

PROVIDER NOTICE FOR URINE DRUG TESTING AKA TOXICOLOGY BILLING

INTRODUCTION

Southwest Labs is committed to providing accurate and medically necessary urine drug screens to our providers. The information in this document is to inform you, the provider, of medical necessity, frequency of testing and billing as it pertains to Urine Drug screens according to CMS and OIG.

UDT (Urine Drug Testing) provides objective information to assist providers in identifying the presence or absence of drugs or drug classes in the body to provide treatment decisions.

METHODOLOGY

Southwest Labs uses LC-MS/MS technology for all definitive testing and immunoassay for all presumptive testing.

DEFINITIONS:

Presumptive (Qualitative) Drug Testing (hereafter called "presumptive" UDT)

- Used when medically necessary to determine the presence or absence of drugs or drug classes in a urine sample;
- Results expressed as negative or positive or as a numerical result;

Definitive (Quantitative) Confirmation (hereafter called "definitive" UDT)

- Used when medically necessary to identify specific medications, illicit substances and metabolites; Reports the results of drugs absent or present in concentrations of ng/ml;

Specimen Validity Testing

- Urine specimen testing to ensure that it is consistent with normal human urine and has not been adulterated or substituted;
- May include pH, specific gravity, oxidants and creatinine.

Point of Care Testing (POCT)

- Used when medically necessary by clinicians for immediate test results for the immediate management of the patient;
- Available when the patient and physician are in the same location;
- IA test method that primarily identifies drug classes and a few specific drugs;
- Platform consists of cups, dipsticks, cassettes, or strips; read by the human eye.

Standing Orders

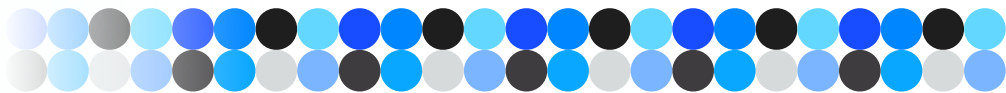
- Test request for a specific patient representing repetitive testing to monitor a condition or disease for a limited number of sequential visits;
- Individualized orders for certain patients for pre-determined tests based on historical use, risk and community trend patient profiles;
- Clinician can alter the standing order.

Blanket Orders

- Test request that is not for a specific patient; rather, it is an identical order for all patient's in a clinician's practice without individualized decision making at every visit.

Reflex Testing

- Laboratory testing that is performed reflexively after initial test results to identify further diagnostic information essential to patient care. Testing performed as a step necessary to complete a physician's order is not considered reflex testing.



UDS PATIENT TYPES

THE FOLLOWING ARE COVERED INDICATIONS FOR UDT BASED ON PATIENT TYPES:

There are 3 main types of patients recognized by Medicare

1. Toxicity **Group A**
2. Substance Use Disorder (SUD) A.K.A by CMS as **Group B**
3. Chronic Opioid Therapy (COT) A.K.A by CMS as **Group C**

Toxicity Group A

Symptomatic patients, multiple drug ingestion or patients with unreliable history (Usually hospitalized) A patient who presents with signs or symptoms of substance use toxicity will be treated presumptively to stabilize the patient while awaiting rapid, then definitive testing to determine the cause(s) of the presentation.

The need for definitive UDT is based upon rapid test findings, responses to medical interventions, and treatment plan.

DX codes are all toxicity based and there are no frequency citations given the indications for usage of such testing.

Substance Use Disorder (SUD) A.K.A by CMS as Group B

Diagnosis and treatment for substance abuse or dependence. A patient in active treatment for substance use disorder (SUD) or monitoring across different phases of recovery may undergo medical management for a variety of medical conditions.

Ordered tests and testing methods (presumptive or definitive) must match the stage of screening, treatment, or recovery; the documented history; and Diagnostic and Statistical Manual of Mental Disorders (DSM V) diagnosis.

Substance Use Disorder (SUD) Group B Medical Necessity i.e. Medicare supporting diagnosis codes:

*Report monitoring of patient compliance in a drug treatment program using Z71.51 as the primary diagnosis and the specific drug dependence diagnosis as the secondary diagnosis.

