

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.

- CMS Transmittal 653, Change Request 6852, Clinical Laboratory Fee Schedule (CLFS)- Special Instructions for Specific Test Codes (CPT CODE 80100, CPT Code 80101, CPT Code 80101QW, G0430, G0430QW and G0431QW)
- CMS Transmittal 1905, Change Request 6800, February New Waived Tests

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:

G0431	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES BY HIGH COMPLEXITY TEST METHOD (E.G., IMMUNOASSAY, ENZYME ASSAY), PER PATIENT ENCOUNTER
G0434	DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA WAIVED TEST OR MODERATE COMPLEXITY TEST, PER PATIENT ENCOUNTER
G6058	DRUG CONFIRMATION, EACH PROCEDURE

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

XX000	Not Applicable
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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:

Group 1 Codes	
ICD-10 CODE	DESCRIPTION
E87.2	Acidosis
F11.20	Opioid dependence, uncomplicated
F18.10 - F18.120- Opens in a new window	Inhalant abuse, uncomplicated - Inhalant abuse with intoxication, uncomplicated
F18.90	Inhalant use, unspecified, uncomplicated
F19.20	Other psychoactive substance dependence, uncomplicated
F20.0 - F20.2- Opens	Paranoid schizophrenia - Catatonic schizophrenia

in a new window	
F20.89	Other schizophrenia
F55.8	Abuse of other non-psychoactive substances
G40.301 - G40.319- Opens in a new window	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus - Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.901 - G40.919- Opens in a new window	Epilepsy, unspecified, not intractable, with status epilepticus - Epilepsy, unspecified, intractable, without status epilepticus
I44.0 - I44.1- Opens in a new window	Atrioventricular block, first degree - Atrioventricular block, second degree
I44.30	Unspecified atrioventricular block
I45.81	Long QT syndrome
I47.0 - I47.2- Opens in a new window	Re-entry ventricular arrhythmia - Ventricular tachycardia
I49.2	Junctional premature depolarization
R40.0 - R40.2124- Opens in a new window	Somnolence - Coma scale, eyes open, to pain, 24 hours or more after hospital admission
R40.2210 - R40.2224- Opens in a new window	Coma scale, best verbal response, none, unspecified time - Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission
R40.2310 - R40.2324- Opens in a new window	Coma scale, best motor response, none, unspecified time - Coma scale, best motor response, extension, 24 hours or more after hospital admission
R40.2340 - R40.2344- Opens in a new window	Coma scale, best motor response, flexion withdrawal, unspecified time - Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission
R44.0	Auditory hallucinations
R44.2 - R44.3- Opens in a new window	Other hallucinations - Hallucinations, unspecified
R56.9	Unspecified convulsions
T39.011A - T39.014S-	Poisoning by aspirin, accidental (unintentional), initial encounter - Poisoning by

Opens in a new window	aspirin, undetermined, sequela
T39.091A - T39.094S- Opens in a new window	Poisoning by salicylates, accidental (unintentional), initial encounter - Poisoning by salicylates, undetermined, sequela
T39.1X1A - T39.1X4S- Opens in a new window	Poisoning by 4-Aminophenol derivatives, accidental (unintentional), initial encounter - Poisoning by 4-Aminophenol derivatives, undetermined, sequela
T39.2X1A - T39.2X4S- Opens in a new window	Poisoning by pyrazolone derivatives, accidental (unintentional), initial encounter - Poisoning by pyrazolone derivatives, undetermined, sequela
T39.311A - T39.314S- Opens in a new window	Poisoning by propionic acid derivatives, accidental (unintentional), initial encounter - Poisoning by propionic acid derivatives, undetermined, sequela
T39.391A - T39.394S- Opens in a new window	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional), initial encounter - Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], undetermined, sequela
T40.0X1A - T40.0X4S- Opens in a new window	Poisoning by opium, accidental (unintentional), initial encounter - Poisoning by opium, undetermined, sequela
T40.1X1A - T40.1X4S- Opens in a new window	Poisoning by heroin, accidental (unintentional), initial encounter - Poisoning by heroin, undetermined, sequela
T40.2X1A - T40.2X4S- Opens in a new window	Poisoning by other opioids, accidental (unintentional), initial encounter - Poisoning by other opioids, undetermined, sequela
T40.3X1A - T40.3X4S- Opens in a new window	Poisoning by methadone, accidental (unintentional), initial encounter - Poisoning by methadone, undetermined, sequela
T40.4X1A - T40.4X4S- Opens in a new window	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter - Poisoning by other synthetic narcotics, undetermined, sequela
T40.601A - T40.604S- Opens in a new window	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter - Poisoning by unspecified narcotics, undetermined, sequela
T40.691A - T40.694S- Opens in a new window	Poisoning by other narcotics, accidental (unintentional), initial encounter - Poisoning by other narcotics, undetermined, sequela

