

Local Coverage Determination (LCD) for Qualitative Drug Screening (L31893)

Contractor Information

Contractor Name CIGNA Government Services Back to Top	Contractor Number 15102	Contractor Type MAC - Part B
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LCD Information

Document Information

LCD ID Number
L31893

Primary Geographic Jurisdiction
Kentucky

LCD Title
Qualitative Drug Screening

Oversight Region
Region I

Contractor's Determination Number
L28145

Original Determination Effective Date
For services performed on or after 04/30/2011

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Original Determination Ending Date

Revision Effective Date
For services performed on or after 06/18/2011

Revision Ending Date

CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR, Section 410.32, indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements) who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician (or other qualified non-physician provider) who is treating the beneficiary are not reasonable and necessary (see Sec. 411.15(k)(1) of this chapter).

CMS Publications:

CMS Publication 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1:

130.6 Treatment of drug abuse

CMS Transmittal No. 653, Publication 100-20, *One-Time Notification*, Change Request #6852, March 19, 2010, 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 No. 1905, Publication 100-04, *Medicare Claims Processing Manual*, Change Request #6800, February 5, 2010, New Waived Tests.

CMS Transmittal No. 2156, Publication 100-04, *Medicare Claims Processing Manual*, Change Request #7277, February 11, 2011, Healthcare Common Procedure Coding System (HCPCS) Codes Subject to and Excluded from Clinical Laboratory Improvement Amendments (CLIA) Edits.

Indications and Limitations of Coverage and/or Medical Necessity

Abstract:

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, including psychotropic agents, opioids, and stimulants.

Common methods of drug analysis include chromatography, immunoassay, chemical ("spot") tests, and spectrometry. Analysis is comparative, matching the properties or behavior of a substance with that of a valid reference compound (a laboratory must possess a valid reference agent for every substance that it identifies). Drugs or classes of drugs are commonly assayed by qualitative screen, followed by confirmation with a second method.

Examples of drugs or classes of drugs that are commonly assayed by qualitative screens, 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, cyclic antidepressants, and others. Focused drug screens, most commonly for illicit drug use, may be more useful clinically. This local coverage determination documents CIGNA Government Services medical policy guidelines for the use of this laboratory test.

Indications:

"Although technology has provided the ability to measure many toxins, 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) the cost and support of maintaining the instruments, staff training, and specialized labor involved in some analyses are prohibitive; (3) for many toxins there are no established cutoff levels of toxicity, making interpretation of the results difficult." "Although comprehensive screening is unlikely to affect emergency management, the results may assist the admitting physicians in evaluating the patient if the diagnosis remains unclear." Qualitative screening panels should be used when the results will alter patient management or disposition. (Richardson et al, 2007).

A qualitative drug screen may be indicated with a symptomatic patient when the history is unreliable, with a multiple-drug ingestion, with a patient in delirium or coma, for the identification of specific drugs, and to indicate when antagonists may be used. The clinical utility of drug screens in the emergency setting may be limited because patient management decisions are unaffected, since most therapy for drug poisonings is symptom directed and supportive.

Medicare will consider performance of a qualitative drug screen medically reasonable and necessary when a patient presents with suspected drug overdose and one or more of the following conditions:

- Unexplained coma;
- Unexplained altered mental status in the absence of a clinically defined toxic syndrome or toxidrome;
- Severe or unexplained cardiovascular instability (cardiotoxicity);
- Unexplained metabolic or respiratory acidosis in the absence of a clinically defined toxic syndrome or toxidrome;
- Seizures with an undetermined history.
- For monitoring patient compliance during active treatment for substance abuse or dependence.

A qualitative drug screen is medically reasonable and necessary for the monitoring of chronic pain patients in whom other illicit drug use is suspected.

Drugs or drug classes for which screening is performed should reflect only those likely to be present, based on the patient's medical history or current clinical presentation. Drugs for which specimens are being screened must be indicated by the referring provider in a written order.

Confirmation of drug screens (80102) is indicated when the result of the drug screen is different than that suggested by the patient's medical history, clinical presentation or patient's own statement.

Limitations:

A qualitative drug screen is not medically reasonable or necessary to screen for the same drug with both a blood and a urine specimen simultaneously.

Medicare regards 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) as not medically necessary.

