



## **Urine Toxicology Testing - Single Service**

*Clinical Guidelines for Medical Necessity Review*

**Version:** 2.0  
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## Guideline Information:

**Specialty Area:** Laboratory Testing

**Guideline Name:** Urine Toxicology Testing (Single Service)

**Literature review current through:** February 14, 2024

**Document last updated:** February 14, 2024

**Type:**  Adult (18+ yo) |  Pediatric (0-17yo)

## **Table of Contents**

<b>Important Notices</b>	<b>2</b>
Table of Contents	3
<b>Medical Necessity Criteria</b>	<b>4</b>
<b>Service: Urine Toxicology Testing</b>	<b>4</b>
General Guidelines	4
Medical Necessity Criteria	4
Indications	4
Non-Indications	6
Level of Care Criteria	6
Procedure Codes (HCPCS/CPT)	7
<b>Medical Evidence</b>	<b>11</b>
<b>References</b>	<b>12</b>
<b>Clinical Guideline Revision History/Information</b>	<b>14</b>

# Medical Necessity Criteria

## ***Service: Urine Toxicology Testing***

### General Guidelines

- **Units, Frequency, & Duration:** See limits and frequency below for each type of testing.
- **Criteria for Subsequent Requests:** Approval when medical necessity criteria are met.
- **Recommended Clinical Approach:** Urine toxicology testing provides objective information to assist physicians in identifying the presence or absence of drugs or drug classes in the body and making treatment decisions.<sup>1-2</sup>
- **Exclusions:** Testing beyond the specified limits listed in this policy.

### Medical Necessity Criteria

#### Indications

→ **Urine Toxicology Testing** is considered appropriate if **ANY** of the following is **TRUE**:

◆ **Presumptive or Qualitative Testing** when **ANY** of the following is **TRUE**:<sup>2</sup>

- Coma; **OR**
- Severe or unexplained cardiovascular instability (cardiotoxicity); **OR**
- Altered mental status in the absence of a clinically defined toxic syndrome or toxidrome; **OR**
- Unexplained metabolic or respiratory acidosis in the absence of a clinically defined toxic syndrome or toxidrome; **OR**
- Seizures with an undetermined history; **OR**
- To provide an antagonist to a specific drug; **OR**
- For the diagnosis and treatment for substance abuse or dependence and frequency meets **ANY** of the following:
  - One to three presumptive tests per week when the patient has 0 to 30 consecutive days of abstinence; **OR**
  - One to three presumptive tests per week when the patient has 31 to 90 consecutive days of abstinence; **OR**

- No more than 3 tests per month when the patient has more than 90 days of consecutive abstinence; **OR**
- ◆ **For Chronic Opioid Therapy (COT)** when **ANY** of the following is **TRUE**:
  - The frequency does not exceed more than 12 presumptive/definitive tests per calendar year (this corresponds to random testing not to exceed 3 times in 3 months)<sup>3</sup>; **OR**
  - For additional tests beyond 12 per calendar year, medical documentation is required to justify the request; **OR**
- ◆ **Definitive or Quantitative Drug Testing** when **ANY** of the following is **TRUE**:<sup>2</sup>
  - The results of the screen are **ANY** of the following:<sup>2</sup>
    - Presumptively positive; **OR**
    - Negative, and the negative finding is inconsistent with the patient's medical history; **OR**
    - To rule out an error in the presumptive result; **OR**
  - To identify **ANY** of the following:
    - Substances or metabolites that are inadequately detected by a presumptive UDT; **OR**
    - Specific drugs in a large family of drugs; **OR**
    - Specific drug concentration is required as part of the plan of care (e.g., testing for levels of THC when the patient is discontinuing use); **OR**
    - Non-prescribed medication or illicit use; **OR**
  - For the purpose of a differential assessment to determine the efficacy, side effects, or drug-drug interactions of a medication or drug; **OR**
  - When criteria are met for a presumptive test, but it is not available (e.g., locally, commercially) for certain synthetic or semi-synthetic opioids; **AND**
  - SUD and frequency meet **ANY** of the following:<sup>3</sup>
    - Patient with 0 to 30 consecutive days of abstinence, and has not had a definitive UDT in one week; **OR**
    - Patient with 31 to 90 consecutive days of abstinence, and has not had more than 3 definitive UDTs in one month; **OR**
    - Patient with greater than 90 days of consecutive abstinence, and has not had more than 3 definitive UDTs in 3 months.

