Children's Hospital and Health System
Chorus Community Health Plans
Policy and Procedure

This policy applies to the following entity(s):

☐ CHW – Milwaukee	☐ CHW - Fox Valley
☐ CHHS Foundation	☐ CHW - Surgicenter
☐ CHW – Community Services Division	☒ Chorus Community Health Plans
☐ Children's Medical Group - Primary Care	☐ Children's Specialty Group
☐ Children's Medical Group - Urgent Care	☐ CHHS Corporate Departments

Medical Utilization Management Policy

SUBJECT: DRUG TESTING FOR SUBSTANCE USE DISORDERS AND CHRONIC PAIN TREATMENT

INCLUDED PRODUCT(S):

Medicaid	**Individual and Family**
☒ BadgerCare Plus	☒ Commercial
☒ Care4Kids Program	☒ Marketplace

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 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. Opiod Risk Tool (ORT)
3. Clinical documentation must be available to support the type and frequency of testing.

    a. For quantitative (definitive) urine drug testing, the reasons for testing each drug class should be documented.
4. This policy excludes drug testing for employment screening, licensing evaluations, monitoring for medicolegal purposes, and cancer associated 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) testing:
        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 $\geq$ 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 $\leq$ 30 days: maximum of 3 tests per week
    b. Quantitative (Definitive) testing:
        i. Members who are at low risk and/or have abstained for $\geq$ 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 $\leq$ 30 days: maximum of 1 test per week

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