Drug Testing Management:

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Learning Objectives

At the end of this session, participants should be able to:

- Identify the three presumptive and two definitive testing codes allowed by Medicaid
- Understand 3 principles of SMART drug testing
- List 2 indications for when to utilize definitive testing

Introduction

- Drug testing has multiple applications including for early detection of substance use, as part of diagnostic evaluation for substance use disorder, medication monitoring in pain management or addiction treatment, and lifelong recovery from addiction.
- Drug testing is done across a wide range of ambulatory clinical settings from specialty addiction and mental health treatment programs, to pain management specialty centers, to primary care and urgent care clinics.
- Having a thorough understanding of the principles and mechanics of drug testing is key to its effective use.

Concern Over Costs of Drug Testing

- Subsequent to the CMS code changes in 2016, some laboratories began primarily billing for tests with the highest definitive test codes (G0482 and G0483) resulting in an increase in Medicaid costs from **2015 to 2016 of almost $40 million.**
- In first half of 2017, laboratory costs were 22% of total dollars spent on SUD treatment
- **<u>This is greater than the total costs of all outpatient ASAM level 1 services.</u>**

Medicaid Reimbursable Drug Codes

- As a result of the analysis referenced above, Maryland Medicaid removed CPT G0482 and G0483 (testing for 15+ specific drugs) as they have no clinical utility in an ambulatory setting.
- The following codes remain reimbursable and are to be used to assist in guiding clinical practice.
- The department, as supported by Beacon, encourage utilizing laboratory services responsibly and following ASAM SMART practices
  - Presumptive: 80305 80306 80307
  - Definitive: G0480 G0481

Drug Testing Terminology

Clinical Term	Laboratory Term	Definition	Other Terms
Confirmation/Confirmatory	**Definitive** Reflex testing (automatically done on a positive screening test)	Usually mass spectroscopy based analysis for a specific substance or metabolite	GC/MS (an analytical technique) LC/MS-MS (an analytical technique) Quantitative (interpret with caution)
Screening	Screening	An initial test, usually done by immunoassay, to detect presence or absence of a substance or class of substances	**Presumptive** Immunoassay Qualitative
Specimen validity testing	Specimen validity testing	Testing for urine creatinine, specific gravity, and/or pH as test for specimen alteration	Stigmatizing terms: Rigged/ Falsified Manipulated Tampered Adulterated
Point of Care (POC) In office test	Instant drug test	Test analysis done at site of specimen collection other than a formal laboratory, usually healthcare office	Urine dip/dipstick

Differences between Presumptive and Definitive

- Presumptive testing is used to detect the presence or absence of a substance
- Screening or Presumptive tests are generally 95%-99% accurate in detecting substances when they are present and accurately detecting if a substance is not present (SAMHSA, Technical Assistance Publication Series, (TAP) 32)
- Definitive testing assists with:
  - Determining a specific metabolite (not class)
  - Can add information if there are significant behavioral changes

Appropriate Use of Drug Testing in Clinical Addiction Medicine- ASAM Consensus Statement April 2017: Excerpts

- Emphasis on *random* urine testing
- Use of *rotating* panels
- Careful consideration of financial costs of testing, in relationship to the *value* and medical necessity of the test results

Applications of Drug Testing

- Use drug testing to explore substance use behaviors with individuals
- As part of treatment/recovery planning
- As part of pain or addiction treatment medication management

Limitations of Drug Testing

- Drug tests only provide information about recent use of drugs, but do not diagnose SUDs or identify physical dependence
- Intermittent random testing may need to continue long-term even after individuals have stabilized
- Frequency of testing depends on severity of disease and any unexplained behavioral changes that are not due to other factors
- Providers should consider how the information will be used to inform treatment

