Apple Health (Medicaid) Covered

Drug Screen/Urinalysis Testing to monitor the progress of people receiving treatment for substance use disorders

The following guidance applies to urinalysis drug screening for individuals with Apple Health (Medicaid) coverage receiving medications for substance use disorder or formal substance use disorder treatment. This guidance does not apply to urinalysis drug screening for individuals who are participating in a court ordered or diversion program. Monitoring for the use of drugs for the single purpose of assessing compliance with a court order is not considered part of the medical or behavioral health Medicaid benefit. This guidance is also not applicable to workplace drug testing.

For persons receiving medications for substance use disorder under the medical benefit, medical necessity criteria as outlined in WAC 182-500-0070 must be met. For persons receiving treatment from a Department of Health credentialed substance use disorder treatment agency, the state plan for Washington's substance use disorder benefit currently limits Medicaid reimbursement for medically necessary drug screens/urinalysis testing. Per attachment 3. a. of the Medicaid State Plan (https://www.hca.wa.gov/assets/program/SP-Att-3-Services-General-Provisions.pdf):

> Drug screens must meet medical necessity criteria, and
>
> - Be ordered by a physician as part of a medical evaluation; or
> - Be necessary to assess suitability for medical tests or treatment. For opiate substitution and pregnant women clients in the department's contracted treatment programs, drug screens for monitoring alcohol/drug use are reimbursed through a contract issued by the department.*

** Note – Historically, medically necessary drug screens/UAs for individuals receiving treatment in Opioid Treatment Programs (OTPS) and pregnant women receiving treatment were reimbursed through a contract issued by The Division of Behavioral Health and Recovery. This contracting relationship is no longer in place. Medically necessary drug screens/UAs for individuals with Opioid Use Disorders and Pregnant Parenting Women are now reimbursed through the Managed Care Organizations or Behavioral Health Organization in non-integrated regions.*

Drug screens and urinalysis confirmation testing that occur as a result of compliance requirements in pre-trial, probation, and diversion programs in the criminal justice system are not considered medically necessary and thus are not covered by Medicaid unless there are additional clinical indicators supporting medical necessary criteria. For court or compliance required drug screening/urinalysis testing, other available non-Medicaid funding must be used (i.e. county behavioral health taxes, client participation fees, substance abuse block grants, Criminal Justice Treatment Account dollars, etc.).

Please refer to the table below for limits and restrictions to drug screen/urinalysis testing:

Health clinics or behavioral health treatment agencies prescribing medication for opioid and other substance use disorders and Opioid Treatment Programs (OTP) Programs*:			
Test type	**Non-pregnant**	**Pregnant**	
Immunoassay (80305, 80306, 80307)			
Presumptive, point of care, urine drug tests for drugs of abuse	Up to 24 per 12 months	Up to 18 during pregnancy	
Confirmatory urine drug test by GCMS or LCMS (G0480, G0481)			
1-15 drug classes	Up to 16 per 12 months	Up to 12 during pregnancy	
16-21 drug classes	Not covered	Not covered	
>21 drug classes	Not covered	Not covered	
Ethyl glucuronide	Not covered	Not covered	
Serial quantitative drug level testing	Not covered	Not covered	
Quantitative norbuprenorphine to buprenorphine levels	Not covered	Not covered	
THC/creatinine ratios	Not covered	Not covered	

Substance Use Disorder Treatment Agencies that do not prescribe medications for SUD*			
Setting	**Frequency**	**Test type**	**Limitation extension requests**
Withdrawal management (Detoxification) Programs	One at admission	Immunoassay (80305, 80306, 80307)	A confirmatory or more frequent immunoassay testing, (presumptive) may be requested with a limitation extension. Approval will be based on medical necessity and clinical documentation.
Residential (Inpatient) Treatment	One per month	Immunoassay (80305, 80306, 80307)	
Intensive outpatient treatment programs	Four the 1st month then 2 per month	Immunoassay (80305, 80306, 80307)	
Outpatient treatment programs	2 per month	Immunoassay (80305, 80306, 80307)	

*Drug screens ordered in a credentialed treatment agency must: be ordered by a prescribing provider, or be necessary to assess suitability for medical tests or treatment. Clinical documentation must meet and support medical necessity criteria.

