

Local Coverage Determination (LCD): Drug Testing (L34645)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
				Alaska
				Alabama
				Arkansas
				Arizona
				Connecticut
				Florida
				Georgia
				Iowa
				Idaho
				Illinois
				Indiana
				Kansas
				Kentucky
				Louisiana
				Massachusetts
				Maine
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Michigan
				Minnesota
				Missouri - Entire State
				Mississippi
				Montana
				North Carolina
				North Dakota
				Nebraska
				New Hampshire
				New Jersey
				Ohio
				Oregon
				Rhode Island
				South Carolina
				South Dakota
				Tennessee
				Utah

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Virginia Virgin Islands Vermont Washington Wisconsin West Virginia Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan
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LCD Information

Document Information

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L34645

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Drug Testing

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CMS National Coverage Policy

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Title XVIII of the Social Security Act section 1862 (a) (1) (A). This section excludes coverage and payment of those items or services that are not considered to be medically *reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member*.

Title XVIII of the Social Security Act section 1862 (a) (1) (D). This section states that no Medicare payment may be made under part A or part B for any expenses incurred for items or services that are investigational or experimental.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations and services.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Code of Federal Regulations (CFR) Title 42, Part 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 section 411.15 (k) (1) of this chapter).

Medicare regulations at 42 CFR 410.32(a) state in part, that "...diagnostic tests must be ordered by the physician who is treating the beneficiary, that is, the physician 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." Thus, except where other uses have been authorized by statute, Medicare does not cover diagnostic testing used for routine screening or surveillance.

CMS Pub 100-03 *Medicare National Coverage Determination Manual*, Chapter 1 – Coverage Determinations, Part 2, Sections 130.5 – Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic and 130.6 – Treatment of Drug Abuse (Chemical Dependency).

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

A qualitative/presumptive 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 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/presumptive testing. A test may be followed by confirmation with a second method, only if there is a positive or negative inconsistent finding from the qualitative/presumptive test in the setting of a symptomatic patient, as described below.

Examples of drugs or classes of drugs that are commonly assayed by qualitative/presumptive 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, cyclic antidepressants, and others. Focused drug screens, most commonly for illicit drug use, may be more useful clinically.

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.

A drug test may be reasonable and necessary for patients with symptoms of schizophrenia suspected to be secondary to drug or substance intoxication.

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.

A positive screen often results in an inadequate result upon which to make a proper determination. A more specific method, such as gas or liquid chromatography coupled with mass spectrometry, may be needed in order to obtain a confirmed analytical result. In particular, screens are frequently inadequate for interpretation of opiate and benzodiazepine results and therefore; quantitative testing may be needed in these instances. Confirmation testing is usually not required for drugs like methadone, wherein false positive results are rare. However, factors such as cross-reactivity with other similar compounds or interfering substances in the specimen may affect test results. Confirmatory testing eliminates the risk of false positives. Also, eliminated by confirmation, is the risk of a "pill scraper" slipping through. Patients diverting their drug, attempt to cheat the test by scraping a bit of drug from a pill into their urine sample. It would screen positive, but there would be no metabolite upon confirmation. Frequent use of this code will be monitored for appropriateness.

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.

Summary of Evidence

NA

**Analysis of Evidence
(Rationale for Determination)**

NA

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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.

N/A

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.

N/A

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

80305 Drug test prsmv dir opt obs
80306 Drug test prsmv instrmnt
80307 Drug test prsmv chem analyzr
G0480 Drug test def 1-7 classes
G0481 Drug test def 8-14 classes
G0482 Drug test def 15-21 classes
G0483 Drug test def 22+ classes
G0659 Drug test def simple all cl

Group 2 Paragraph:

The following CPT codes are Non-Covered by Medicare

Group 2 Codes:

[80320 - 80377](#) Drug screen quantalcohols - Drug/substance nos 7/more

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

For monitoring of patient compliance in a drug treatment program, use diagnosis code Z03.89 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 use diagnosis code Z79.891, suspected of abusing other illicit drugs, use diagnosis code Z79.899.

G0480, G0481, G0482, G0483, G0659, 80305, 80306, 80307.

Diagnosis codes must be coded to the highest level of specificity.

For codes in the table below that require a 7th character, letter A initial encounter, D subsequent encounter or S sequela may be used.

