

Medical Policy

Drug Screening (Urine or Blood)

Policy Number: 40071

Policy History

Approve Date:	06/13/2016	Effective Date:	06/13/2016
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Preauthorization

All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.
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Policy

Indications of Coverage

- I. Chronic Pain
 - A. One baseline urine drug test or blood drug test is considered medically necessary to determine if there has been exposure to opioids and other controlled substances prior to initiating chronic opioid therapy.
 - B. Urine drug testing (qualitative) or blood drug testing for monitoring opioid and other controlled substances use may be considered medically necessary up to four per year, unless there are inconsistencies (abnormalities) in the urine drug tests.
 - C. Qualitative (confirmatory) urine drug testing or blood drug testing is considered medically necessary up to three times only when there are inconsistencies (abnormalities) in the urine drug test results.
 - D. Testing for the same drug with blood and urine simultaneously is not medically necessary.
 - E. Quantitative testing is only covered if there are unexpected negative results from covered qualitative testing basis for classification as unexpected negative test result must be documented in member's clinical records.
- II. Substance Abuse Disorders or Physical Dependence
 - A. Allow qualitative urine drug testing up to 12 times per year with a maximum of five units per date of service when member is undergoing treatment for, or monitoring for relapse of, opioid addiction or substance use disorder.
 - B. Testing for the same drug with blood and urine simultaneously is not medically appropriate.
 - C. Quantitative testing is only covered if there are unexpected negative results from covered qualitative testing basis for classification as unexpected negative test result must be documented in member's clinical records.
 - D. The use of blood samples as an alternative to urine for drug testing is considered medically necessary when the use of urine is not feasible (for example, when an individual has advanced kidney failure).
- III. Not Medically Necessary
 - A. The use of saliva, sweat, or hair samples for drug testing is considered not medically necessary in all circumstances.

Background

A urine drug test, also known as a urine drug screen or a UDS, is quick and painless. It tests urine for the presence of certain illegal drugs and prescription medications. The urine drug test usually screens for alcohol, amphetamines, benzodiazepines, marijuana, cocaine, PCP, and opioids (narcotics).

A urine drug test can detect potential substance abuse problems. After a drug test identifies these problems, doctors can help you start a treatment plan. Taking urine drug tests throughout substance abuse treatment helps to ensure that the plan is working and that the member is no longer taking drugs.

References

The above policy is based on the following references:

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4. Melanson SE, Ptolemy AS, Wasan AD. Optimizing urine drug testing for monitoring medication compliance in pain management. *Pain Med*. 2013; 14(12):1813-1820.
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9. McMillin GA, Slawson MH, Marin SJ, Johnson-Davis KL. Demystifying analytical approaches for urine drug testing to evaluate medication adherence in chronic pain management. *J Pain Palliat Care Pharmacother*. 2013; 27(4):322-339.
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