Qualitative Drug Testing

LCD ID  L34501

Jurisdiction  Tennessee

Original Effective Date  For services performed on or after 10/01/2015

LCD Title  Pathology and Laboratory: Qualitative Drug Testing

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CMS National Coverage Policy

- Title XVIII of the Social Security Act, Section 1833 (e). This section states that no payment shall be made to any provider for any claims that lack the necessary information to process the claim.
- Title XVIII of the Social Security Act, Section 1861(s)(3). This section outlines coverage for clinical diagnostic laboratory tests.
- Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury or to improve the function of a malformed body part.
- Title XVIII of the Social Security Act, section 1862 (a)(7). This section excludes routine physical evaluations.
- 42 CFR Section 410.32(a) indicates diagnostic tests are payable only when the physician who is treating the beneficiary for a specific medical problem uses the results in such treatment.
- Medicare National Coverage Determinations Manual (Pub. 100-03), Chapter 1, Section 130.6, Treatment of Drug Abuse
- Medicare Program Integrity Manual (Pub. 100-08), Chapter 13.
Coverage Guidance
Coverage Indications, Limitations, and/or Medical Necessity

Background

A qualitative drug screen is used to detect the presence of a drug in the body. A blood or urine sample may be used. However, urine is the best specimen for broad qualitative screening, as blood is relatively insensitive for many common drugs.

Analysis is comparative, matching the properties or behavior of a substance with that of a valid reference compound. Drugs or classes of drugs are commonly assayed by qualitative testing. A qualitative test may be followed by confirmation with a second method, only if there is a positive or negative finding inconsistent with the setting of a symptomatic patient.

Examples of drugs or classes of drugs that are commonly assayed by qualitative tests, followed by confirmation with a second method, are: alcohols, amphetamines, barbiturates/sedatives, benzodiazepines, cocaine and metabolites, methadone, antihistamines, stimulants, opioid analgesics, salicylates, cardiovascular drugs, antipsychotics, and antidepressants.

Most toxicological diagnoses and therapeutic decisions are made based on historical or clinical considerations:

1. Laboratory turnaround time can often be longer than the critical intervention time course of an overdose;
2. For many toxins there are no established cutoff levels of toxicity, making interpretation of the results difficult. Qualitative screening panels should be used when the results will alter patient management or disposition. The clinical utility of drug tests in the emergency setting is limited since most therapy for drug poisonings is symptom directed and supportive.

Indications

Medicare will consider performance of a qualitative drug test reasonable and necessary:

1. When a patient presents with suspected drug overdose and one or more of the following conditions:
   A. Unexplained coma;
   B. Unexplained altered mental status in the absence of a clinically defined toxic syndrome or toxidrome;
   C. Severe or unexplained cardiovascular instability (cardiotoxicity);
   D. Unexplained metabolic or respiratory acidosis in the absence of a clinically defined toxic syndrome or toxidrome;
   E. Testing on neonates suspected of prenatal drug exposure
   F. Seizures with an undetermined history;
2. For monitoring patient compliance during active treatment for substance abuse or dependence.
3. In patients on chronic opioid therapy:
   A. In whom illicit drug use, non-compliance or a significant pre-test probability of non-adherence to the prescribed drug regimen is suspected and documented in the medical record; and/or
B. In those who are at high risk for medication abuse due to psychiatric issues, who have engaged in aberrant drug-related behaviors, or who have a history of substance abuse.

4. In patients with chronic pain to:
   A. Determine the presence of other substances prior to initiating pharmacologic treatment;
   B. Detect documented suspected non-adherence to the plan of care.
   C. Periodic random (not routine) testing to confirm adherence to pharmacologic treatment plan.

5. In patients with symptoms of schizophrenia suspected to be secondary to drug or substance intoxication.
   Confirmation of drug testing (80102) is indicated when:
   1. The results of the qualitative screen are presumptively positive; or
   2. Results of the qualitative screen are negative and this negative finding is inconsistent with the patient's medical history.

Limitations

1. It is considered not reasonable or necessary to test for the same drug with both a blood and a urine specimen simultaneously.

2. CPT codes 80150 through 80299 are examples of quantitative therapeutic assays for specific drugs. These codes should not be billed when only qualitative screening is performed.