Group 1 Codes:

ICD-10 Codes	Description
E87.2	Acidosis
F11.20	Opioid dependence, uncomplicated
F11.23	Opioid dependence with withdrawal
F18.10	Inhalant abuse, uncomplicated
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.90	Inhalant use, unspecified, uncomplicated
F19.20	Other psychoactive substance dependence, uncomplicated
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.89	Other schizophrenia
F55.3	Abuse of steroids or hormones
F55.8	Abuse of other non-psychoactive substances
I45.81	Long QT syndrome
I47.2	Ventricular tachycardia
R40.0	Somnolence
R40.1	Stupor

ICD-10 Codes	Description
R40.20	Unspecified coma
R40.2110	Coma scale, eyes open, never, unspecified time
R40.2111	Coma scale, eyes open, never, in the field [EMT or ambulance]
R40.2112	Coma scale, eyes open, never, at arrival to emergency department
R40.2113	Coma scale, eyes open, never, at hospital admission
R40.2114	Coma scale, eyes open, never, 24 hours or more after hospital admission
R40.2120	Coma scale, eyes open, to pain, unspecified time
R40.2121	Coma scale, eyes open, to pain, in the field [EMT or ambulance]
R40.2122	Coma scale, eyes open, to pain, at arrival to emergency department
R40.2123	Coma scale, eyes open, to pain, at hospital admission
R40.2124	Coma scale, eyes open, to pain, 24 hours or more after hospital admission
R40.2210	Coma scale, best verbal response, none, unspecified time
R40.2211	Coma scale, best verbal response, none, in the field [EMT or ambulance]
R40.2212	Coma scale, best verbal response, none, at arrival to emergency department
R40.2213	Coma scale, best verbal response, none, at hospital admission
R40.2214	Coma scale, best verbal response, none, 24 hours or more after hospital admission
R40.2220	Coma scale, best verbal response, incomprehensible words, unspecified time
R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]
R40.2222	Coma scale, best verbal response, incomprehensible words, at arrival to emergency department
R40.2223	Coma scale, best verbal response, incomprehensible words, at hospital admission
R40.2224	Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission
R40.2310	Coma scale, best motor response, none, unspecified time
R40.2311	Coma scale, best motor response, none, in the field [EMT or ambulance]
R40.2312	Coma scale, best motor response, none, at arrival to emergency department
R40.2313	Coma scale, best motor response, none, at hospital admission
R40.2314	Coma scale, best motor response, none, 24 hours or more after hospital admission
R40.2320	Coma scale, best motor response, extension, unspecified time
R40.2321	Coma scale, best motor response, extension, in the field [EMT or ambulance]
R40.2322	Coma scale, best motor response, extension, at arrival to emergency department
R40.2323	Coma scale, best motor response, extension, at hospital admission
R40.2324	Coma scale, best motor response, extension, 24 hours or more after hospital admission
R40.2340	Coma scale, best motor response, flexion withdrawal, unspecified time
R40.2341	Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance]
R40.2342	Coma scale, best motor response, flexion withdrawal, at arrival to emergency department
R40.2343	Coma scale, best motor response, flexion withdrawal, at hospital admission
R40.2344	Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission
R41.0	Disorientation, unspecified
R41.82	Altered mental status, unspecified
R44.0	Auditory hallucinations
R44.2	Other hallucinations
R56.9	Unspecified convulsions
T39.011A	Poisoning by aspirin, accidental (unintentional), initial encounter
T39.012A	Poisoning by aspirin, intentional self-harm, initial encounter
T39.013A	Poisoning by aspirin, assault, initial encounter
T39.014A	Poisoning by aspirin, undetermined, initial encounter
T39.091A	Poisoning by salicylates, accidental (unintentional), initial encounter
T39.092A	Poisoning by salicylates, intentional self-harm, initial encounter
T39.093A	Poisoning by salicylates, assault, initial encounter
T39.094A	Poisoning by salicylates, undetermined, initial encounter
T39.1X1A	Poisoning by 4-Aminophenol derivatives, accidental (unintentional), initial encounter
T39.1X2A	Poisoning by 4-Aminophenol derivatives, intentional self-harm, initial encounter
T39.1X3A	Poisoning by 4-Aminophenol derivatives, assault, initial encounter
T39.1X4A	Poisoning by 4-Aminophenol derivatives, undetermined, initial encounter
T39.2X1A	Poisoning by pyrazolone derivatives, accidental (unintentional), initial encounter
T39.2X2A	Poisoning by pyrazolone derivatives, intentional self-harm, initial encounter
T39.2X3A	Poisoning by pyrazolone derivatives, assault, initial encounter
T39.2X4A	Poisoning by pyrazolone derivatives, undetermined, initial encounter