SUD PRIMARY DIAGNOSIS CODE FOR MEDICARE NOVITAS SUD PATIENTS

DX CODE	DESCRIPTION
Z71.51	Drug abuse counseling and surveillance of drug abuser

SPECIFIC DRUG DEPENDENCE DIAGNOSIS CODES

DX CODE	DESCRIPTION
F10.120	Alcohol Abuse with intoxication, uncomplicated
F11.20	Opioid Dependence, uncomplicated
F12.120	Cannabis abuse with intoxication, uncomplicated
F12.220	Cannabis dependence with intoxication, uncomplicated
F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
F14.120	Cocaine Abuse with intoxication, uncomplicated
F14.220	Cocaine dependence with intoxication, uncomplicated
F16.120	Hallucinogen abuse with intoxication, uncomplicated
F18.10	Inhalant abuse, uncomplicated
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.90	Inhalant use, specified, uncomplicated
F19.20	Other psychoactive substance dependence, uncomplicated
F55.3	Abuse of Steroids or hormones
F55.4	Abuse of Vitamins
F55.8	Abuse of other non-psychoactive substances



UDS PATIENT TYPES CONTINUED

Substance Use Disorder (SUD) A.K.A by CMS as Group B Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

GROUP B- SUD FREQUENCY OF TESTING GRID

TEST TYPE	DAYS OF ABSTINENCE	NUMBER OF TEST	FREQUENCY	TOTAL MAX TEST
Presumptive	0-30	3	Rolling 7 days	12 per 28 days
Definitive	0-30	1	Rolling 7 days	4 per 28 days
Presumptive	31-90	3	Rolling 7 days	12 per 28 days
Definitive	31-90	3	Rolling 30 days	1 per 10 days
Presumptive	90+	3	Rolling 30 days	1 per 10 days
Definitive	90+	3	Rolling 90 days	1 per 30 Days

Chronic Opioid Therapy (COT) A.K.A by CMS as Group C

Treatment for patients on chronic opioid therapy (COT) A physician who is writing prescriptions for medications to treat chronic pain can manage a patient better if the physician knows whether the patient is consuming another medication or substance, which could suggest the possibility of SUD or lead to drug-drug interactions. Additionally, UDT may help the physician monitor medication adherence, efficacy, side effects, and patient safety in general.

The clinician should perform random UDT at random intervals, in order to properly monitor a patient. UDT testing does not have to be associated with an office visit.

CHRONIC OPIOID THERAPY (COT) GROUP C MEDICAL NECESSITY I.E. MEDICARE SUPPORTING DIAGNOSIS CODES:

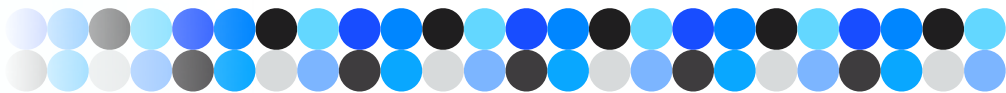
DX CODE	DESCRIPTION
Z79.891	Chronic opioid therapy (COT) monitoring
Z79.899	Other long term (current) drug therapy
M25.50	Pain in unspecified joint
M25.59	Pain in other specified joint
M54.2	Cervicalgia
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M79.7	Fibromyalgia

Chronic Opioid Therapy (COT) Group C Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

GROUP C- CMS GUIDELINES ALLOW FOR 12 PRESUMPTIVE TESTS PER YEAR. DEFINITIVE TESTING IS AS FOLLOWS:

RISK GROUP*	OPIOID RISK TOOL	NUMBER OF TESTS	FREQUENCY	TOTAL MAX TEST
Low Risk	0 to 3	2	Rolling 365 Days	1 every 6 months
Moderate Risk	4 to 7	2	Rolling 180 days	1 every 3 months
High Risk	8 or More	3	Rolling 90 days	1 every Month



UDS PATIENT TYPES CONTINUED + SAMPLE RISK ASSESSMENT TOOL

*The patient's risk category must be clearly defined in the medical record and is essential in determining the number of Presumptive and definitive tests that are medically necessary. Below you will find a tool that can be used as a suggestion for defining Risk. This example is accepted by SAMHSA (Substance Abuse and Mental Health Services Administration) and Medicare. You do not need to use this risk assessment tool but you must have a tool that is nationally recognized and then base the testing plan for the patient upon that foundation.

SAMPLE RISK ASSESSMENT TOOL

ENTER "1" IF APPLIES TO PATIENT AND SUM UP SCORE.

SCORE		SCORE	
Family History of Substance Abuse	<input type="text"/>	Personal History of Substance Abuse	<input type="text"/>
<input type="text"/> Alcohol	<input type="text"/>	<input type="text"/> Alcohol	<input type="text"/>
<input type="text"/> Illegal Drugs	<input type="text"/>	<input type="text"/> Illegal Drugs	<input type="text"/>
<input type="text"/> Prescription Drugs	<input type="text"/>	<input type="text"/> Prescription Drugs	<input type="text"/>
Age Between 16-45 years	<input type="text"/>	Psychological Disease	<input type="text"/>
History of preadolescent sexual abuse	<input type="text"/>	<input type="text"/> ADD, OCD, Bipolar, Schizophrenia	<input type="text"/>
		<input type="text"/> Depression	<input type="text"/>
<div style="background-color: #444; color: white; display: inline-block; padding: 5px 10px;">GRAND TOTAL</div>		<input style="width: 80px;" type="text"/>	