[T40.7X1A - T40.7X4S-](#)
[Opens in a new window](#)

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

[T40.8X1A - T40.8X4S-](#)
[Opens in a new window](#)

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

[T40.901A - T40.904S-](#)
[Opens in a new window](#)

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

[T40.991A - T40.994S-](#)
[Opens in a new window](#)

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

[T42.0X1A - T42.0X4S-](#)
[Opens in a new window](#)

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

[T42.3X1A - T42.3X4S-](#)
[Opens in a new window](#)

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

[T42.4X1A - T42.4X4S-](#)
[Opens in a new window](#)

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

[T42.6X1A - T42.6X4S-](#)
[Opens in a new window](#)

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

[T42.71XA - T42.74XS-](#)
[Opens in a new window](#)

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

[T43.011A - T43.014S-](#)
[Opens in a new window](#)

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

[T43.021A - T43.024S-](#)
[Opens in a new window](#)

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

[T43.1X1A - T43.1X4S-](#)
[Opens in a new window](#)

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

[T43.201A - T43.204S-](#)
[Opens in a new window](#)

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

[T43.211A - T43.214S-
Opens in a new
window](#)

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

[T43.221A - T43.224S-
Opens in a new
window](#)

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

[T43.291A - T43.294S-
Opens in a new
window](#)

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

[T43.3X1A - T43.3X4S-
Opens in a new
window](#)

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

[T43.4X1A - T43.4X4S-
Opens in a new
window](#)

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

[T43.501A - T43.504S-
Opens in a new
window](#)

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

[T43.591A - T43.594S-
Opens in a new
window](#)

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

[T43.601A - T43.604S-
Opens in a new
window](#)

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

[T43.611A - T43.614S-
Opens in a new
window](#)

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

[T43.621A - T43.624S-
Opens in a new
window](#)

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

[T43.631A - T43.634S-
Opens in a new
window](#)

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

[T43.691A - T43.694S-
Opens in a new
window](#)

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

[T43.8X1A - T43.8X4S-
Opens in a new
window](#)

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

[T43.91XA - T43.94XS-
Opens in a new
window](#)

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

[T45.0X1A - T45.0X4S-
Opens in a new
window](#)

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

[T46.0X1A - T46.0X4S-
Opens in a new
window](#)

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

[T50.901A - T50.904S-
Opens in a new
window](#)

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

Z03.89*

Encounter for observation for other suspected diseases and conditions ruled out

Z79.3

Long term (current) use of hormonal contraceptives

Z79.891*

Long term (current) use of opiate analgesic

Z79.899

Other long term (current) drug therapy

[Z91.120 - Z91.14-
Opens in a new
window](#)

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

Z91.19

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 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

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 - 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
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 - Melanson, SEF, Baskin L et al. Interpretation and Utility of Drug of Abuse Immunoassays Lessons from Laboratory Drug Testing Surveys. *Arch Pathol Lab Med*. 2010; May; 134: 736-739.
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Passik SD. Issues In Long-Term Opioid Therapy: Unmet Needs, Risks, And Solutions. *Mayo Clinic Proceedings*. 2009; July; 84(7):593-601.

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Local Coverage Determination (LCD) Disclaimer

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