

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New: X</b>	<b>Date: 05/01/06</b>
	<b>Revised:</b>	<b>Date:</b>
	<b>Current:</b>	
<b>Section: Laboratory</b>	<b>Section: 37.04</b>	
	<b>Pages: 3</b>	
<b>Subject: Qualitative Drug Screening</b>	<b>Cross Reference:</b>	

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. Detection of a drug or its metabolite(s) in urine is evidence of prior use. It does not, by itself, indicate that the drug remains in the blood.

Current 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.

Drugs or classes of drugs that are commonly assayed by qualitative screen, followed by confirmation with a second method, include the following:

- Alcohols,
- Amphetamines,
- Barbiturates,
- Benzodiazepines,
- Cocaine and Metabolites,
- Methadones,
- Methaqualones,
- Opiates,
- Phencyclidines,
- Phenothiazines,
- Propoxyphenes,
- Tetrahydrocannabinoids, and
- Tricyclic Antidepressants.

### **CPT and ICD-9Codes**

The following CPT codes are applicable for services under the qualitative drug screening policy:

- 80100-Drug screen, qualitative; multiple drug classes, each procedure
- 80101-Single drug class, each drug class
- 80102-Drug confirmation, each procedure

Use the appropriate chemistry code (82000 – 84999) for quantitation of drugs screened, and the appropriate therapeutic drug assay code (80150 – 80299) for therapeutic drug levels.

ICD-9 codes must support medical necessity for one or more of the conditions listed in the coverage criteria.

### **Coverage Criteria**

DOM will cover medically necessary qualitative drug screens as follows:

1. Suspected drug overdose, **and** one or more of the following condition:

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- Unexplained coma;
  - Unexplained altered mental status;
  - Severe or unexplained cardiovascular instability (cardiotoxicity);
  - Unexplained metabolic or respiratory acidosis;
  - Unexplained head trauma with neurological signs and symptoms; and/or,
  - Seizures with an undetermined history.
2. Beneficiary presents with clinical signs/symptoms of substance abuse.
  3. High risk pregnancy **only** when the documented patient history demonstrates that the procedure is medically necessary. DOM does **not** consider a qualitative drug screen as a **routine** component of assessment.
  4. EPSDT services **only** when the documented patient history demonstrates that the procedure is medically necessary. DOM does **not** consider a qualitative drug screen as a **routine** component of assessment.
  5. Beneficiary is locked into Beneficiary Health Management Program to assure compliance.

### **Exclusions**

DOM will **not** cover qualitative drug screens for the following:

- To screen for the same drug with both a blood and a urine specimen simultaneously.
- For medicolegal purposes, including those listed under ICD-9 code V70.4.
- For employment purposes (i.e., as a pre-requisite for employment or as a means for continuation of employment).
- For the active treatment of substance abuse, including monitoring for compliance.
- As a component of routine physical/medical examination, including those for subpopulations listed under ICD-9 code V70.5.
- As a component of medical examination for administrative purposes, including those listed under ICD-9 code V70.3.

### **Prior Approval**

Prior approval will not be required for qualitative drug screens.

### **Documentation Requirements**

The **ordering/referring** provider must retain documentation supporting medical necessity in the medical record. Documentation must include the medical necessity for performing the screen. All tests must be ordered in writing, and all drugs/drug classes to be screened must be indicated in the order. A copy of the lab results must be retained in the medical record.

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If the **provider rendering the service** is other than the ordering/referring provider, the provider rendering the service must maintain hard copy documentation of the ordering/referring provider's order for the test and the lab results. The order must include clinical indication/medical necessity in addition to all drugs/drug classes to be screened.

Documentation must be legible and available for review if requested.