

## Best Practices for Definitive Drug Testing

---

Urine drug screenings (UDS) are used in substance abuse treatment settings to assess and monitor drug use and/or abuse. UDS is a commonly utilized method for monitoring substance use in members who are seeking or who are currently receiving substance use treatment. Also known as a confirmatory test, definitive testing should not routinely be ordered for every member with a substance use disorder (SUD). However, CBH recognizes that there are scenarios that warrant its use. The [American Society of Addiction Medicine \[ASAM\] issued a consensus statement](#) from which this brief guidance is deduced. Definitive testing should be ordered by a physician when medically necessary when **one or more** of the following criteria are met:

- ➔ When a provider wants to detect a specific substance not adequately identified by presumptive test (e.g., heroin rather than opiates).
- ➔ When a presumptive test for a drug or drug class is not available
- ➔ When the results will inform a decision regarding clinical treatment for the member (treatment transition or changes in medication therapies).
- ➔ If a provider expects the result of a presumptive test to be positive, such as when a member reports recent use and specific information regarding substance and/or quantity is being sought, it may be appropriate to skip the presumptive test in favor of a definitive test.
- ➔ A presumptive screen was inconclusive or inconsistent.

All documentation must be maintained in the member's medical record. Documentation maintained by the ordering physician/treating physician must indicate the medical necessity for performing a definitive test.

**Note:** UDS **should not** be ordered for the following circumstances:

- ➔ Employment-related testing.
- ➔ State/legally mandated drug testing.