



URINE DRUG TESTING CHECKLIST

- **General Documentation Requirement for all Urine Drug Testing**

- ☐ Treating provider's order or documentation to support intent to order
- ☐ Referring provider's list of drugs for which specimens are tested
- ☐ Documentation of indication for testing: *one* category identified
 - ☐ Treatment for patients on chronic opioid/opiate therapy (COT)
 - ☐ Diagnosis and treatment for substance abuse or dependence (SUD)
 - ☐ Symptomatic patients, Multiple drug ingestion, and/or Patients with unreliable history

- **Chronic Opioid Therapy (COT)** (if applicable)

- ☐ General evaluation which includes *all* of the following:
 - ☐ History
 - ☐ Physical examination
 - ☐ Treatment including medications
- ☐ Patient Risk Group/Risk Classification (determined by any standardized tool: Low, Moderate, High)
 - ☐ Low Risk= 2 Presumptive and/or 2 Definitive tests per rolling 365 days
 - ☐ Moderate Risk=2 Presumptive and/or 2 Definitive tests per rolling 180 days
 - ☐ High Risk= 2 Presumptive and/or 2 Definitive tests per 90 per rolling 90 days
- ☐ Definitive testing performed more frequent for any risk category supported by *any* of the following changes: response to medication, side effects, possible drug-drug interaction, patient medical condition, or patient admission of illicit or non-prescribed controlled substance use

- **Substance Abuse or Dependence (SUD)** (if applicable)

- ☐ Current stage of screening, recovery, and/or treatment with applicable testing schedule:

- ☐ 0 – 30 consecutive days of abstinence=3 Presumptive and/or 1 Definitive test per 7 rolling days

- ☐ 31 – 90 consecutive days of abstinence= 3 Presumptive and/or 3 Definitive tests per rolling 30 days

- ☐ >90 consecutive days of abstinence= 3 Presumptive tests per 30 rolling days and/or 3 Definitive tests per 90 rolling days

- ☐ Rationale for the drugs/drug classes being ordered

- ☐ Test results and indication of care

- ☐ Documentation to summarize number of tests billed over time

- **Symptomatic patients, Multiple drug ingestion, and/or Patients with unreliable history** (if applicable)

- ☐ Testing Rationale

- ☐ Results of Presumptive and/or Definitive test(s)

- ☐ *One* of the following:

- ☐ Coma

- ☐ Altered mental status in the absence of a clinically defined toxic syndrome or toxidrome

- ☐ Severe or unexplained cardiovascular instability (cardiotoxicity)

- ☐ Unexplained metabolic or respiratory acidosis in the absence of a clinically defined toxic syndrome or toxidrome

- ☐ Seizures with an undetermined history

- ☐ To provide antagonist to specific drug

- **Other Covered Indications** (if applicable)

Documentation of any of the following:

- ☐ Definitive testing without presumptive testing when medical necessity requirements indicated elsewhere are met (SUD, COT, etc.)
- ☐ Definitive testing to confirm an inconsistent negative presumptive result based on patient presentation and/or information
- ☐ Definitive testing to confirm an unexpected negative result and the provider needs confirmation of presence or absence of the substance
- ☐ Definitive testing to confirm an inconsistent or unexpected positive presumptive result
- ☐ Definitive testing to verify a substance not adequately reported by presumptive testing

- **References**

LCD L34645 Urine Drug Testing

Coverage Article, LCA A56915 Urine Drug Testing

IOM 100-02 Chapter 15 § 80.6.1

IOM 100-08

Chapter 3 § 3.3.2.4

Chapter 6 § 6.9.1