ICD-10 Codes	Description
T39.311A	Poisoning by propionic acid derivatives, accidental (unintentional), initial encounter
T39.312A	Poisoning by propionic acid derivatives, intentional self-harm, initial encounter
T39.313A	Poisoning by propionic acid derivatives, assault, initial encounter
T39.314A	Poisoning by propionic acid derivatives, undetermined, initial encounter
T39.391A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional), initial encounter
T39.392A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], intentional self-harm, initial encounter
T39.393A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], assault, initial encounter
T39.394A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], undetermined, initial encounter
T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter
T40.0X2A	Poisoning by opium, intentional self-harm, initial encounter
T40.0X3A	Poisoning by opium, assault, initial encounter
T40.0X4A	Poisoning by opium, undetermined, initial encounter
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter
T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter
T40.1X3A	Poisoning by heroin, assault, initial encounter
T40.1X4A	Poisoning by heroin, undetermined, initial encounter
T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter
T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter
T40.2X3A	Poisoning by other opioids, assault, initial encounter
T40.2X4A	Poisoning by other opioids, undetermined, initial encounter
T40.3X1A	Poisoning by methadone, accidental (unintentional), initial encounter
T40.3X2A	Poisoning by methadone, intentional self-harm, initial encounter
T40.3X3A	Poisoning by methadone, assault, initial encounter
T40.3X4A	Poisoning by methadone, undetermined, initial encounter
T40.4X1A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40.4X2A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
T40.4X3A	Poisoning by other synthetic narcotics, assault, initial encounter
T40.4X4A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40.5X1A	Poisoning by cocaine, accidental (unintentional), initial encounter
T40.5X2A	Poisoning by cocaine, intentional self-harm, initial encounter
T40.5X3A	Poisoning by cocaine, assault, initial encounter
T40.5X4A	Poisoning by cocaine, undetermined, initial encounter
T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40.602A	Poisoning by unspecified narcotics, intentional self-harm, initial encounter
T40.603A	Poisoning by unspecified narcotics, assault, initial encounter
T40.604A	Poisoning by unspecified narcotics, undetermined, initial encounter
T40.691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
T40.692A	Poisoning by other narcotics, intentional self-harm, initial encounter
T40.693A	Poisoning by other narcotics, assault, initial encounter
T40.694A	Poisoning by other narcotics, undetermined, initial encounter
T40.7X1A	Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter
T40.7X2A	Poisoning by cannabis (derivatives), intentional self-harm, initial encounter
T40.7X3A	Poisoning by cannabis (derivatives), assault, initial encounter
T40.7X4A	Poisoning by cannabis (derivatives), undetermined, initial encounter
T40.8X1A	Poisoning by lysergide [LSD], accidental (unintentional), initial encounter
T40.8X2A	Poisoning by lysergide [LSD], intentional self-harm, initial encounter
T40.8X3A	Poisoning by lysergide [LSD], assault, initial encounter
T40.8X4A	Poisoning by lysergide [LSD], undetermined, initial encounter
T40.901A	Poisoning by unspecified psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.902A	Poisoning by unspecified psychodysleptics [hallucinogens], intentional self-harm, initial encounter
T40.903A	Poisoning by unspecified psychodysleptics [hallucinogens], assault, initial encounter
T40.904A	Poisoning by unspecified psychodysleptics [hallucinogens], undetermined, initial encounter
T40.991A	Poisoning by other psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.992A	Poisoning by other psychodysleptics [hallucinogens], intentional self-harm, initial encounter
T40.993A	Poisoning by other psychodysleptics [hallucinogens], assault, initial encounter

