specimen validity testing if the provider suspects an adulterated specimen.

NOTE: Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis, subsequent medical review audits, recovery of overpayments identified, and provider prepay review.

E. Conditions of Coverage

Please refer to Humana - CareSource Drug Testing Reimbursement Policy PY-0087 for complete list of HCPCS and/or CPT applicable codes

F. Related Polices/Rules

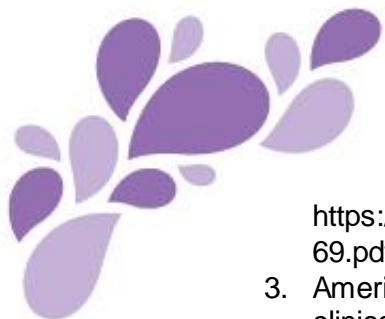
Humana – CareSource Drug Testing Reimbursement Policy PY-0087

G. Review/Revision History

	DATE	ACTION
Date Issued	01/01/2014	
Date Revised	4/1/2019	
Date Reviewed	4/5/2016	
Date Effective	7/1/2019	Added PA, QL, and identified laboratories

H. References

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The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.