POLICY AND PROCEDURE MANUAL

Policy Number: PA.207.CC
Last Review Date: 01/21/2020
Effective Date:

PA.207.CC- Definitive (Quantitative) Urine Drug Testing (G0482, G0483)

CountyCare considers **Definitive (Quantitative) Urine Drug Testing** medically necessary for the following indications:

1. The member must have received Presumptive (Qualitative) Testing within one week of receiving Definitive (Quantitative) Testing, **AND**

2. 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, **AND**

3. The provider must provide documentation stating how the results of Definitive (Quantitative) Testing will impact and/or shape treatment planning, **AND**

    a. The results are medically necessary to inform clinical decisions with major clinical consequences, such as a change in medication therapy, **OR**
    b. A member disputes the positive results of a presumptive test without indicating that he or she used the substance that led to positive UDT results, **OR**
    c. The presumptive test is negative, but the member exhibits signs of relapse, **OR**
    d. The presumptive test results are assumed to be positive due to the member's admission of recent use and the provider needs information regarding the specific substance and quantity use for treatment planning.

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.

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Limitations for Definitive (Quantitative) Urine Drug Testing

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

2. All UDTs should be performed at an appropriate frequency based on clinical needs. Frequency of testing must take into account the window of detection for the drugs requested on the panel.

3. CountyCare will not reimburse definitive (quantitative) urine drug testing of more than 14 drugs/drug classes (HCPCS codes G0482, G0483) without prior authorization. Documentation must support medical necessity as defined above, including clarification of the clinical insufficiency of urine drug testing of 13 or less drugs/drug classes (HCPCS codes G0480, G0481).

Background

According to the New England Journal of Medicine, more than 30% of Americans have some form of acute or chronic pain. The demonstrated effectiveness of opioid analgesics for the management of chronic pain, the urgency of patient needs, and the limitation of other therapeutic options have resulted in an overreliance on opioid medications. Physicians may incorporate the testing of biological specimens as a treatment approach for substance abuse disorder and chronic pain management. By monitoring the consumption of illicit substances, physicians can assert the effectiveness of their treatment plan(s), and can obtain evidence of acute intoxication during patient appointments.

Due to the ease of sampling, simplicity of use and access to rapid results, urine drug testing has become the most common method for the analysis of biological specimens. UDT result turnaround times are usually within minutes for onsite tests and one to four hours for laboratory-based tests. Urine drug tests may screen for amphetamine, phencyclidine, tetrahydrocannabinol, methadone, fentanyl, and/or opiates.

There are two primary methods of urine drug testing: immunoassay testing (qualitative testing) and specific drug identification (definitive/quantitative testing). Immunoassay tests vary in their ability to detect specific drugs and results are reported as either positive or negative. A positive test signifies a drug level above a certain threshold; a negative test signifies a drug level below a certain threshold yet does not necessarily

mean the drug is absent. Immunoassay drug tests do not distinguish between certain natural opiates and can show low sensitivity for synthetic opioids such as oxycodone and fentanyl. Specific drug identification tests may be used to detect false-negative immunoassay tests, confirm the presence of a substance identified in a screening test or specify drugs that immunoassays are unable to identify.

CPT/ HCPCS Codes:

Code	Description
G0482	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; 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.

References

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science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2
2. CDC National Center for Injury Prevention and Control. Annual surveillance report of drug-related risks and outcomes. 2019. https://www.cdc.gov/drugoverdose/pdf/pubs/2019-cdc-drug-surveillance-report.pdf
3. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain--United States,2016. JAMA. Apr 19 2016;315(15):1624-1645. PMID 26977696
4. Gourlay D, Heit H, Caplan Y. Urine Drug Testing in Primary Care: dispelling the myths & designing strategies. Monograph for California Academy of Family Physicians. 2006.
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