Clinical Utilization Management Guideline update

Effective January 1, 2015, the policy regarding qualitative and quantitative urine drug testing will change. The Medical Policy and Technology Assessment Committee originally approved the Clinical Utilization Management (UM) Guideline, CG-LAB-09 Drug Testing or Screening in the Context of Substance Abuse and Chronic Pain, on November 14, 2013.

We identified certain CPT codes are being used incorrectly when submitting claims. This includes codes 80100, 80101, 80104, G0430 and G0434. The revised guideline provides clarity on the policy regarding qualitative and quantitative urine drug testing.

Policy update

Qualitative urine drug testing to verify compliance with treatment, identify undisclosed drug use or abuse or evaluate aberrant behavior is considered medically necessary up to 24 times per 12 month period, as part of a routine monitoring program for individuals who are:

- Receiving treatment for chronic pain with prescription opioid or other potentially abused medications
- Undergoing treatment for, or monitoring for relapse of, opioid addiction or substance abuse

Qualitative urine drug testing is also considered medically necessary in the following situations:

- To assess an individual when clinical evaluation suggests use of nonprescribed medications or illegal substances
- On initial entrance into a pain management program or substance abuse recovery program

Quantitative urine drug testing is considered medically necessary when all of the following criteria are met:

- Qualitative urine drug testing was done for a medically necessary reason
- The qualitative test is negative for prescribed medications, positive for a nonprescribed prescription drug with abuse potential, or positive for an illegal drug (e.g., methamphetamine or cocaine)
- The specific quantitative test(s) ordered are supported by documentation specifying the rationale for each quantitative test ordered
- Clinical documentation reflects how the results of the test(s) will be used to guide clinical care

Medical necessity:

The use of qualitative or quantitative testing panels is considered not medically necessary unless all components of the panel meet the definition of medical necessity based on the criteria above. However, individual components of a panel may be considered medically necessary when criteria above are met.

www.unicare.com
Existing precertification requirements have not changed.

The Clinical UM Guidelines are publicly available on the UniCare Health Plan of West Virginia, Inc. (UniCare) website. To access this site:
2. On the top menu bar, under OTHER UNICARE WEBSITES, select Providers.
3. Select Enter to enter the site.

Please share this notice with other members of your practice and office staff. For more information on this topic or questions about this provider bulletin, call the Customer Care Center at 1-800-782-0095.