CLINICAL POLICY AND PROCEDURE MANUAL

Policy Number: PA.207.CC
Last Review Date: 08/15/2024
Effective Date: 09/01/2024

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

Summary
Urine drug screening/testing is often used in the pain management and substance abuse treatment settings to assess and monitor drug misuse and/or abuse of controlled substances. Members in these settings are at risk for abusing or misusing prescribed opioids and/or non-prescribed drugs and should be assessed at the initiation of treatment as well as monitored while they are receiving treatment. Urine drug testing is a widely utilized method for monitoring and racking member compliance and exposing possible drug misuse and abuse.

Definition
Presumptive/Qualitative urine drug testing/screening (UDT) is used to determine the presence or absence of drugs in a urine sample. A positive test result is conveyed when the drug concentration is above the cut-off value. Definitive/Quantitative/Confirmatory urine drug testing (UDT) recognizes medication, illicit substances, and metabolites. In contrast to presumptive UDT, definitive testing is performed using a highly sensitive method that specifies particular drugs and drug quantities.

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

1. The member must have received Presumptive (Qualitative) Testing within oneweek 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 theresults, **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 majorclinical consequences, such as a change in medication therapy, **OR**
    b. A member disputes the positive results of a presumptive test withoutindicating that he or she used the substance that led to positive UDTresults, **OR**
    c. The presumptive test is negative, but the member exhibits signs ofrelapse, **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.

• A presumptive screen was positive for a prescription drug with abuse potential not prescribed to the member, OR
• A presumptive screen was inconclusive or inconsistent, OR
• Qualitative test was positive for an illegal drug

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.

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 decisionmaking.

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 forthe drugs requested on the panel.

3. CountyCare will not reimburse definitive (quantitative) urine drug testing of morethan 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 lessdrugs/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.

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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 oxycodoneand fentanyl. Specific drug identification tests may be used to detect false-negative immunoassay tests, confirm the presence of a substance identified in a screening testor 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 controlfor instrument variations and mass spectral drift); qualitative or quantitative, allsources, 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 controlfor instrument variations and mass spectral drift); qualitative or quantitative, allsources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed.

References

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3. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronicpain--United States,2016. JAMA. Apr 19 2016;315(15):1624-1645. PMID 26977696. https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf
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Revision History

Revision	Date
Added Summary and Description	11/18/2021
Updated Logo	4/5/2022
Updated References	11/17/2022
Q4 Review – Updated Evolent Logo, minor formatting updates	11/16/2023
Annual Review – No updates necessary	08/15/2024

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