Other Comments:

For claims submitted to the Part A MAC, this coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CIGNA Government Services to process their claims.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

Bill type codes only apply to providers who bill these services to the Part A MAC. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

For dates of service on or after April 1, 2010, bill type 77X should be used to report FQHC services.

This LCD does not apply to acute inpatient (11x) claims.

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Coding Information

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.

012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
072x	Clinic - Hospital Based or Independent Renal Dialysis Center
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

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.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

0300	Laboratory - General Classification
0301	Laboratory - Chemistry
0309	Laboratory - Other Laboratory
0971	Professional Fees - Laboratory

**CPT/HCPCS Codes
Group Name**

80102	DRUG CONFIRMATION, EACH PROCEDURE
80104	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES OTHER THAN CHROMATOGRAPHIC METHOD, EACH PROCEDURE
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

ICD-9 Codes that Support Medical Necessity

It is the responsibility of the provider to code to the highest level specified in the *ICD-9-CM* (e.g., to the fourth or fifth digit). The correct use of an ICD-9-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

For monitoring of patient compliance in a drug treatment program, use ICD-9-CM code V71.09 as the primary diagnosis and the specific drug dependence diagnosis as the secondary diagnosis.

For the monitoring of patients on methadone maintenance and chronic pain patients with opioid dependence, suspected of abusing other illicit drugs, use code V 58.69.

276.2	ACIDOSIS
304.90	UNSPECIFIED DRUG DEPENDENCE UNSPECIFIED USE

305.90	OTHER MIXED OR UNSPECIFIED DRUG ABUSE UNSPECIFIED USE
345.10	GENERALIZED CONVULSIVE EPILEPSY WITHOUT INTRACTABLE EPILEPSY
345.11	GENERALIZED CONVULSIVE EPILEPSY WITH INTRACTABLE EPILEPSY
345.3	GRAND MAL STATUS EPILEPTIC
345.90	EPILEPSY UNSPECIFIED WITHOUT INTRACTABLE EPILEPSY
345.91	EPILEPSY UNSPECIFIED WITH INTRACTABLE EPILEPSY
426.10	ATRIOVENTRICULAR BLOCK UNSPECIFIED
426.11	FIRST DEGREE ATRIOVENTRICULAR BLOCK
426.12	MOBITZ (TYPE) II ATRIOVENTRICULAR BLOCK
426.13	OTHER SECOND DEGREE ATRIOVENTRICULAR BLOCK
426.82	LONG QT SYNDROME
427.0	PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA
427.1	PAROXYSMAL VENTRICULAR TACHYCARDIA
780.01	COMA
780.09	ALTERATION OF CONSCIOUSNESS OTHER
780.1	HALLUCINATIONS
780.39	OTHER CONVULSIONS
963.0	POISONING BY ANTIALLERGIC AND ANTIEMETIC DRUGS
965.00	POISONING BY OPIUM (ALKALOIDS) UNSPECIFIED
965.01	POISONING BY HEROIN
965.02	POISONING BY METHADONE
965.09	POISONING BY OTHER OPIATES AND RELATED NARCOTICS
965.1	POISONING BY SALICYLATES
965.4	POISONING BY AROMATIC ANALGESICS NOT ELSEWHERE CLASSIFIED
965.5	POISONING BY PYRAZOLE DERIVATIVES
965.61	POISONING BY PROPIONIC ACID DERIVATIVES
966.1	POISONING BY HYDANTOIN DERIVATIVES
967.0	POISONING BY BARBITURATES
967.1	POISONING BY CHLORAL HYDRATE GROUP
967.2	POISONING BY PARALDEHYDE
967.3	POISONING BY BROMINE COMPOUNDS
967.4	POISONING BY METHAQUALONE COMPOUNDS
967.5	POISONING BY GLUTETHIMIDE GROUP
967.6	POISONING BY MIXED SEDATIVES NOT ELSEWHERE CLASSIFIED
967.8	POISONING BY OTHER SEDATIVES AND HYPNOTICS
967.9	POISONING BY UNSPECIFIED SEDATIVE OR HYPNOTIC
969.00	POISONING BY ANTIDEPRESSANT, UNSPECIFIED
969.01	POISONING BY MONOAMINE OXIDASE INHIBITORS
969.02	POISONING BY SELECTIVE SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS
969.03	POISONING BY SELECTIVE SEROTONIN REUPTAKE INHIBITORS
969.04	POISONING BY TETRACYCLIC ANTIDEPRESSANTS
969.05	POISONING BY TRICYCLIC ANTIDEPRESSANTS
969.09	POISONING BY OTHER ANTIDEPRESSANTS
969.1	POISONING BY PHENOTHIAZINE-BASED TRANQUILIZERS
969.2	POISONING BY BUTYROPHENONE-BASED TRANQUILIZERS
969.3	POISONING BY OTHER ANTIPSYCHOTICS NEUROLEPTICS AND MAJOR TRANQUILIZERS
969.4	POISONING BY BENZODIAZEPINE-BASED TRANQUILIZERS
969.5	POISONING BY OTHER TRANQUILIZERS
969.6	POISONING BY PSYCHODYSLEPTICS (HALLUCINOGENS)

