



2017 Urine Drug Testing Physician Notice

A number of commercial insurance payors have recently released updated medical policies detailing their view of the appropriate use of urine drug testing (UDT) in a clinical setting. These policies are used by the payors to determine the basis of medical necessity for each patient. LabPro does not allow the use of custom profiles. LabPro allows its physicians to order UDT in the following manner:

- Immunoassay (IA) Drug Screens
- Immunoassay (IA) Drug Screens that reflex to inconsistent results for that individual patient
- Confirmatory drug tests for inconsistent IA results performed outside of LabPro
- Individual analyte identification by LC/MS/MS as deemed medically necessary by the physician¹

Set forth below are examples of some of the medical policies that have recently been adopted². We ask that you please review the policies to comply with their requirements, including the documentation requirements.

- Anthem BCBS CG-LAB-09 - Effective 01/01/2017
- NGS National Government Services (L36037) – Effective 01/01/2017
- Blue Cross & Blue Shield of Illinois – MED207.154 - Effective 12/15/2016
 - <http://www.medicalpolicy.hcsc.net/medicalpolicy/activePolicyPage?lid=iuj4spf&corpEntCd=IL1>
- Cigna – Coverage Policy Number: 0513– Effective 10/15/2016
- Humana – Policy Number: CP2014104 - Effective 1/1/2016 revised 12/2016
- United Healthcare – Policy Number: CMP - 029 6/8/2016

LabPro understands that there may be competitors in the marketplace suggesting that ordering large, custom panels is still appropriate under these policies. However, in order to protect the patient's, clients, payor, and our own interests, LabPro does not allow for the usage of these. If you have any questions regarding these policies and changes, LabPro is happy to engage in a dialogue with you to ensure that we are assisting you to provide the highest level of care for your patients. Please contact **LabPro** with any questions.

Medical Necessity:

Payors will only pay for tests that meet their coverage criteria and are medically necessary for the diagnosis or treatment of the individual patient. Criteria to establish medical necessity for drug testing must be based on patient-specific elements identified during the clinical assessment and documented by the clinician in the patient's medical record. Tests used for routine screening of patients without regard to their individual needs are not covered by the Medicare Program and most commercial payors, and therefore are not reimbursed. As a participating provider in these programs, LabPro has a responsibility to make a good faith effort to ensure

¹ These tests are not intended to be used as comprehensive profiles. All analytes must be ordered individually and the medical records should support necessity.

² Please note that this is not an all-inclusive list of active UDT medical policies. In addition, policies are subject to change and ordering providers should monitor each payors medical policies for these changes. Resources to find these policies are generally in the provider section of the payor website.



that all ordered tests are performed and billed in a manner consistent with federal and state laws and regulations and payor policies. As the physician, **you** are responsible for documenting the medical necessity of UDT in the patient's permanent medical record and for providing LabPro with appropriate diagnostic information in the form of ICD-10 codes to the highest level of specificity or a narrative. *The Office of Inspector General of the Department of Health and Human Services has taken the position that an individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies available under civil, criminal and administrative law.*

Medicare National and Local Coverage Determinations: The Medicare Program publishes National Coverage Determinations (NCDs) and local Medicare contractors publish Local Coverage Determinations (LCDs) for certain tests. Some Medicare contractors have issued LCDs that apply to qualitative drug screens (presumptive tests), and confirmatory or quantitative drug tests (definitive testing) furnished within their region of jurisdiction. These policies can be found through the CMS website at: <http://www.cms.gov/Medicare/Coverage/DeterminationProcess/LCDs.html>.

Test Ordering: A standard LabPro test requisition form should be used when ordering tests. This requisition is designed to emphasize physician choice and encourage physicians to order only those tests which the physician believes are appropriate and medically necessary for the diagnosis or treatment of each patient. The requisition also contains important information regarding how the various tests we offer are performed and billed. If LabPro receives a test order on a non-LabPro requisition form or an incomplete LabPro requisition form, processing of your test order may be delayed. As necessary, LabPro will contact physicians to have them resubmit the test order on a LabPro test requisition form or otherwise clarify each specific test being ordered.

Verbal Test Orders: If a physician or his/her authorized representative orders a test by telephone or wishes to add a test to an existing order, LabPro requires a written order to support the verbal order. LabPro will send a confirmation of the verbal order request to the ordering physician, requesting it to be signed and sent back to the laboratory for its records. Testing will not be performed until the signed confirmation or a properly completed LabPro requisition form is returned to the laboratory.

For additional questions please contact **LabPro at 630-427-8844**.