Documentation Requirements for all patient types

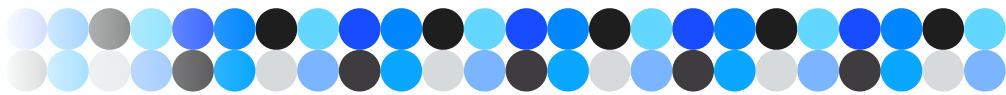
1. All documentation must be maintained in the patient's medical record and made available to the Insurance contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The medical record documentation must support the medical necessity of the services as stated in this policy.
4. Medical record documentation (e.g., history and physical, progress notes) maintained by the ordering physician/treating physician must indicate the medical necessity for performing a qualitative drug test. All tests must be ordered in writing by the treating provider and all drugs/drug classes to be tested must be indicated in the order.
5. When a definitive/quantitative test is performed, the record must show that an inconsistent positive finding was noted on the presumptive testing or that there was no available, commercially or otherwise, presumptive test except when not medically necessary to perform presumptive testing in the COT patient subset.
6. If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of the lab results, along with copies of the ordering/referring physician's order for the test. The physician must include the clinical indication/medical necessity in the order for the test.

Billing Practices

According to CMS and AMA guidelines, rather than billing the same panel on each patient every time, the following practices have been implemented at Southwest Labs. When the provider selects a reflex we will base the testing on the medications for the patient, confirm all medications that require definitive analysis such as a medication that is not identified by our screening panel, has cross reactivity in the screening panel and thus must be confirmed at the specific analyte level.

GROUP C- CMS GUIDELINES ALLOW FOR 12 PRESUMPTIVE TESTS PER YEAR. DEFINITIVE TESTING IS AS FOLLOWS:

CODE	DESCRIPTION	SOUTHWEST RATE
80307	Drug Test Presumptive	Southwest Labs bills at Medicare Rate
G0480	Drug Test Definitive 1-7 Classes	Southwest Labs bills at Medicare Rate
G0481	Drug Test Definitive 8-14 Classes	Southwest Labs bills at Medicare Rate
G0482	Drug Test Definitive 15-21 Classes	Southwest Labs bills at Medicare Rate
G0483	Drug Test Definitive 22+ Classes	Southwest Labs bills at Medicare Rate



UDS PATIENT TYPES CONTINUED

If a screen is ordered Southwest will run and result a screen and bill 80307. If the ordering clinician individually selects the definitive drug classes Southwest will run and result those drug classes only and bill for only the number of ordered AND resulted drug classes. If the ordering clinician utilizes the reflex methodology with SouthWest only the drug classes that match that methodology will be result and billed. See next for a description of the reflex methodology.

SUBSTANCE USE DISORDER (SUD) A.K.A BY CMS AS GROUP B

Presumptive Tests is used to test 12 drug classes for basic positive or negative results. Order presumptive tests in accordance with the utilization guidelines listed above for Group B. Presumptive Tests for SUD should be negative, unless prescribed medications like methadone or suboxone.

Definitive SUD Testing may either be ordered as a reflex test as listed on the requisition or specific drug classes for the Definitive may be selected by the ordering clinician.

If reflex testing is ordered for a SUD Group B patient the following will occur without additional specification from the ordering clinician. As a prerequisite for reflex testing to occur you must provide a medication list a list of "drugs of interest". We only require the prescribed medications that you need results on. We of course will take care of all illicit drug identification.

1. all inconsistent Positives will be confirmed
 - a. If the results of the screen indicate a positive finding for an illicit for example it would be confirmed.
2. all inconsistent Negatives will be confirmed
 - a. If the patient were to be prescribed methadone or suboxone and this was not present in the screen then it would need to be confirmed.
3. all drugs of interest that are not commercially available on the screen platform will be confirmed
 - a. If the immunoassay is not commercially available the confirmation of that drug class will occur. If bath salts are required to be tested there is no commercially available screen for example.
4. all Rx that require speciation will be confirmed
 - a. If the drug class that is positive and requires specific identification and speciation down to the analyte level the drug class or classes will be definitively tested.
5. all Rx that have cross-reactivity in the presumptive test will be confirmed
 - a. If there are any "drugs of interest" at the screening level and that drug class can have cross reactivity at the screening level then that drug class will be definitively tested.

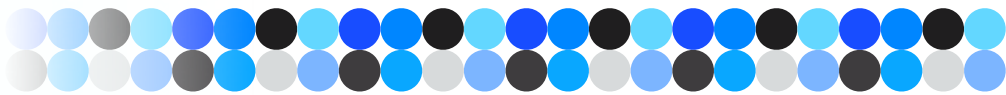
CHRONIC OPIOID THERAPY (COT) GROUP C

Presumptive Tests is used to test 12 drug classes for basic positive or negative results. Order presumptive tests in accordance with the utilization guidelines listed above for Group C.