Additional Considerations:

These limits do not apply to persons who are enrolled in a therapeutic court and ordered to participate in chemical dependency treatment. Tests for these individuals are ordered by and are paid for by the criminal court system. This guidance is also not meant to cover workplace drug testing.

The rationale for not covering the tests listed above or covering them more frequently than outlined is as follows:

It is expected that the frequency and utilization of both point of care and confirmatory tests will be higher in the initial stages of treatment and taper off over time. Given statewide prescription monitoring program reports and seizure information, there is not support for immunoassay or mass spectrometry testing more than 15 individual drug classes at any one time.

Ethyl glucuronide levels when high are reflective of recent alcohol use, low cut off levels may be falsely negative for lower levels of alcohol use. There are also a number of substances that can lead to false positive ethyl glucuronide tests. This limits the ability to consistently draw reliable and accurate conclusions from the results to be applied towards patient care. If persistent evidence of alcohol use exists despite the person being treated for an alcohol use disorder, an increase in treatment intensity should be considered.

Because hydration status, diurnal variability, a person's metabolic rate, and time since last ingestion can all effect drug levels and those of their metabolites, quantitative testing is not reliably predictive in reflecting patterns of use.

Similarly there is not an agreed upon threshold, validated across large sample sizes or diverse populations, for what an appropriate norbuprenorphine to buprenorphine ratio should be to rule out diversion. The Medicaid program is by law required to use medical necessity to guide coverage decisions. Testing for the presence or absence of a drug or its metabolite to assure compliance with a therapeutic intervention may at times be considered medically necessary. Testing drug levels to determine whether or not 'diversion' or urine adulteration is occurring are not medical interventions and are not considered medically necessary.

It is recognized that people often experience multiple concurrent substance use disorders. Urine drug testing is reflective of a moment in time and by itself is not diagnostic of a substance use disorder. If during treatment, urine drug testing suggests continued use and the individual's functional status is not improving, a higher level of care or the delivery of higher intensity services may be necessary.

Confirmatory tests done in response to a negative presumptive screen require documentation of clinical signs or symptoms suggesting active use to document medical necessity.

Confirmatory tests done to confirm an individual's self-reported use require chart documentation in support of medical necessity. Follow up visits must document the intervention that occurred as a result of a confirmatory test.

References:

