

Children's Hospital and Health System Children's Community Health Plan Policy and Procedure

This policy applies to the following entity(s):

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| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Children's Community Health Plan |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: Drug Testing for Substance Use Disorders and Chronic Pain Treatment

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Commercial

Together with CCHP

Marketplace

Together with CCHP

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define parameters for the medically necessary use of drug testing.

POLICY:

General considerations:

1. Qualitative (aka presumptive) and quantitative (aka definitive) drug testing can be used when medically necessary to identify the presence or absence of drugs and identify specific medications.
2. Testing frequency should be at the minimum timing appropriate for clinical needs.
 - a. When applicable, the frequency should be determined by the risk of abuse. The use of a validated screening tool is recommended, e.g. Opioid Risk Tool (ORT)
3. Clinical documentation must be available to support the type and frequency of use.
 - a. For quantitative (definitive) urine drug the reasons for each drug class should be documented.

Effective: 9/17

Revised: 11/17

Reviewed: 10/21

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Developed by: CCHP Medical Directors and Executive Director Health Plan Clinical Services

4. This policy excludes drug testing for employment screening, licensing evaluations, monitoring for medico-legal purposes, and cancer-related pain treatment.

Testing frequency:

1. For Chronic Pain Management:
 - a. Qualitative (Presumptive) testing:
 - i. Members who are at low risk of abuse: maximum of 2 tests per year
 - ii. Members who are at moderate risk of abuse: maximum of 1 test per 3 months
 - iii. Members who are at high risk of abuse: maximum of 1 test per month
 - iv. Members who are at unusually high risk of abuse: maximum of 1 test per week for four weeks. Any higher frequency or longer duration would be considered substance abuse or dependence treatment.
 - b. Quantitative (Definitive):
 - i. The use of quantitative urine drug testing in the treatment of chronic pain is considered not medically necessary except in rare circumstances.
 - ii. Reasons for exceptions must be thoroughly documented in the clinical record
2. For Substance Abuse or Dependence treatment (including medication assisted treatment, MAT):
 - a. Qualitative (Presumptive) testing:
 - i. Members who are at low risk and/or have abstained for ≥ 90 days: maximum of 2 tests per month
 - ii. Members who are at moderate risk and/or have abstained between 30 - 90 days: maximum of 1 test per week
 - iii. Members who are at high risk and/or have abstained for ≤ 30 days: maximum of 3 tests per week
 - b. Quantitative (Definitive) testing:
 - i. Members who are at low risk and/or have abstained for ≥ 90 days: maximum of 1 test per month
 - ii. Members who are at moderate risk and/or have abstained between 30 - 90 days: maximum of 3 tests per month
 - iii. Members who are at high risk and/or have abstained for ≤ 30 days: maximum of 1 test per week

REFERENCES

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3. National Academy of Clinical Biochemistry Laboratory Medical Practice Guidelines: Evidence Based Practice for Point of Care Testing: AACCC Press; 2006.

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8. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. Morbidity and Mortality Weekly Report. Recommendations and Reports Vol. 65, #1. March 16, 2016

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