## Non-Indications

→ **Urine Toxicology Testing** is not considered appropriate if **ANY** of the following is **TRUE**:<sup>2</sup>

- ◆ Testing that exceeds the criteria and limits above; **OR**

- ◆ Blanket orders; **OR**
- ◆ Reflex definitive UDT when presumptive testing is performed at point-of-care as the clinician may have sufficient information to manage the patient. If definitive testing is desired, the order must specify clinical appropriateness (e.g., the patient admits to using a particular drug, or the immunoassays cut-off is set at such a point that is sufficiently low that the physician is satisfied with the presumptive test result); **OR**
- ◆ Routine standing orders for all patients in a physician’s practice; **OR**
- ◆ Performing presumptive point of care testing and ordering presumptive immunoassay testing from a reference laboratory; **OR**
- ◆ Performing presumptive immunoassay testing and ordering presumptive immunoassay testing from a reference laboratory with or without reflex testing; **OR**
- ◆ A reference laboratory that performs and bills an immunoassay presumptive UDT before definitive testing without a physician’s order specifying presumptive testing; **OR**
- ◆ Immunoassay testing (qualitative or semi-quantitative) should not be used as a confirmatory test or to definitively identify a presumptive test result obtained by cups, dipsticks, cards, cassettes, or other immunoassay testing methods; **OR**
- ◆ Testing of two different specimen types from the same patient on the same date of service for the same drugs, metabolites, and analytes; **OR**
- ◆ Testing for legal or employment purposes.
- ◆ Specimen validity testing (e.g., pH, specific gravity, oxidants, creatinine).

**Level of Care Criteria**

Inpatient or outpatient.

**Procedure Codes (HCPCS/CPT)**

HCPCS/CPT Code	Code Description
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service

80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (e.g., utilizing immunoassay [EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
80320	Alcohols
80321	Alcohol biomarkers; 1 or 2
80322	Alcohol biomarkers; 3 or more
80323	Alkaloids, not otherwise specified
80324	Amphetamines; 1 or 2
80325	Amphetamine; 3 or 4
80326	Amphetamines; 5 or more
80327	Anabolic steroids; 1 or 2
80328	Anabolic steroids; 3 or more
80329	Analgesics, non-opioid; 1 or 2
80330	Analgesics, non-opioid; 3-5
80331	Analgesics, non-opioid; 6 or more
80332	Antidepressants, serotonergic class; 1 or 2
80333	Antidepressants, serotonergic class; 3-5
80334	Antidepressants, serotonergic class; 6 or more

80335	Antidepressants, tricyclic and other cyclicals; 1 or 2
80336	Antidepressants, tricyclic and other cyclicals; 3-5
80337	Antidepressants, tricyclic and other cyclicals; 6 or more
80338	Antidepressants, not otherwise specified
80339	Antiepileptics, not otherwise specified; 1-3
80340	Antiepileptics, not otherwise specified; 4-6
80341	Antiepileptics, not otherwise specified; 7 or more
80342	Antipsychotics, not otherwise specified; 1-3
80343	Antipsychotics, not otherwise specified; 4-6
80344	Antipsychotics, not otherwise specified; 7 or more
80345	Barbiturates
80346	Benzodiazepines; 1-12
80347	Benzodiazepines; 13 or more
80348	Buprenorphine
80349	Cannabinoids, natural
80350	Cannabinoids, synthetic; 1-3
80351	Cannabinoids, synthetic; 4-6
80352	Cannabinoids; synthetic; 7 or more
80353	Cocaine
80354	Fentanyl
80355	Gabapentin, non-blood
80356	Heroin metabolite
80357	Ketamine and norketamine
80358	Methadone