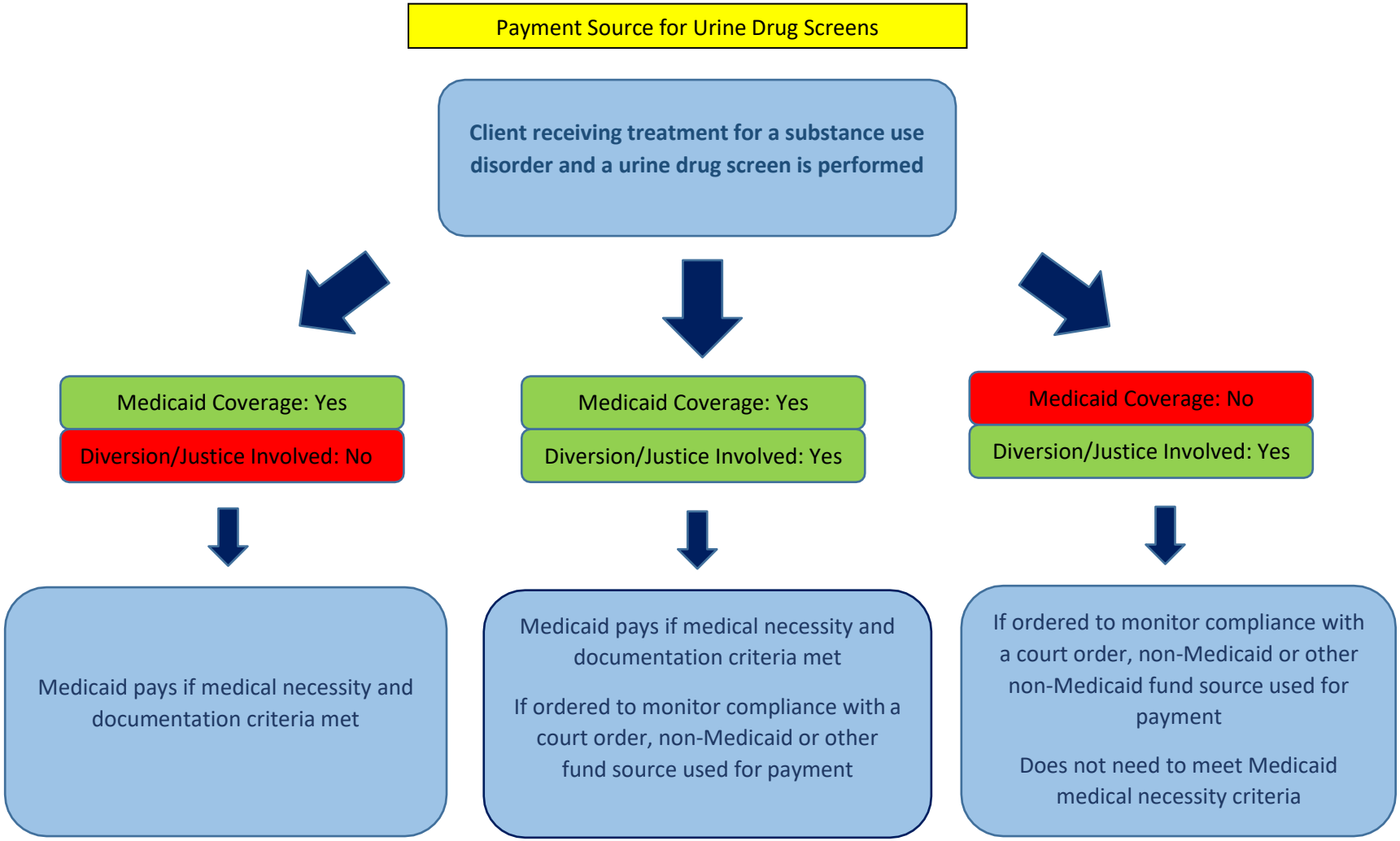
Dupouy J, Mémier V, Catala H, et.al. Does urine drug abuse screening help for managing patients? A systematic review. Drug and Alcohol Dependence. 2014; 136: 11–20.

Substance Abuse and Mental Health Services Administration. *Clinical Drug Testing in Primary Care.* Technical Assistance Publication (TAP) 32. HHS Publication No. (SMA) 12-4668. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

Moeller KE, Kissack JC, Atayee, RS et.al. Clinical Interpretation of Urine Drug Tests: What Clinicians Need to Know About Urine Drug Screens. Mayo Clin Proc. 2017; 92(5): 774-796

McDonell MG, Jordan Skalisky J, Leickly E, et.al. Using Ethyl Glucuronide in Urine to Detect Light and Heavy Drinking in Alcohol Dependent Outpatients *Drug Alcohol Depend*. 2015 December 1; 157: 184–187.

Suzuki J, Zinser J, Issa M et.al. Quantitative testing of buprenorphine and norbuprenorphine to identify urine sample spiking during office-based opioid treatment. Substance Abuse, 2017; 38:4, 504-507.


Payment Source for Urine Drug Screens
Client receiving treatment for a substance use disorder and a urine drug screen is performed
Medicaid Coverage: Yes
Diversion/Justice Involved: No
Medicaid pays if medical necessity and documentation criteria met
Medicaid Coverage: Yes
Diversion/Justice Involved: Yes
Medicaid pays if medical necessity and documentation criteria met
If ordered to monitor compliance with a court order, non-Medicaid or other fund source used for payment
Medicaid Coverage: No
Diversion/Justice Involved: Yes
If ordered to monitor compliance with a court order, non-Medicaid or other non-Medicaid fund source used for payment
Does not need to meet Medicaid medical necessity criteria