969.70	POISONING BY PSYCHOSTIMULANT, UNSPECIFIED
969.71	POISONING BY CAFFEINE
969.72	POISONING BY AMPHETAMINES
969.73	POISONING BY METHYLPHENIDATE
969.79	POISONING BY OTHER PSYCHOSTIMULANTS
969.8	POISONING BY OTHER SPECIFIED PSYCHOTROPIC AGENTS
969.9	POISONING BY UNSPECIFIED PSYCHOTROPIC AGENT
970.81	POISONING BY COCAINE
970.89	POISONING BY OTHER CENTRAL NERVOUS SYSTEM STIMULANTS
972.1	POISONING BY CARDIOTONIC GLYCOSIDES AND DRUGS OF SIMILAR ACTION
977.9	POISONING BY UNSPECIFIED DRUG OR MEDICINAL SUBSTANCE
V58.69	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS
V71.09	OBSERVATION OF OTHER SUSPECTED MENTAL CONDITION

Diagnoses that Support Medical Necessity

Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity

Not applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not applicable

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General Information

Documentations Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Medical record documentation (e.g., history and physical, progress notes) maintained by the ordering physician/referring physician must indicate the medical necessity for performing a qualitative drug screen. All tests must be ordered in writing by a treating provider and all drugs/drug classes to be screened must be indicated in the order. When the qualitative drug screen is performed for monitoring purposes for patients receiving active treatment for substance abuse, the medical record should reflect the specific need for the tests as part of the plan of care for the patient. Additionally, a copy of the lab results should be maintained in the medical records.

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 qualitative drug screen. The physician must state the clinical indication/medical necessity for the qualitative drug screen in the order for the test.

Appendices Not applicable

Utilization Guidelines It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

This bibliography presents those sources that were obtained during the development of this policy. CIGNA Government Services is not responsible for the continuing viability of Web site addresses listed below.

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Haroz R, Greenberg MI. *Clin Lab Med.* 2006;26:147-164.

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Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

Revision History Number R3

Revision History Explanation Revision#:R3

Revision Effective date: 06/18/11

Revision Explanation: Added MAC Part B Contractor # 15202 to all MAC Part B Contractor # 15102 LCDs. Contractor 15202 will be part of the Jurisdiction 15 MAC Contract as of June 18, 2011.

Revision#: R2

Revision effective: 04/30/2011

revision explanation: Removed CPT 80100 and replaced it with 80104 per CMD based on CR 2156.

Revision #:R1

07 March 2011 Added reference to CMS Transmittal 2156 which adds CPT Code G0434.

This LCD was converted from L28145 for Jurisdiction 15 A/B MAC on 04/30/2011.

All prior notes were retained with the previous carriers version that has been archived in the Medicare Coverage Database.

04/09/2011 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:
G0431 descriptor was changed in Group 1

Reason for Change

Last Reviewed On Date 02/10/2011

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

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All Versions

Updated on 05/06/2011 with effective dates 06/18/2011 - N/A
Updated on 05/05/2011 with effective dates 06/18/2011 - N/A
Updated on 04/22/2011 with effective dates 04/30/2011 - 06/17/2011
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Updated on 03/07/2011 with effective dates 04/30/2011 - N/A
Updated on 02/10/2011 with effective dates 04/30/2011 - N/A

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