3. Drug screening for medico-legal purposes (e.g., court-ordered drug screening) or for employment purposes (e.g., as a pre-requisite for employment or as a requirement for continuation of employment) is not covered.

4. Routine “per visit” drug testing in chronic pain patients is noncovered.

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

Group 1 Paragraph: N/A
**Group 1 Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0431</td>
<td>DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES BY HIGH COMPLEXITY TEST METHOD (E.G., IMMUNOASSAY, ENZYME ASSAY), PER PATIENT ENCOUNTER</td>
</tr>
<tr>
<td>G0434</td>
<td>DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA WAIVED TEST OR MODERATE COMPLEXITY TEST, PER PATIENT ENCOUNTER</td>
</tr>
<tr>
<td>G6058</td>
<td>DRUG CONFIRMATION, EACH PROCEEDURE</td>
</tr>
</tbody>
</table>

**Group 2 Paragraph:** The following CPT codes are Non-Covered by Medicare

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX000</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:** The correct use of an ICD-10-CM code listed in the "ICD-10 Codes that Support Medical Necessity" section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-10 codes must be coded to the highest level of specificity. Consult the ‘Official ICD-10-CM Guidelines for Coding and Reporting’ in the current ICD-10-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

**Group 1 Codes:**

<table>
<thead>
<tr>
<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>E87.2</td>
<td>Acidosis</td>
</tr>
<tr>
<td>F11.20</td>
<td>Opioid dependence, uncomplicated</td>
</tr>
<tr>
<td>F18.10 - F18.120</td>
<td>Inhalant abuse, uncomplicated - Inhalant abuse with intoxication, uncomplicated</td>
</tr>
<tr>
<td>F18.90</td>
<td>Inhalant use, unspecified, uncomplicated</td>
</tr>
<tr>
<td>F19.20</td>
<td>Other psychoactive substance dependence, uncomplicated</td>
</tr>
<tr>
<td>F20.0 - F20.2</td>
<td>Paranoid schizophrenia - Catatonic schizophrenia</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>F20.89</td>
<td>Other schizophrenia</td>
</tr>
<tr>
<td>F55.8</td>
<td>Abuse of other non-psychoactive substances</td>
</tr>
<tr>
<td>G40.301 - G40.319</td>
<td>Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus</td>
</tr>
<tr>
<td>G40.901 - G40.919</td>
<td>Epilepsy, unspecified, not intractable, with status epilepticus</td>
</tr>
<tr>
<td>I44.0 - I44.1</td>
<td>Atrioventricular block, first degree - Atrioventricular block, second degree</td>
</tr>
<tr>
<td>I44.30</td>
<td>Unspecified atrioventricular block</td>
</tr>
<tr>
<td>I45.81</td>
<td>Long QT syndrome</td>
</tr>
<tr>
<td>I47.0 - I47.2</td>
<td>Re-entry ventricular arrhythmia - Ventricular tachycardia</td>
</tr>
<tr>
<td>I49.2</td>
<td>Junctional premature depolarization</td>
</tr>
<tr>
<td>R40.0 - R40.2124</td>
<td>Somnolence - Coma scale, eyes open, to pain, 24 hours or more after hospital admission</td>
</tr>
<tr>
<td>R40.2210 - R40.2224</td>
<td>Coma scale, best verbal response, none, unspecified time - Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission</td>
</tr>
<tr>
<td>R40.2310 - R40.2324</td>
<td>Coma scale, best motor response, none, unspecified time - Coma scale, best motor response, extension, 24 hours or more after hospital admission</td>
</tr>
<tr>
<td>R40.2340 - R40.2344</td>
<td>Coma scale, best motor response, flexion withdrawal, unspecified time - Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission</td>
</tr>
<tr>
<td>R44.0</td>
<td>Auditory hallucinations</td>
</tr>
<tr>
<td>R44.2 - R44.3</td>
<td>Other hallucinations - Hallucinations, unspecified</td>
</tr>
<tr>
<td>R56.9</td>
<td>Unspecified convulsions</td>
</tr>
<tr>
<td>T39.011A - T39.014S</td>
<td>Poisoning by aspirin, accidental (unintentional), initial encounter - Poisoning by</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>T39.091A - T39.094S</td>
<td>Poisoning by salicylates, accidental (unintentional), initial encounter - Poisoning by salicylates, undetermined, sequela</td>
</tr>
<tr>
<td>T39.1X1A - T39.1X4S</td>
<td>Poisoning by 4-Aminophenol derivatives, accidental (unintentional), initial encounter - Poisoning by 4-Aminophenol derivatives, undetermined, sequela</td>
</tr>
<tr>
<td>T39.2X1A - T39.2X4S</td>
<td>Poisoning by pyrazolone derivatives, accidental (unintentional), initial encounter - Poisoning by pyrazolone derivatives, undetermined, sequela</td>
</tr>
<tr>
<td>T39.311A - T39.314S</td>
<td>Poisoning by propionic acid derivatives, accidental (unintentional), initial encounter - Poisoning by propionic acid derivatives, undetermined, sequela</td>
</tr>
<tr>
<td>T39.391A - T39.394S</td>
<td>Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional), initial encounter - Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], undetermined, sequela</td>
</tr>
<tr>
<td>T40.0X1A - T40.0X4S</td>
<td>Poisoning by opium, accidental (unintentional), initial encounter - Poisoning by opium, undetermined, sequela</td>
</tr>
<tr>
<td>T40.1X1A - T40.1X4S</td>
<td>Poisoning by heroin, accidental (unintentional), initial encounter - Poisoning by heroin, undetermined, sequela</td>
</tr>
<tr>
<td>T40.2X1A - T40.2X4S</td>
<td>Poisoning by other opioids, accidental (unintentional), initial encounter - Poisoning by other opioids, undetermined, sequela</td>
</tr>
<tr>
<td>T40.3X1A - T40.3X4S</td>
<td>Poisoning by methadone, accidental (unintentional), initial encounter - Poisoning by methadone, undetermined, sequela</td>
</tr>
<tr>
<td>T40.4X1A - T40.4X4S</td>
<td>Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter - Poisoning by other synthetic narcotics, undetermined, sequela</td>
</tr>
<tr>
<td>T40.601A - T40.604S</td>
<td>Poisoning by unspecified narcotics, accidental (unintentional), initial encounter - Poisoning by unspecified narcotics, undetermined, sequela</td>
</tr>
<tr>
<td>T40.691A - T40.694S</td>
<td>Poisoning by other narcotics, accidental (unintentional), initial encounter - Poisoning by other narcotics, undetermined, sequela</td>
</tr>
</tbody>
</table>
Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter - Poisoning by cannabis (derivatives), undetermined, sequela