ICD-10 Codes	Description
T40.994A	Poisoning by other psychodysleptics [hallucinogens], undetermined, initial encounter
T42.0X1A	Poisoning by hydantoin derivatives, accidental (unintentional), initial encounter
T42.0X2A	Poisoning by hydantoin derivatives, intentional self-harm, initial encounter
T42.0X3A	Poisoning by hydantoin derivatives, assault, initial encounter
T42.0X4A	Poisoning by hydantoin derivatives, undetermined, initial encounter
T42.3X1A	Poisoning by barbiturates, accidental (unintentional), initial encounter
T42.3X2A	Poisoning by barbiturates, intentional self-harm, initial encounter
T42.3X3A	Poisoning by barbiturates, assault, initial encounter
T42.3X4A	Poisoning by barbiturates, undetermined, initial encounter
T42.4X1A	Poisoning by benzodiazepines, accidental (unintentional), initial encounter
T42.4X2A	Poisoning by benzodiazepines, intentional self-harm, initial encounter
T42.4X3A	Poisoning by benzodiazepines, assault, initial encounter
T42.4X4A	Poisoning by benzodiazepines, undetermined, initial encounter
T42.6X1A	Poisoning by other antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.6X2A	Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.6X3A	Poisoning by other antiepileptic and sedative-hypnotic drugs, assault, initial encounter
T42.6X4A	Poisoning by other antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter
T42.71XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.72XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.73XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, assault, initial encounter
T42.74XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter
T43.011A	Poisoning by tricyclic antidepressants, accidental (unintentional), initial encounter
T43.012A	Poisoning by tricyclic antidepressants, intentional self-harm, initial encounter
T43.013A	Poisoning by tricyclic antidepressants, assault, initial encounter
T43.014A	Poisoning by tricyclic antidepressants, undetermined, initial encounter
T43.021A	Poisoning by tetracyclic antidepressants, accidental (unintentional), initial encounter
T43.022A	Poisoning by tetracyclic antidepressants, intentional self-harm, initial encounter
T43.023A	Poisoning by tetracyclic antidepressants, assault, initial encounter
T43.024A	Poisoning by tetracyclic antidepressants, undetermined, initial encounter
T43.1X1A	Poisoning by monoamine-oxidase-inhibitor antidepressants, accidental (unintentional), initial encounter
T43.1X2A	Poisoning by monoamine-oxidase-inhibitor antidepressants, intentional self-harm, initial encounter
T43.1X3A	Poisoning by monoamine-oxidase-inhibitor antidepressants, assault, initial encounter
T43.1X4A	Poisoning by monoamine-oxidase-inhibitor antidepressants, undetermined, initial encounter
T43.201A	Poisoning by unspecified antidepressants, accidental (unintentional), initial encounter
T43.202A	Poisoning by unspecified antidepressants, intentional self-harm, initial encounter
T43.203A	Poisoning by unspecified antidepressants, assault, initial encounter
T43.204A	Poisoning by unspecified antidepressants, undetermined, initial encounter
T43.211A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, accidental (unintentional), initial encounter
T43.212A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, intentional self-harm, initial encounter
T43.213A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, assault, initial encounter
T43.214A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, undetermined, initial encounter
T43.221A	Poisoning by selective serotonin reuptake inhibitors, accidental (unintentional), initial encounter
T43.222A	Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter
T43.223A	Poisoning by selective serotonin reuptake inhibitors, assault, initial encounter
T43.224A	Poisoning by selective serotonin reuptake inhibitors, undetermined, initial encounter
T43.291A	Poisoning by other antidepressants, accidental (unintentional), initial encounter
T43.292A	Poisoning by other antidepressants, intentional self-harm, initial encounter
T43.293A	Poisoning by other antidepressants, assault, initial encounter
T43.294A	Poisoning by other antidepressants, undetermined, initial encounter
T43.3X1A	Poisoning by phenothiazine antipsychotics and neuroleptics, accidental (unintentional), initial encounter

