MAGELLAN HEALTHCARE

Laboratory Testing of Drugs for Substance Use Disorders Medical Policy

Policy Number:	**MED.21004.01.B**	
Policy Name:	**Laboratory Testing of Drugs for Substance Use Disorders**	
Date of Inception: September 30, 2016	**Previous Review Date:** September 30, 2016	**Current Review Date:** September 30, 2017
Review Type:	☐ New Policy ☐ No Changes ☐ Non-substantive ☑ Substantive (material changes or initial documentation of current processes)	
Previous Approval Date: September 30, 2016	**Current Approval Date:** November 5, 2017	**Unit Effective Date:** November 5, 2017
Business Division and Entity Application		
Magellan Healthcare		
☑ Magellan Healthcare [Behavioral](B)	☐ Magellan Complete Care(C) ☐ MCC Florida (CFL) ☐ MCC Virginia (CVA) ☐ MCC The Management Group (CTMG)	☐ Alpha Care of New York(L)
☐ National Imaging Associates(N)		

Purpose

To establish the types of laboratory assays and testing frequency that is reasonable and medically necessary for the diagnosis and treatment of a substance use disorder.

Overview

This policy provides guidance as to the appropriateness of lab testing for members who are receiving substance use disorder (SUD) services in SUD non-inpatient rehabilitation programs. This guidance includes the type and frequency of lab testing in these settings.

Policy

A. In order for laboratory tests to be performed, the patient must have a diagnosed or suspected substance use disorder. Presence of the illness(es) must be documented through the assignment of an appropriate DSM-5 diagnosis.

B. Presumptive (AKA "screening" or "qualitative") tests occur upon admission to the substance use disorder rehabilitation program and at a frequency necessary to monitor program compliance. Screening every ten (10) days is considered typical. Testing at more frequent intervals must be accompanied by documentation of reasons of medical/clinical necessity.

C. Definitive (AKA "confirmatory" or "quantitative") drug tests may be appropriate in the following circumstances:

- where there is an acute change in medical status
- drug toxicity must be ruled out
- when the member disputes a positive presumptive drug screen result and when the potentially false-positive screen may result in an inappropriate consequence such as discharge from a treatment program.

D. Definitive testing of serum methadone levels may be performed only under the following circumstances:

1. patient is in stabilization phase and requesting an increase over 80mg of methadone, *or*
2. patient is in maintenance phase and requesting significant dose changes, *or*
3. clinician suspects that a patient is experiencing a drug-drug interaction involving methadone, *or*
4. clinician is considering split dosing of methadone for the patient, *or*
5. patient is pregnant, and clinician identifies need to screen for changes in metabolism of methadone.

E. Definitive testing of a limited number of drugs may be performed for the purpose of monitoring therapeutic response when the drug is being used to treat disorders comorbid to substance use:

1. Carbamazepine
2. Valproic acid
3. Lithium
4. Clozapine
5. Phenytoin
6. Tricyclic Antidepressants
7. Other (must be accompanied by documentation of rationale for medical/clinical necessity)

Exclusions

Specific drug definitive or confirmation testing for forensic or legal purposes is excluded.

Codes

N/A

References

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4. Frydrych, L., Greene, B., Blondell, R., & Purdy, C. (2009). Self-help program components and linkage to aftercare following inpatient detoxification. *Journal of Addictive Diseases*, *28*(1), 21-27.
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6. Reymann, G., & Danziger, H. (2001). Replacing the last week of a motivational inpatient alcohol withdrawal programme by a day-clinic setting. *European Addiction Research*, *7*(2), 56-60.
7. Schaefer, J., Cronkite, R., & Hu, K. (2011). Differential relationships between continuity of care practices, engagement in continuing care, and abstinence among subgroups of patients with substance use and psychiatric disorders. *Journal of Studies on Alcohol and Drugs*, *72*(4), 611-621.

State Specific Criteria

N/A

Document History

Status (New, Reviewed, Revised)	Date	Action
New	11/5/2017	Reviewed, approved by National Medical Policy Committee

Reviewed/Approved by: (Medical Director/Designee/Committee): (Date):

Signature on file *November 5, 2017*

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Chair, NMPC

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