Poisoning by lysergide [LSD], accidental (unintentional), initial encounter - Poisoning by lysergide [LSD], undetermined, sequela

Poisoning by unspecified psychodysleptics [hallucinogens], accidental (unintentional), initial encounter - Poisoning by unspecified psychodysleptics [hallucinogens], undetermined, sequela

Poisoning by other psychodysleptics [hallucinogens], accidental (unintentional), initial encounter - Poisoning by other psychodysleptics [hallucinogens], undetermined, sequela

Poisoning by hydantoin derivatives, accidental (unintentional), initial encounter - Poisoning by hydantoin derivatives, undetermined, sequela

Poisoning by barbiturates, accidental (unintentional), initial encounter - Poisoning by barbiturates, undetermined, sequela

Poisoning by benzodiazepines, accidental (unintentional), initial encounter - Poisoning by benzodiazepines, undetermined, sequela

Poisoning by other antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter - Poisoning by other antiepileptic and sedative-hypnotic drugs, undetermined, sequela

Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter - Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, undetermined, sequela

Poisoning by tricyclic antidepressants, accidental (unintentional), initial encounter - Poisoning by tricyclic antidepressants, undetermined, sequela

Poisoning by tetracyclic antidepressants, accidental (unintentional), initial encounter - Poisoning by tetracyclic antidepressants, undetermined, sequela

Poisoning by monoamine-oxidase-inhibitor antidepressants, accidental (unintentional), initial encounter - Poisoning by monoamine-oxidase-inhibitor antidepressants, undetermined, sequela