ICD-10 Codes	Description
T43.3X2A	Poisoning by phenothiazine antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.3X3A	Poisoning by phenothiazine antipsychotics and neuroleptics, assault, initial encounter
T43.3X4A	Poisoning by phenothiazine antipsychotics and neuroleptics, undetermined, initial encounter
T43.4X1A	Poisoning by butyrophenone and thiothixene neuroleptics, accidental (unintentional), initial encounter
T43.4X2A	Poisoning by butyrophenone and thiothixene neuroleptics, intentional self-harm, initial encounter
T43.4X3A	Poisoning by butyrophenone and thiothixene neuroleptics, assault, initial encounter
T43.4X4A	Poisoning by butyrophenone and thiothixene neuroleptics, undetermined, initial encounter
T43.501A	Poisoning by unspecified antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.502A	Poisoning by unspecified antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.503A	Poisoning by unspecified antipsychotics and neuroleptics, assault, initial encounter
T43.504A	Poisoning by unspecified antipsychotics and neuroleptics, undetermined, initial encounter
T43.591A	Poisoning by other antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.592A	Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.593A	Poisoning by other antipsychotics and neuroleptics, assault, initial encounter
T43.594A	Poisoning by other antipsychotics and neuroleptics, undetermined, initial encounter
T43.601A	Poisoning by unspecified psychostimulants, accidental (unintentional), initial encounter
T43.602A	Poisoning by unspecified psychostimulants, intentional self-harm, initial encounter
T43.603A	Poisoning by unspecified psychostimulants, assault, initial encounter
T43.604A	Poisoning by unspecified psychostimulants, undetermined, initial encounter
T43.611A	Poisoning by caffeine, accidental (unintentional), initial encounter
T43.612A	Poisoning by caffeine, intentional self-harm, initial encounter
T43.613A	Poisoning by caffeine, assault, initial encounter
T43.614A	Poisoning by caffeine, undetermined, initial encounter
T43.621A	Poisoning by amphetamines, accidental (unintentional), initial encounter
T43.622A	Poisoning by amphetamines, intentional self-harm, initial encounter
T43.623A	Poisoning by amphetamines, assault, initial encounter
T43.624A	Poisoning by amphetamines, undetermined, initial encounter
T43.631A	Poisoning by methylphenidate, accidental (unintentional), initial encounter
T43.632A	Poisoning by methylphenidate, intentional self-harm, initial encounter
T43.633A	Poisoning by methylphenidate, assault, initial encounter
T43.634A	Poisoning by methylphenidate, undetermined, initial encounter
T43.691A	Poisoning by other psychostimulants, accidental (unintentional), initial encounter
T43.692A	Poisoning by other psychostimulants, intentional self-harm, initial encounter
T43.693A	Poisoning by other psychostimulants, assault, initial encounter
T43.694A	Poisoning by other psychostimulants, undetermined, initial encounter
T43.8X1A	Poisoning by other psychotropic drugs, accidental (unintentional), initial encounter
T43.8X2A	Poisoning by other psychotropic drugs, intentional self-harm, initial encounter
T43.8X3A	Poisoning by other psychotropic drugs, assault, initial encounter
T43.8X4A	Poisoning by other psychotropic drugs, undetermined, initial encounter
T43.91XA	Poisoning by unspecified psychotropic drug, accidental (unintentional), initial encounter
T43.92XA	Poisoning by unspecified psychotropic drug, intentional self-harm, initial encounter
T43.93XA	Poisoning by unspecified psychotropic drug, assault, initial encounter
T43.94XA	Poisoning by unspecified psychotropic drug, undetermined, initial encounter
T45.0X1A	Poisoning by antiallergic and antiemetic drugs, accidental (unintentional), initial encounter
T45.0X2A	Poisoning by antiallergic and antiemetic drugs, intentional self-harm, initial encounter
T45.0X3A	Poisoning by antiallergic and antiemetic drugs, assault, initial encounter
T45.0X4A	Poisoning by antiallergic and antiemetic drugs, undetermined, initial encounter
T46.0X1A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter
T46.0X2A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, intentional self-harm, initial encounter
T46.0X3A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, assault, initial encounter
T46.0X4A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, undetermined, initial encounter
T50.901A	Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter

ICD-10 Codes	Description
T50.902A	Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.903A	Poisoning by unspecified drugs, medicaments and biological substances, assault, initial encounter
T50.904A	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
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
Z91.130	Patient's unintentional underdosing of medication regimen due to age-related debility
Z91.138	Patient's unintentional underdosing of medication regimen for other reason
Z91.14	Patient's other noncompliance with medication regimen
Z91.19	Patient's noncompliance with other medical treatment and regimen

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes: N/A

ICD-10 Additional Information

N/A

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[General Information](#)

Associated Information

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the identity of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record should support the use of the selected diagnosis code(s). The submitted CPT/HCPCS code should describe the service performed.
4. 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 drug test. All tests must be ordered in writing by the treating provider and all drugs/drug classes to be tested must be indicated in the order.
5. 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 drug test. The physician must include the clinical indication/medical necessity in the order for the drug test.

Sources of Information

Christo, P.J., & et. al. (2011). Urine drug testing in chronic pain. *Pain Physician*, 14: 123-143.