80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80360	Methylphenidate
80361	Opiates, 1 or more
80362	Opioids and opiate analogs; 1 or 2
80363	Opioids and opiate analogs; 3 or 4
80364	Opioids and opiate analogs; 5 or more
80365	Oxycodone
80366	Pregbalin
80367	Propoxyphene
80368	Sedative Hypnotics (non-benzodiazepines)
80369	Skeletal muscle relaxants; 1 or 2
80370	Stimulants, synthetic
80371	Stimulants, synthetic
80372	T apentadol
80373	Tramadol
80374	Stereoisomer (enantiomer) analysis, single drug class
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more
83992	Phencyclidine (PCP)

# Medical Evidence

The **American Society of Addiction Medicine (ASAM)** published guidelines on the *Appropriate Use of Drug Testing in Clinical Addiction Medicine*. The timing and appropriateness of presumptive and definitive testing.<sup>1</sup> Additional ASAM publications are noted below:

- *National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*<sup>4</sup>
- *National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update*<sup>5</sup>

Additional guidance on urine toxicology testing is available from the following:

- **American Academy of Child and Adolescent Psychiatry (AACAP)** – *Practice Parameter for the Assessment and Treatment of Children and Adolescents with Substance Use Disorders*<sup>6</sup>
- **American College of Obstetricians and Gynecologists (ACOG)** – *Committee Opinion No. 711: Opioid Use and Opioid Use Disorder in Pregnancy*<sup>7</sup>
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - *Federal Guidelines for Opioid Treatment Programs*<sup>8</sup>
  - *Treatment Improvement Protocol (TIP) 47: Substance Abuse – Clinical Issues in Intensive Outpatient Treatment*<sup>9</sup>
  - *Technical Assistance Publication (TAP) 32: Clinical Drug Testing in Primary Care*<sup>10</sup>
- **United States Preventive Service Task Force (USPSTF)** – *Unhealthy Drug Use: Screening*<sup>11</sup>

## References

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3. Centers for Medicare and Medicaid Services (CMS). Local coverage determination: Controlled substance monitoring and drugs of testing (L35006). Revision Effective Date October 17, 2019. Accessed October 5, 2023. <https://www.cms.gov/medicare-coverage-database/search.aspx>.
4. Kampman K, Jarvis M. American Society of Addiction Medicine (ASAM) national practice guideline for the use of medications in the treatment of addiction involving opioid use. *J Addict Med*. 2015 Sep–Oct;9(5):358–67. doi: 10.1097/ADM.0000000000000166. PMID: 26406300; PMCID: PMC4605275.
5. American Society of Addiction Medicine (ASAM). The ASAM national practice guideline for the treatment of opioid use disorder: 2020 focused update. *J Addict Med*. 2020 Mar/Apr;14(2S Suppl 1):1–91. doi: 10.1097/ADM.0000000000000633. PMID: 32511106.
6. Bukstein OG, Bernet W, Arnold V, et al. Practice parameter for the assessment and treatment of children and adolescents with substance use disorders. *J Am Acad Child Adolesc Psychiatry*. 2005 Jun;44(6):609–21. doi: 10.1097/01.chi.0000159135.33706.37. PMID: 15908844.
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8. Substance Abuse and Mental Health Services Administration (SAMHSA). Federal guidelines for opioid treatment programs. Published March 2015. Accessed October 6, 2023. <https://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP>.
9. Substance Abuse and Mental Health Services Administration (SAMHSA). Substance abuse: Clinical issues in intensive outpatient treatment. Treatment Improvement Protocol (TIP) Series, No. 47. DHHS Publication No. (SMA) 13–4182. Rockville, MD. Published December 2013. Accessed October 6, 2023.

<https://store.samhsa.gov/product/TIP-47-Substance-Abuse-Clinical-Issues-in-Intensive-Outpatient-Treatment/SMA13-4182>.

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<https://store.samhsa.gov/product/TAP-32-Clinical-Drug-Testing-Primary-Care/SMA12-4668>.
11. United States Preventive Services Task Force (USPSTF). Unhealthy Drug Use: Screening. Published June 9, 2020. Accessed October 6, 2023.  
<https://uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening#fullrecommendationstart>.

# Clinical Guideline Revision History/Information

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