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# Medicare

## Comments and Responses Regarding Draft Local Coverage Determination: Qualitative Drug Screening

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As an important part of Medicare Local Coverage Determination (LCD) development, National Government Services solicits comments from the provider community and from members of the public who may be affected by or interested in our LCDs. The purpose of the advice and comment process is to gain the expertise and experience of those commenting.

We would like to thank those who suggested changes to the draft Qualitative Drug Screening LCD. The official notice period for the final LCD begins on April 15, 2009, and the final determination will become effective on July 1, 2009.

**Comment:** Several commenters requested use of drug testing for patients who are opioid dependent because of long term use of opioids for chronic pain.

**Response:** Those patient for whom illicit drug use is being monitored as an overall treatment for their iatrogenic opioid dependence should use code: V71.09. The diagnosis of opioid dependence should be coded as a secondary diagnosis. For patients who are not opioid dependent and for whom the provider simply wants to screen for other illicit drug use in the absence of any signs and symptoms, this is not a screening that is covered by Medicare.

**Comment:** Several commenters requested ICD9-CM codes for all of the various drug dependencies for which a patient may receive treatment and require urine testing.

**Response:** The coding convention that the policy has adopted, is that V71.09 be used to support the medical necessity for those patients being monitored in a drug treatment program. The specific code for the drug dependents should be listed as a secondary diagnosis code, but these are not listed in the policy. Clarifying language has been added to the policy to make this coding convention more explicit.

**Comment:** One commenter requested that Medicare fully reimburse qualitative drug screening whether the patient is receiving active treatment or not.

**Response:** Patients who are in active drug treatment programs require periodic drug treatment to evaluate compliance in the drug treatment program. Although there may be value in other drug treating of persons suspected of using illicit drugs, in the absence of signs and symptoms, this is not a screening test covered by Medicare.

**Comment:** One commenter requested that saliva drug testing be covered. The commenter stated that it was generally more expensive and should only be recommended in special circumstances.

**Response:** We are not sure with which CPT code, saliva drug testing would be billed. If the test is approved by the FDA, and the drug testing method is enzymatic, that test would be covered using CPT code: 80101. We would need additional information on the nature of saliva drug testing to make a further determination for coverage.

**Comment:** One commenter found some language to be confusing but did not offer suggestions to change the policy. The same commenter referenced “SBIRT” literature that establishes the effectiveness of laboratory testing to increase patients access to drug treatment but did not supply any such literature.

**Response:** If further specific suggestions for changes to the policy language are tendered, we will always consider those suggestions at any time. Changes to the policy indications may be requested subsequent to the finalization of this specific policy with the submission of additional scientific literature following the instructions for LCD reconsideration found at:

[http://www.ngsmedicare.com/NGSMedicare/PartA/NewsandPublications/WhatsNew/PartANews08/ngs\\_072208\\_article\\_a47355.htm](http://www.ngsmedicare.com/NGSMedicare/PartA/NewsandPublications/WhatsNew/PartANews08/ngs_072208_article_a47355.htm)