Definitive COT Testing may either be ordered as a reflex test as listed on the requisition or specific drug classes for the Definitive may be selected by the ordering clinician.

If reflex testing is ordered for a COT Group C patient the following will occur without additional specification from the ordering clinician. As a prerequisite for reflex testing to occur you must provide a medication list a list of "drugs of interest". We only require the prescribed medications that you need results on. We of course will take care of all illicit drug identification.

1. all inconsistent Positives will be confirmed
 - a. If the results of the screen indicate a positive finding for an illicit for example it would be confirmed.
 - b. If the results of the screen indicate a positive finding for a prescribed medication that is inconsistent with the reported medication list of drugs of interest the appropriate drug classes will be definitively tested.
2. all inconsistent Negatives will be confirmed
 - a. If the patient were to be prescribed a medication of interest and this was not present in the screen then it will be confirmed.
3. all drugs of interest that are not commercially available on the screen platform will be confirmed
 - a. If the immunoassay is not commercially available for any drugs of interest confirmation of that drug class will occur. If gabapentin is a drug of interest to the clinician then as it is not a commercially available screening assay it will be definitively tested on the LCMS platform.
4. all Rx that require speciation will be confirmed
 - a. If the drug class that is positive and requires specific identification and speciation down to the analyte level the drug class or classes will be definitively tested. This occurs with many opiate screen results.
5. all Rx that have cross-reactivity in the presumptive test will be confirmed
 - a. If there are any "drugs of interest" at the screening level and that drug class can have cross reactivity at the screening level then that drug class will be definitively tested.



GUIDELINES FOR URINE DRUG TESTING

MEDICARE

Summary: Medicare Medical Necessity for Urine Drug Testing

- **Presumptive/Qualitative Drug Testing (UDT):** Covered when medically necessary to quickly determine the presence or absence of drugs in urine. Results are expressed as positive, negative, or numerical. Methods include immunoassays and thin layer chromatography.
- **Definitive/Quantitative/Confirmation UDT:** Covered when clinically necessary to identify specific drugs and metabolites, with results typically measured in concentrations (e.g., ng/mL). Methods include GC-MS and LC-MS/MS.
- **Specimen Validity Testing:** Ensures the urine sample is valid and unaltered. This is for quality assurance and is not covered by Medicare.
- **Point of Care Testing (POCT):** Covered when immediate results are needed for patient management, using methods like immunoassays, with testing done at the same location as the patient.
- **Reflex Testing:** Additional testing performed automatically after initial results to provide essential diagnostic information, not always based on a specific physician's order.

Medicare
Guidelines

FULL DOCUMENT



BCBSNM MEDICAL POLICY MED207.154 REGARDING UDT FOR PAIN MANAGEMENT OR SUBSTANCE ABUSE MONITORING

This summary explains that quantitative testing for a particular drug is considered medically necessary if one of the four following criteria is met:

- Qualitative testing was positive for a prescription drug that is not prescribed to the patient;
- Qualitative testing was negative for a prescription drug that is prescribed to the patient;
- Qualitative testing was positive for an illicit drug; or
- A qualitative test for the relevant drug is not commercially available.

Medical necessity must be met for each drug or drug class for which a quantitative test is ordered. For a urine drug testing claim to be properly reimbursable, the documentation must meet BCBSNM's requirements. In particular, the documentation must be patient-specific and must accurately reflect the need for each test ordered; each drug or drug class being tested for must be indicated by the ordering clinician in a written order and documented in the patient's medical record; and the laboratory's or ordering provider's medical records or other documentation must be sufficient to show that the testing performed was medically necessary.

BCBS
Guidelines

FULL DOCUMENT



PRESBYTERIAN DEFINITIVE DRUG TESTING GUIDELINES

Coverage Criteria: Definitive drug testing (up to 7 drug classes) is covered when requested by the physician and when:

- The presumptive test result differs from the patient's medical history or self-report (e.g., test negative for prescribed drugs, positive for illegal drugs).
- For diagnosing/monitoring substance use disorder:
 - 0-30 days abstinence: 1 test/week.
 - 31-90 days abstinence: 1-3 tests/month.
 - 90+ days abstinence: 1-3 tests every 3 months.
- Monitoring opioid therapy.
- When no adequate presumptive test exists to detect specific drugs.
- To identify drugs or specific concentrations needed for management.

Documentation: Records must support medical necessity, including medical history, exam, and diagnostic results. Testing is justified when:

- Test results differ from prescriptions or history.
- Drug abuse potential is identified.
- Illegal drugs are detected.

Presbyterian Health
System (PHS)
Guidelines

FULL DOCUMENT

