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MEDICAID BULLETIN

**Last Updated: 03/09/2022**

# Guidance for the use of Urine Drug Testing in Substance Use Disorder (SUD) Treatment

The purpose of this bulletin is to remind providers about procedures related to the use and billing of Urine Drug Testing (UDT) for SUD treatment within the Addiction and Recovery Treatment Services (ARTS) benefit.

According to the Centers for Medicare & Medicaid Services (CMS), current coding for testing for drugs of SUD relies on a structure of "screening" known as "presumptive" testing or "definitive" testing (Gas Chromatography/Mass Spectrometry Combined (GC/MS)) that identifies the specific drug and quantity in the patient. UDT is used to monitor patients treated for SUD. Their use should be supportive and non-punitive: providers are encouraged to consider both positive and negative UDT results in shaping and informing current and future treatment to best support their patients.

Drug test frequency is based on the practitioner's best clinical judgment and use of unannounced or random screening schedule rather than a mandated or fixed schedule. The primary purposes of UDTs in a SUD treatment environment include:

- To determine if the patient is taking the buprenorphine as prescribed (Note: this can only be determined through GC/MS testing and should include a test for the presence of buprenorphine and norbuprenorphine, a metabolite of buprenorphine, the presence of which would indicate that the client has taken their medication and metabolized it);
- To assess if the patient is taking medications which have a higher risk of overdose when taken with buprenorphine, such as benzodiazepines; and
- If the patient is not taking their medication but still getting their prescription filled, this may indicate diversion. Likewise, a patient's continued use of benzodiazepines or other substances could suggest a need for a higher level of care.

Results of point of care tests should be considered presumptive. Definitive screening (GC/MS) should be performed prior to changes in clinical care. GC/MS testing provides exact levels of specific substances found in samples, and it is up to the treatment provider, in coordination with the lab, to determine if a sample is 'positive or negative'. This is done

by selecting a cut-off level for each substance.

The Virginia practice guidelines require drug tests or serum medication levels for addiction treatment with buprenorphine at least every three months for the first year of treatment and at least every six months thereafter. A sample schedule for urine screening is initially weekly for four to six weeks but no more than three per week, then biweekly to every three weeks for four to six weeks and then monthly as the patient becomes stable on buprenorphine. On a case-by-case basis, an individualized clinical review might be indicated to determine whether exceeding these limits is justified. The American Society of Addiction Medicine has a Consensus Statement on the best practices for UDT entitled Appropriate Use of Drug Testing in Clinical Addiction Medicine: https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2.

Providers should consult with their respective MCOs for Medicaid members if they have additional questions about specific member situations. Services should be based on individual patient needs and may vary.

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| **PROVIDER CONTACT INFORMATION & RESOURCES** | |
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| **Virginia Medicaid Web Portal Automated Response System (ARS)**<br>Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. | www.virginiamedicaid.dmas.virginia.gov |
| **Medicall (Audio Response System)**<br>Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. | 1-800-884-9730 or 1-800-772-9996 |
| **KEPRO**<br>Service authorization information for fee-for-service members. | https://dmas.kepro.com/ |

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| **Managed Care Programs**<br>Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals. | |
| **Medallion 4.0** | http://www.dmas.virginia.gov/#/med4 |
| **CCC Plus** | http://www.dmas.virginia.gov/#/cccplus |
| **PACE** | http://www.dmas.virginia.gov/#/longtermprograms |
| **Magellan Behavioral Health**<br>Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members. | www.MagellanHealth.com/Provider<br>For credentialing and behavioral health service information, visit:<br>www.magellanofvirginia.com, email:<br>VAProviderQuestions@MagellanHealth.com,or<br>Call: 1-800-424-4046 |
| **Provider HELPLINE**<br>Monday–Friday 8:00 a.m.-5:00 p.m.<br>For provider use only, have Medicaid Provider ID Number available. | 1-804-786-6273<br>1-800-552-8627 |
| Aetna Better Health of Virginia | www.aetnabetterhealth.com/Virginia<br>1-800-279-1878 |
| Anthem HealthKeepers Plus | www.anthem.com/vamedicaid<br>1-800-901-0020 |
| Magellan Complete Care of Virginia | www.MCCofVA.com<br>1-800-424-4518 (TTY 711) or 1-800-643-2273 |
| Optima Family Care | 1-800-881-2166 |
| United Healthcare | www.Uhccommunityplan.com/VA<br>and www.myuhc.com/communityplan<br>1-844-752-9434, TTY 711 |
| Virginia Premier | 1-800-727-7536 (TTY: 711), |