Drug Testing (80305, 80306, 80307, G0480, G0481, G0482, G0483, G0659) – LCD L34645

Indications:

A. 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. Screening panels should be used when the results will alter patient management or disposition.

B. A **qualitative/presumptive drug test may be indicated for a variety of reasons including** the following:

   1. A symptomatic patient when the history is unreliable, when there has been a suspected multiple-drug ingestion, to determine the cause of delirium or coma, or for the identification of specific drugs that may indicate when antagonists may be used.
   2. For monitoring patient compliance during active treatment for substance abuse or dependence.
   3. To monitor for compliance/adherence to the treatment plan or illicit drug use in patients under treatment or seeking treatment for a chronic pain condition. The clinical utility of drug tests in the emergency setting may be limited because patient management decisions are unaffected, since most therapy for drug poisonings is symptom directed and supportive.

C. Medicare will consider performance of a qualitative/presumptive drug test reasonable and necessary **when a patient presents with suspected drug overdose** and one or more of the following conditions:
   1. Unexplained coma
   2. Unexplained altered mental status in the absence of a clinically defined toxic syndrome or toxidrome.
   3. Severe or unexplained cardiovascular instability (cardiotoxicity)
   4. Unexplained metabolic or respiratory acidosis in the absence of a clinically defined toxic syndrome or toxidrome.
   5. Testing on neonates suspected of prenatal drug exposure.
   6. Seizures with an undetermined history

D. Medicare will consider performance of a qualitative/presumptive drug test reasonable and necessary **when a patient presents with one or more of the following conditions**:
   1. For monitoring patient compliance during active treatment for substance abuse or dependence.
   2. A drug screen is considered medically reasonable and necessary in patients on chronic opioid therapy:
      - 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
      - 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.

3. Medicare will consider performance of a drug test reasonable and necessary in patients with chronic pain to:
   - determine the presence of other substances prior to initiating pharmacologic treatment
   - detect the presence of illicit drugs
   - monitor adherence to the plan of care

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

A drug test may be reasonable and necessary for patients with known substance abuse or dependence, only when the clinical presentation has changed unexpectedly and one of the above indications is met.

Definitive drug testing is indicated when:

1. The results of the screen are presumptively positive.
2. Results of the screen are negative, and this negative finding is inconsistent with the patient's medical history.
3. This test may also be used, when the coverage criteria of the policy are met AND there is no presumptive test available, locally and/or commercially, as may be the case for certain synthetic or semi-synthetic opioids.

Limitations:
It is considered not reasonable or necessary to test for the same drug with both a blood and a urine specimen simultaneously.
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) are not covered

Most Common Diagnoses (which meet medical necessity) *	
E87.20	Acidosis
F10.11	Alcohol abuse, in remission
F10.139	Alcohol abuse with withdrawal
F11.20	Opioid dependence, uncomplicated
F11.23	Opioid dependence with withdrawal
F14.11	Cocaine abuse, in remission
F14.13	Cocaine abuse, with withdrawal
F19.11	Other psychoactive substance abuse, in remission
F20.0	Paranoid schizophrenia
G40.909	Epilepsy, not intractable, without status epilepticus
G89.29	Chronic pain
G89.4	Chronic pain syndrome
R40.0	Somnolence
R41.0	Disorientation
R41.82	Altered mental status
R44.0	Auditory hallucinations
R56.9	Convulsions

T39.1X2A	Poisoning by 4-aminophenal derivatives, intentional self-harm, initial encounter
T39.312A	Poisoning by propionic acid derivatives, intentional self-harm, initial encounter
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter
T40.2X1A	Poisoning by other opioids, accidental (unintentional) initial encounter
T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter
T40.5X1A	Poisoning by cocaine, accidental (unintentional), initial encounter
T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40.711A	Poisoning by cannabis, accidental (unintentional), initial encounter
T42.6X1A	Poisoning by antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.6X2A	Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T43.212A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, intentional self-harm, initial encounter
T43.222A	Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter
T43.595A	Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter
T45.0X2A	Poisoning by antiallergic and antiemetic drugs, intentional self-harm, initial encounter
T50.901A	Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional self-harm, initial encounter
Z51.81	Encounter for therapeutic drug level monitoring
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z91.120	Patient's intentional underdosing of medication regimen due to financial hardship
Z91.128	Patient's intentional underdosing of medication regimen for other reason
Z91.141	Patient's other noncompliance with medication regimen due to financial hardship
Z91.148	Patient's other noncompliance with medication regimen for other reason

*For the full list of diagnoses that meet medical necessity, see LCD Article A56915: Drug Testing LCD Article A56915

For the full coverage indications and limitations see LCD L34645:
Drug Testing LCD L34645

The above CMS and WPS-GHA guidelines are current as of: 04/01/2025.