### NMNC 6. 605.01 Substance Use Laboratory Testing for Drug and Alcohol Use

**Description of Services:** This clinical criterion relates to laboratory testing used in the initial assessment and ongoing monitoring of drug and alcohol treatment compliance.

The assessment of continued drug use should be based on treatment interactions, behavioral observations as well as mental status and history and physical evaluation. Confrontation of findings consistent with drug use in many cases results in self-disclosure of ongoing substance use. However, the validity of patient’s self-reported substance use is not always reliable.

Ambulatory laboratory testing for drugs of abuse is a medically necessary and useful component of chemical dependency treatment. Drug tests results are of importance in treatment programs and in outpatient chemical dependency treatment. General testing should be ongoing, random and more intense earlier in treatment. The drug screen result can influence treatment and level of care decisions. It is important that ordered tests match treatment needs, the documented history and the most current version of the DSM diagnosis.

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<tr>
<th>Admission Criteria</th>
<th>Qualitative Testing</th>
<th>Quantitative Testing</th>
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<td>1) The individual has been evaluated by a licensed clinician and demonstrates symptomatology consistent with a DSM (the most current version of the DSM substance use diagnosis).</td>
<td>A screening immunoassay without confirmation or quantitative testing is typically sufficient for ongoing clinical monitoring. 1) Initial screening for substance use disorders, with rapid test immunoassay (5, 10 or 12 panel) and alcohol screening are recommended upon admission for the treatment of substance use disorder. 2) Post admission, screenings are expected and may be approved at a frequency not to exceed three (3) every thirty (30) days. 3) Testing at a frequency greater than three (3) times in thirty (30) days requires rationale documented in medical record and must meet medical necessity. 4) On site Clinical Laboratory Improvement Act (CLIA)-waived testing is preferred as results can rapidly be integrated into treatment decisions and clinical assessment.</td>
<td>Most positive screening results are confirmed by the patient’s self-disclosed admission of substance use. All orders for quantitative testing of drugs of abuse require a positive screening test and shall be performed only for the drug class represented by the positive screening. 1) Documentation of medical necessity for quantitative testing is required in the medical record. 2) Quantitative testing exceeding three (3) procedure codes or drug classes every thirty (30) days requires rationale documented in medical record and must meet medical necessity.</td>
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<td>2) The tests ordered are within the scope of license of the ordering practitioner.</td>
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**Exclusions:**

*Any of the following criteria is sufficient for exclusion:*

1) Quantitative testing or drug confirmation testing is excluded from coverage if performed for forensic or legal purposes.

2) Quantitative testing for negative screening results is excluded without written documentation of medical necessity and prior approval.

3) Quantitative testing requires a positive screening test and shall be performed only for the drug class represented by the positive screening.

4) Blood and urine screens ordered for the same drug panel on the same day will not be paid.

5) Quantitative or qualitative drug testing is excluded from coverage without current active treatment (evidenced by authorization, claims or provider attestation) for drug or alcohol treatment at the time of testing.