Poisoning by unspecified antidepressants, accidental (unintentional), initial encounter - Poisoning by unspecified antidepressants, undetermined, sequela
Poisoning by selective serotonin and norepinephrine reuptake inhibitors, accidental (unintentional), initial encounter - Poisoning by selective serotonin and norepinephrine reuptake inhibitors, undetermined, sequela

Poisoning by selective serotonin reuptake inhibitors, accidental (unintentional), initial encounter - Poisoning by selective serotonin reuptake inhibitors, undetermined, sequela

Poisoning by other antidepressants, accidental (unintentional), initial encounter - Poisoning by other antidepressants, undetermined, sequela

Poisoning by phenothiazine antipsychotics and neuroleptics, accidental (unintentional), initial encounter - Poisoning by phenothiazine antipsychotics and neuroleptics, undetermined, sequela

Poisoning by butyrophenone and thiothixene neuroleptics, accidental (unintentional), initial encounter - Poisoning by butyrophenone and thiothixene neuroleptics, undetermined, sequela

Poisoning by unspecified antipsychotics and neuroleptics, accidental (unintentional), initial encounter - Poisoning by unspecified antipsychotics and neuroleptics, undetermined, sequela

Poisoning by other antipsychotics and neuroleptics, accidental (unintentional), initial encounter - Poisoning by other antipsychotics and neuroleptics, undetermined, sequela

Poisoning by unspecified psychostimulants, accidental (unintentional), initial encounter - Poisoning by unspecified psychostimulants, undetermined, sequela

Poisoning by caffeine, accidental (unintentional), initial encounter - Poisoning by caffeine, undetermined, sequela

Poisoning by amphetamines, accidental (unintentional), initial encounter - Poisoning by amphetamines, undetermined, sequela

Poisoning by methylphenidate, accidental (unintentional), initial encounter - Poisoning by methylphenidate, undetermined, sequela

Poisoning by other psychostimulants, accidental (unintentional), initial encounter - Poisoning by other psychostimulants, undetermined, sequela

Poisoning by other psychotropic drugs, accidental (unintentional), initial encounter - Poisoning by other psychotropic drugs, undetermined, sequela
Poisoning by unspecified psychotropic drug, accidental (unintentional), initial encounter - Poisoning by unspecified psychotropic drug, undetermined, sequela

Poisoning by antiallergic and antiemetic drugs, accidental (unintentional), initial encounter - Poisoning by antiallergic and antiemetic drugs, undetermined, sequela

Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter - Poisoning by cardiac-stimulant glycosides and drugs of similar action, undetermined, sequela

Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter - Poisoning by unspecified drugs, medicaments and biological substances, undetermined, sequela

Encounter for observation for other suspected diseases and conditions ruled out

Long term (current) use of hormonal contraceptives

Long term (current) use of opiate analgesic

Other long term (current) drug therapy

Patient's intentional underdosing of medication regimen due to financial hardship - Patient's other noncompliance with medication regimen

Patient's noncompliance with other medical treatment and regimen

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation: **Z79.891: Use for the monitoring of patients on methadone maintenance and chronic pain patients with opioid dependence, suspected of abusing other illicit drugs.

*Z03.89: Use for monitoring of patient compliance in a drug treatment program as the primary diagnosis and the specific drug dependence diagnosis as the secondary diagnosis.

Associated Information

Documentation Requirements

1. All "Indications" must be clearly documented in the patient’s medical record and made available to Medicare upon request.

2. 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 by the treating provider, and all drugs/drug classes to be tested must be indicated in the order.
3. If the provider of the service is other than the ordering/referring physician, that provider must maintain hard or digital copy documentation of the lab results, along with copies of the ordering/referring physician’s order for the qualitative drug test. The physician must include the clinical indication/medical necessity in the order for the qualitative drug test.

4. Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

Sources of Information and Basis for Decision


- Consultations with the representatives to the Carrier Advisory Committee and other Medicare Contractors.

- Federation of State Medical Boards of the United States. Model Policy for the Use of Controlled Substances for the Treatment of Pain. Available at www.fsmb.org


- Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain: An Educational Aid to Improve Care and Safety with Opioid Therapy 2010 Update; www.agencymeddirectors.wa.gov


- Other Medicare Contractor’s Local Coverage Determinations.


Local Coverage Determination (LCD) Disclaimer

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