Windows of Detection Times

Commonly Abused Drugs Timetable

Drug	Commercial & Street Names	Administered	Detection in Urine*	Detection In Saliva*
Cannabinoids				
Marijuana	Blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed	Swallowed, Smoked	14 days to 11 weeks	24-48 Hours
Hashish	Boom, chronic, gangster, hash, hash oil, hemp	Swallowed, Smoked	14 days to 11 weeks	24-48 Hours
Depressants				
Barbiturates	Amytal, Nembutal, Seconal, Phenobarbital: barbs, reds, red birds, phennies, tooies, yellows, yellow jackests	Injected, swallowed	2-10 days	N/A
Benzodiazepines	Ativan, Halcion, Librium, Valium, Xanax: candy, downers, sleeping pills, tanks	Injected, swallowed	1-6 weeks	6-48 Hours
Anesthetics				
PCP	Phencyclidine: angel dust, boat, hog, love boat, peace pill	Injected, swallowed, smoked	7-14 days	24 Hours

Windows of Detection Times

Opioids & Morphine				
Codeine	Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine: Captain Cody, Cody, schoolboy, doors & fours, loads, pancakes & syrup	Injected, swallowed	2-4 days	6-12 Hours
Fentanyl	Actiq, Duragesic, Sublimaze: Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	Injected, smoked, snorted	8-24 hours	6-12 Hours
Heroin	diacetylmorphine: brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	Injected, smoked, snorted	2-4 days	6-12 Hours
Morphine	Roxanol, Duramorph: M, Miss Emma, monkey, white stuff	Injected, swallowed, smoked	2-4 days	6-12 Hours
Opium	Laudanum, Paregoric: big O, black stuff, block, gum, hop	Swallowed, smoked	2-4 days	6-12 Hours
Oxycodone	Oxycontin: Oxy, O.C., killer	Swallowed, snorted, injected	8-24 hours	6-12 Hours
Hydrocodone bitartrate	Vicodin: vike, Watson-387	Swallowed	1-6 days	6-12 Hours
Methadone	Dolophine, Methadone	Swallowed, Injected	6-12 days	6-12 Hours
Buprenorphine	Subutex, Buprenex, Temgesic, Suboxone	Swallowed, Injected	1-6 days	6-12 Hours

Windows of Detection Time

Stimulants				
Amphetamine	Biphetamine, Dexedrine: bennies, black beauties, crosses, hearts, LA turnaround, speed, truck driver, uppers	Injected, swallowed, smoked, snorted	1-3 days	12 Hours
Cocaine	Cocaine hydrochloride: blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	Injected, smoked, snorted	2-7 days	24 Hours
Ecxtasy	Adam, clarity, ecstasy, lover's speed, peace, STP, X, XTC	Swallowed	1-2 days	8-24 Hours
Methamphetamine	Desoxyn: chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	Injected, swallowed, smoked, snorted	3-5 days	24 Hours
Other				
Nicotine	Cigarettes, cigars, smokeless tobacco, snuff, spit tobacco, bidis, chew	Smoked, Snorted, taken in snuff and spit tobacco	4-30 days	N/A
Alcohol	Beer, Wine, Liquor	Swallowed	6 Hrs- 2 days	Up to 4Hrs
Steroids	Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise: roids, juice	Injected, swallowed, Applied to skin	2 days - 2 weeks	N/A

*Detection time in urine & saliva is an average and can vary greatly. Detection time can vary due to length and amount of use.

Collaborative efforts between clinicians and patients

- Discuss any unexpected positive test – or unexpected negative test – with patient
- Lack of meaningful medical explanation should result in a meaningful and timely therapeutic intervention
- Avoid therapeutically inappropriate actions in response to an unexpected result
- Ask individuals in a non-confrontational way about their drug use
- Integrate drug testing into treatment decision-making processes to improve outcomes

Drug Testing in Special Populations

Adolescents

- ASAM does not encourage home drug testing
- Testing without consent is not appropriate
- Use routine drug testing for clinical monitoring
- Explain limits of confidentiality (except imminent risk)
- Know what drugs are prevalent in a community

