

Joint Jurisdiction 15 Open Draft LCD Meeting

Meeting Date:	May 17, 2023
Facilitator:	Dr. Meredith Loveless, CMD
Location:	Teleconference

Dr. Loveless explained the changes of the Urine Drug Testing policy during the open meeting. DL36029-Urine Drug Testing is a proposed policy that is replacing the previous proposed policy that was presented during Fall 2022 Open meeting.

The comment period is available through June 10, 2023.

The changes within this proposed policy draft include:

- Removal of parent drug and metabolite table
- Frequency changed from weeks to days.
- Clarification of the importance of a provider having a clear risk definition as part of the reasonable and necessary criteria for urine drug screening
- Fourteen classes of drugs as non-coverage have been removed from this version, but routine use of this is rarely indicated and clear risk assessment for all classes of drugs tested is necessary and lack of that documentation could result in denial.

Definitive/Quantitative/Confirmation categories of urine drug testing is listed within the policy.

- Coverage when clinically indicated and medically reasonable and necessary to identify specific medications, illicit substances, and metabolites, including concentration. Definitive urine drug panels are defined as reasonable and necessary when ordered for a particular patient based on their historical use, clinical findings, and community trends.
- This would not be expected to be the same for every patient within a physician's practice.

Definitive UDT Orders

- Need to be individualized for the patient based on their history and risk assessment, which must be documented in the record.
- Standing panel orders for these tests are not acceptable because that does not include an individual assessment of the patient's needs.

Point of Care Testing (POCT)

- Would be indicated when the information obtained to the test may result in changes in the patient's treatment and management plan at that time of service. The beneficiary and physician are in the same location and the physician can act based on the results of that test as clinically necessary.
- The maximum number of allowed days changed to rolling days.



- Blanket orders are non-covered because that would exclude the individual assessment that is critical for this testing.
- The patient's risk category must be assessed and clearly defined in the medical record. This is essential for determining the number of urine drug test billed over time and their medical necessity.
- Risk assessment is a widely acceptable standard by experts in treating these conditions and typically this is conducted with a risk assessment tool.
 - » An example of a risk assessment tool has been provided in the LCD and that is the opioid risk tool.

The use of these tools is an important aspect of the evaluation and management of the patient and would be expected to be documented in the medical record. Providers should clearly define the risk assessment as part of the reasonable and necessary criteria for the urine drug testing that is planned for that individual patient.

Closing

The open comment period during these open meetings is an opportunity for providers, stakeholders, even beneficiaries to present.

CGS did not receive any presentations for today's meeting.

If anyone has any comments regarding this new policy, they are welcome to submit those comments in writing during our open comment period through June 10, 2023.

- The following form is available to submit comments:
 - » Draft LCD Comment Submission Form (A/B MAC Jurisdiction 15) (https://www.cgsmedicare.com/pdf/j15/j15_draft_lcd_comment_submission_form.pdf)
- Complete the PDF form and send attachments to:
 - » **Email:** CMD.INQUIRY@cgsadmin.com (preferred method)
 - » **Fax:** 1.615.664.5971
 - » **Mail to:** CGS Administrators, LLC
Attn: Chief Medical Director
J15 A/B Mac Draft LCD Comment
26 Century Blvd, STE ST610
Nashville, TN 37214-3685

That will conclude our meeting since we did not have any presentations. The policy is available for review on the Medicare Coverage Database (<https://www.cms.gov/medicare-coverage-database/reports/reports.aspx>) as well as the accompanying billing and coding article and once again comment period closes on June 10, 2023.

I thank everyone for attending our short open meeting today.