Chou, R., & et. al. (2009). Opioid treatment guidelines: Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. *The Journal of Pain*, 10 (2): 113-130.

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Jackman, R.P. and Purvis, J.M. (2008). Chronic nonmalignant pain in primary care. *American Family Physician*, 78 (10): 1155-1162.

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Paulozzi, L., & et al. (2012). CDC grand rounds: prescription drug overdoses-a U.S. epidemic. *JAMA*, 307 (8): 774-776.

Other Contractor(s)' Policies

Bibliography

NA

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2018	R13	01/01/2018 CPT/HCPCS code updates; description changes for Group 1 codes 80305, 80306, and 80307.	<ul style="list-style-type: none">Revisions Due To CPT/HCPCS Code Changes
12/01/2017	R12	12/01/2017 Annual review completed on 11/07/2017 with no changes in coverage. Typographical error corrected.	<ul style="list-style-type: none">Typographical ErrorOther (Annual)
08/01/2017	R11	08/01/2017 Added F11.23 to Group 1 Codes effective 08/01/2017. Corrected typographical errors. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none">Typographical ErrorOther (Added ICD-10-CM Code)
01/01/2017	R10	03/01/2017 Moved G0659 from the Group 1 Paragraph to the Group 1 Table. Long description change for Group 1 codes: G0480, G0481, G0482, and G0483 effective 01/01/2017.	<ul style="list-style-type: none">Revisions Due To CPT/HCPCS Code Changes
01/01/2017	R9	02/01/2017 HCPCS code G0659 added effective 01/01/2017.	

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2017	R8	01/01/2017 CPT code changes added codes 80305, 80306 and 80307. Deleted codes 80300, 80301, 80302, 80303, 80304, G0477, G0478 and G0479. Annual review 12/02/2016.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
08/01/2016	R7	08/01/2016- changed CPT descriptions to short description no change in coverage.	<ul style="list-style-type: none"> Other
01/01/2016	R6	02/01/2016: Added G0477, G0478, G0479, G0480, G0481, G0482, and G0483 to Group 1 codes section as technically unable to do so last month.	<ul style="list-style-type: none"> Other
01/01/2016	R5	01/01/2016 Annual review 12/04/2015. CPT/HCPCS code updates for 2016: G0431, G0434, and G6058 are deleted and added G0477, G0478, G0479, G0480, G0481, G0482, and G0483 to Group 1 codes. Added code range 80320-80377 to Group 2 non-covered codes. Added Z03.89 to Group 1 Paragraph codes. CAC information removed.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes Other (CPT/HCPCS code changes ICD 10 code additions Other) Revisions Due To ICD-10-CM Code Changes
10/01/2015	R4	10/06/2015 - Due to CMS guidance, we have removed the Jurisdiction 8 Notice and corresponding table from the CMS National Coverage Policy section. No other changes to policy or coverage.	<ul style="list-style-type: none"> Other
10/01/2015	R3	04/01/2015 Annual review 03/02/2015, added codes T40.5X1A, T40.5X2A, T40.5X3A, and T40.5X4A. "qualitative" was removed from Indications D 3. Updated sources of information.	<ul style="list-style-type: none"> Other (Revisions due to ICD 10 addition Annual Review) Revisions Due To ICD-10-CM Code Changes
10/01/2015	R2	01/01/2015 CPT/HCPCS code updates 2015, added codes G6058, 80300,80301, 80302, 80303 and 80304 Deleted codes 80100, 80101 and 80102. Removed Qualitative from title and Changed references from qualitative to qualitative/ presumptive to reflect new reporting mechanisms in CPT for 2015.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R1	05/01/2014 Annual review 03/26/2014, no change to policy coverage.	<ul style="list-style-type: none"> Other (Maintenance)

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[Associated Documents](#)

Attachments [Billing and Coding Guidelines](#) (PDF - 19 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 12/18/2017 with effective dates 01/01/2018 - N/A [Updated on 11/20/2017 with effective dates 12/01/2017 - 12/31/2017](#) [Updated on 07/18/2017 with effective dates 08/01/2017 - 11/30/2017](#) [Updated on 03/02/2017 with effective dates 01/01/2017 - 07/31/2017](#) [Updated on 01/19/2017 with effective dates 01/01/2017 - N/A](#) [Updated on 12/19/2016 with effective dates 01/01/2017 - N/A](#) Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

Keywords

- N/A

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