Pregnant Women

- Be aware of legal and social consequences of results
- Be familiar with local and state reporting requirements
- Maintain confidentiality
- Be upfront with information about testing

Testing in Opioid Treatment Programs

- **Reminder:** Medicaid's bundled payment structure includes all drug testing in Opioid Treatment Programs (OTP, Provider type 32)
- Laboratories bill the OTPs directly for these services at contracted rates with the OTP and may not separately submit claims to Medicaid.
- OTPs and/or laboratories that bill Medicaid for OTP-enrolled patients for drug testing, including POC testing, are subject to audits and/or retractions.

Testing in Residential Treatment Program

- Reminder: Medicaid's per diem to Adult Residential treatment programs (Provider Type 54) includes all drug testing.
- Laboratories bill the Residential Provider directly and cannot separately submit claims to Medicaid for drug testing for individuals in SUD Residential Treatment programs.
- Residential Providers and/or laboratories that bill Medicaid for patients for drug testing that is in full time care under the residential provider, including POC testing, are subject to audits and/or retractions.
- Exception: psychiatrists that perform services separately from the residential provider.

Provider Responsibility for Smart Testing

- Be familiar with lab requisition forms, including associated codes
- Ask laboratories for an explanation of the requisition forms
- Clearly state medical indication in patients' medical records.
- Always share test results with the patient and use them constructively for treatment purposes
- Don't order unnecessary tests. Always consider the clinical purpose of the tests that are being ordered

What Drugs to Test

- Clinically appropriate testing takes into account three factors:
  - The medications, with metabolites, the patient is prescribed.
  - The patient's substance use history.
  - Prevalent substances in the patient's geographic area even if no history of their use.
- Ordering drug testing based on these factors helps target testing, minimizes false positive test results, and maximizes clinical value.
- Any panels developed with a lab should reflect these factors and allow for maximal clinical flexibility to individualize testing as medically necessary.
  - Be aware that some labs automatically add reflex testing for confirmation to any presumptive, screening panel – *the provider should decide whether this is medically necessary.*

Which Tests to Order

- For substances that test positive by immunoassay as a class (opiates, benzodiazepines, barbiturates, and amphetamines), mass spectroscopy can distinguish between different molecules in each class. This can number between 1 to 11-12.
- **In addiction treatment, it is usually sufficient to know presence or absence of class of substances**.
- Fewer clinical situations require more specific information, so immunoassay is the recommended initial method.
- Point of Care testing serves a valuable function in testing for substance use

Document Medical Indication When Ordering Definitive Testing

- **Definitive testing is usually only medically necessary if:**
  - Concern over validity of presumptive test
  - Clinical need to identify the specific substance within the class
  - Note: many of the substances tested with definitive methods are metabolites of other compounds in that class.

Specimen Validity Testing

- Smart testing helps decrease sample alteration
- Look for unusual sample characteristics
  - Unusual color or appearance
  - Unexpected temperature
  - Unusual smell

- Urine creatinine helps identify sample alteration if it occurs
  - Urine creatinine <20mg/dl consistent with dilution
- Typically no other specimen validity testing is necessary

Laboratory Testing Guidelines-Addiction Treatment

- **Example** of possible test scenario for new patient in addiction treatment (but all testing should be based on **individualized** needs- this includes utilizing the most appropriate testing protocol):
  - Testing 1-2 times per week for first month of treatment= up to 8
  - Testing weekly for second month of treatment= 4
  - If stable and not using, random tests once/month for months 3-6= 4
  - Add random tests if indicated (change in mental status, report of relapse to drug use, etc): in this case, 2 if needed within the 6 month period
- Total in 6 months= up to 18

Laboratory Testing Guidelines

- It is estimated up to 18 urine drug tests during first 6 months in treatment for most individuals.
- Utilize ASAM guidelines and think about the clinical utility based upon the drug testing chosen
- Select drug screen panels that meet medical necessity of patients
- Random monthly testing recommended for most individuals who remain engaged in treatment past 6 months and are clinically stable
- **Individualize** the frequency of testing
  - Will depend on individual's progress and engagement in treatment, relationship with provider, and clinical presentation.

