

Four Key Steps to: Responsible Urine Drug Testing!

STEP 1: ORDER or PERFORM SCREENING TESTS INITIALLY.

STEP 2: ONLY CONFIRM SCREENING RESULTS AS MEDICALLY NECESSARY.

STEP 3: DOCUMENT MEDICAL NECESSITY of EACH TEST ORDERED in the Patient Record, and;

STEP 4: REVIEW TEST RESULTS, AND DOCUMENT ACTION PLAN in the Patient Record.

1. ORDER or PERFORM SCREENING TESTS INITIALLY.

Order or perform screening (i.e.: presumptive) tests *before* ordering confirmation (i.e.: definitive, quantitative, or “directed assay”) tests, unless no screening test is available.

- Screening should only be performed by one provider on any given date of service

2. ONLY CONFIRM SCREENING RESULTS AS MEDICALLY NECESSARY.

Order confirmation tests (i.e.: definitive, quantitative, or “directed assay” tests) only for:

- Positive screens;
- Identification of the specific drug(s) within a class;
- Unexpected Negative screens, or;
- Other clinical Inconsistencies.

Recently published payer policies and reimbursement practices are questioning the need for confirmations of negative test results from in-office urine drug testing using Point of Care Test (POCT) devices or analyzers.

Examples of Payer Policies:

Medicare:

“Although there is currently not a specific companion LCD on quantitative drug testing, **there should typically be a direct correlation between those positive findings generated from initial qualitative testing and those requested quantitative tests to specifically confirm such qualitative findings.**”¹

“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.”¹

Other Private Payer Policies:

Quantitative (i.e., confirmatory) urine drug testing, in the pain management or substance abuse setting, may be considered **medically necessary under the following circumstances:**

- When immunoassays for the relevant drug(s) are not commercially available; or
- In specific situations for which quantitative drug levels are required for clinical decision making.”

Quantitative urine drug testing is considered **medically necessary** when all the following criteria are met:

- Qualitative urine drug testing was done for a medically necessary reason; and
- The qualitative test was negative for prescribed medications, positive for a prescription drug with abuse potential which was not prescribed, or positive for an illegal drug (for example, but not limited to methamphetamine or cocaine); and
- The specific quantitative test(s) ordered are supported by documentation specifying the rationale for each quantitative test ordered; and
- Clinical documentation reflects how the results of the test(s) will be used to guide clinical care.”

** For clinical policy information related to UDT, please refer to the specific policies published by the payers served in your practice*

3. **DOCUMENT MEDICAL NECESSITY OF EACH TEST ORDERED in the Patient Record, And**
4. **REVIEW TEST RESULTS, AND DOCUMENT ACTION PLAN in the Patient Record.**

Payers require documentation of the medical necessity for every CLIA waived test performed in their office and every test ordered from an outside laboratory for each date of service regardless of an office visit.

Documentation must address and include:

A. A SPECIFIC ORDER.

The record must include a signed documented test order for the specific test(s) performed in the office and/or ordered from a laboratory.

B. THE REASON(S) TESTS ARE ORDERED.

The record must include documentation of the clinical “explanation” or “reason” (i.e.: Medical Necessity) behind each test ordered or performed and/or the provider’s thought process / plan-of- care algorithm supporting the testing, especially if the ordered testing exceeds payer testing guidelines or policies;

C. REVIEW AND USE OF THE RESULTS.

The records must provide documented evidence the test results were reviewed and used in patient treatment by the ordering provider, and include any follow up actions to be taken.

PAYER VIEW: “IF THE RESULTS WEREN’T REVIEWED, WERE THE TESTS REALLY NECESSARY IN THE FIRST PLACE?”

Payers can and do withhold and/or take back payments from providers who cannot provide complete documentation of the medical necessity for ordering or performing every test!

If you have questions regarding your testing and want more comprehensive testing options, please contact your DRUGSCAN® Account Executive.

1. http://www.novitas-solutions.com/LCDSearchResults/faces/spaces/search/page/lcd.jspx?Jurisdiction=JL&medicareType=Part+B&_afWindowMode=0&lcdID=L32050&_afLoop=147366082889000&State=Pennsylvania&_adf.ctrl-state=uszh5qaru_13