



MEDICAL COVERAGE GUIDELINES  
SECTION: LABORATORY

ORIGINAL EFFECTIVE DATE: 09/06/17  
LAST REVIEW DATE: 01/22/19  
LAST CRITERIA REVISION DATE: 02/13/19  
ARCHIVE DATE:

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## DRUG TESTING IN PAIN MANAGEMENT AND SUBSTANCE USE DISORDER(S) TREATMENT

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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## DRUG TESTING IN PAIN MANAGEMENT AND SUBSTANCE USE DISORDER(S) TREATMENT (cont.)

### Description:

Urine drug screening is one strategy for monitoring individuals being prescribed opioids in the pain management or substance use disorder treatment settings. Other biologic specimens (e.g., oral fluids, hair) have been investigated as testing strategies for monitoring individuals being prescribed opioids. Individuals in these settings are often assessed before treatment and monitored while they are receiving treatment. This guideline only addresses the testing of urine, oral fluids or hair in the treatment of pain or substance use disorder(s).

Various strategies are available to monitor individuals in pain management and substance use disorder treatment settings, and multicomponent interventions are often used. Many settings require individuals to sign a contract before they are given a prescription for opioids. The contracts generally involve obtaining an individual's agreement on behaviors they will or will not engage in during the treatment period.

Risk-assessment screening instruments, such as the Screener and Opioid Assessment for Patients with Pain-Revisited (SOAPP-R), and the Opioid Risk Tool (ORT), can aid in the assessment of an individual's risk for inappropriate substance use. In addition, the presence of "aberrant behaviors" can be used as a marker for individuals who are at high risk for deviating from treatment protocols. Aberrant behaviors include multiple lost prescriptions, obtaining prescriptions from other practitioners and displaying evidence of acute intoxication during office visits.

### Definitions:

#### Presumptive (e.g., Immunoassay) Drug Screen:

A test used to detect the presence of a drug in the body that is generally reported as either positive or negative.

#### Definitive (e.g., Confirmatory) Drug Screen:

A test used to confirm the presence of a specific drug identified by a screening test and can identify drugs that cannot be isolated by currently available immunoassays.

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## **DRUG TESTING IN PAIN MANAGEMENT AND SUBSTANCE USE DISORDER(S) TREATMENT (cont.)**

### **Criteria:**

**For urine drug testing for drug-drug interaction and urine specimen DNA authentication testing, see BCBSAZ Medical Coverage Guideline #O1028, “Urine Drug Testing for Drug-Drug Interaction and Urine Specimen DNA Authentication Testing”.**

**All presumptive and definitive urine drug testing, including baseline screening before initiating treatment, will be limited to 12 tests per calendar year.**

- In the treatment of pain or substance use disorder(s), presumptive (e.g., immunoassay) urine drug testing is considered **medically necessary** with documentation of **ALL** of the following:
  1. Baseline screening before initiating treatment or at the time treatment is initiated, with evidence of **ALL** of the following:
    - An adequate clinical assessment of the individual’s history and risk of substance use disorder
    - Prescribing clinician has knowledge of test interpretation
  2. An adequate plan of care is in place related to pain management and/or substance use disorder treatment
  3. Evidence the prescriber has checked their state’s controlled substance abuse database at the beginning of each new course of treatment and at least quarterly while continuing to prescribe that therapy
  
- In the treatment of pain or substance use disorder(s), in-office or point of care presumptive (e.g., immunoassay) urine drug testing is considered **medically necessary** with documentation of **ALL** of the following:
  1. Baseline screening before initiating treatment or at the time treatment is initiated (e.g., induction phase), one time per program entry with evidence of **ALL** of the following:
    - An adequate clinical assessment of the individual’s history and risk of substance use disorder
    - Prescribing clinician has knowledge of test interpretation
  2. An adequate plan of care is in place related to pain management and/or substance use disorder treatment
  3. Evidence the prescriber has checked their state’s controlled substance abuse database at the beginning of each new course of treatment and at least quarterly while continuing to prescribe that therapy
  4. Targeted weekly presumptive screening for a maximum of 4 weeks for an individual in the stabilization phase
  5. Target presumptive screening once every 1 to 3 months for an individual in the maintenance phase



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## DRUG TESTING IN PAIN MANAGEMENT AND SUBSTANCE USE DISORDER(S) TREATMENT (cont.)

### Criteria: (cont.)

- In the treatment of pain or substance abuse disorder(s), in-office or point of care, definitive (e.g., confirmatory) urine drug testing is considered **medically necessary** with documentation of **ALL** of the following:
  1. Individual meets above criteria for presumptive urine drug testing
  2. Immunoassays for the relevant drug(s) are not commercially available
  3. Definitive drug levels are required for clinical decision making with **ANY** of the following:
    - An unexpected positive test inadequately explained by the individual's medical history, clinical presentation or individual's own statement
    - An unexpected negative test inconsistent from the previously performed test
    - A need for definitive levels to compare with established benchmarks for clinical decision making
- If above criteria not met, urine drug testing in the treatment of pain or substance use disorder(s), in-office or point of care is considered **not medically necessary**. This includes, *but is not limited to*, routine presumptive or definitive urine drug testing (e.g., testing at every visit, without consideration for specific patient risk factors or without consideration for whether definitive testing is required for clinical decision making).

### Other Drug Screen Testing:

- In the treatment of pain or substance use disorder(s), hair testing and oral fluid drug testing is considered **experimental or investigational** based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.



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## **DRUG TESTING IN PAIN MANAGEMENT AND SUBSTANCE USE DISORDER(S) TREATMENT (cont.)**

### **Resources:**

Literature reviewed 02/20/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

1. 2.04.98 BCBS Assocation Medical Policy Reference Manual. Drug Testing in Pain Management and Substance Use Disorder Treatment. Re-issue date 12/14/2017, issue date 02/12/15.
2. Agency Medical Directors' Group. Intragency Guideline on Opiod Dosing for Chronic Non-cancer Pain (CNCP). 2010.
3. Arizona State Board of Pharmacy. Controlled Substances Prescription Monitoring Program (CSPMP). Accessed 08/17/2017.



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### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílinígóó. Ata' halne'ígíí kojí' bich'í'í hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