Avoid Potential Fraud/Waste/Abuse

- ASAM Guidelines note that Smart Testing can **reduce unnecessary costs** associated with drug testing.
- **Examples** of inappropriate and often-costly drug-testing practices are:
  - Routine use of large, arbitrary test panels
  - Unnecessarily frequent drug testing without consideration for a drug's window of detection
  - Confirmation and quantification of all presumptive positive and negative test results

Avoid Potential Fraud/Waste/Abuse

- Aligned with the ASAM guidelines, Beacon Health Options, in collaboration with the Department and BHA will be conducting data mining on outlier status
- This will be member specific and may potentially identify:
  - Over utilization of urine screening for individuals in treatment (multiple times per week/excessive utilization per month)
  - Overutilization of presumptive testing
  - Overutilization of definitive testing
  - Anomalies of laboratory testing frequency
  - Under utilization of screening

Avoid Potential Fraud/Waste/Abuse

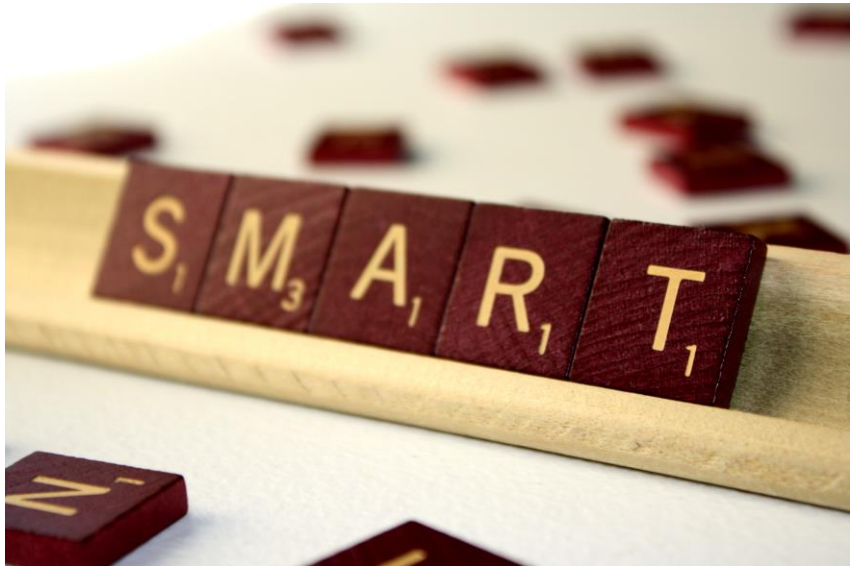
- If through data mining your facility is identified as having a member with any of the previously mentioned categories, Beacon will be reaching out to alert you of the utilization pattern
- Your program will have the opportunity to review with a care manager who specializes in laboratory services to discuss the situations identified as a concern in your program's pattern of lab utilization.
- If patterns do not change over time, additional follow-up will be recommended, patient charts may be requested and, when necessary, referrals to the OIG may occur.
- If overpayments are identified, retractions will occur.

Avoid Potential Fraud/Waste/Abuse

- If a chart is requested, the following information would be expected in the chart:
  - Evidence of random testing
  - Why the test was ordered
  - Outcome of the test result
  - If definitive test was ordered, why was this test ordered
  - If the testing was positive, what was the response of the patient
  - Changes to the treatment plan directly resulting from the laboratory testing results

SMART Testing

- For more detailed information on Smart Testing, see ASAM's Guidelines: https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2
- Pocket Guide: http://eguideline.guidelinecentral.com/i/840070-drug-testing-pocket-guide/3?



Questions?

Thank you