Controlled substance monitoring and drugs of abuse testing

Requirements and prior authorization process for definitive urine drug testing

Dr. Mike Herndon
OHCA Chief Medical Officer

Oklahoma HealthCare Authority

WHY DRUG TEST?

Urine drug testing is one of several tools available to providers to monitor patients.

Testing assists the provider in monitoring the patient for:

- Compliance
- Diversion
- Misuse or abuse of controlled dangerous substances

Oklahoma HealthCare Authority

OTHER MONITORING TOOLS

- Prescription Monitoring Program
- Random pill counts
- Assessment of aberrant behaviors

Oklahoma HealthCare Authority

HOW OFTEN TO TEST

The frequency of urine drug testing is based on:

- Medical necessity
- Risk assessment

Oklahoma HealthCare Authority

SCREENING TOOL

LOW RISK

+UDS every 1-2 years

+PMP twice per year

+ Use > 50mg MED if needed

MEDIUM RISK

+ UDS every 6-12 months

+ PMP three times per year

+ Use >50mg MED occasionally

HIGH RISK

+ UDS every 3-6 months

+PMP four times per year

Avoid opioids or use very low dose (10mg MED)
Use > 50mg MED RARELY

MED = Morphine-equivalent dose

*Prevention of Opioid Abuse in Chronic Non-Cancer Pain: An Algorithmic, Evidence-Based Approach, *Pain Physician Journal*, Opioid Special Issue, July 2012

Oklahoma HealthCare Authority

TYPES OF DRUG TESTING

PRESUMPTIVE drug test

- Dipsticks
- Cups
- Cards
- Cartridges

Oklahoma HealthCare Authority

PRESUMPTIVE TEST BILLING

Any number of drug classes:

- G0477 – Read by direct optical observation only
- G0478 – Read by instrument-assisted direct optical observation
- G0479 – Read by instrumented chemistry analyzers, immunoassay, etc.

Oklahoma HealthCare Authority

TYPES OF DRUG TESTING

DEFINITIVE drug test

- Identifies individual drugs
- Includes GC/MS
- Includes LC/MS
- Not limited by method

Oklahoma HealthCare Authority

DEFINITIVE TEST BILLING

Defined by the number of classes tested:

- G0480 – One to seven drug classes
- G0481 – Eight to 14 drug classes
- G0482 – 15 to 21 drug classes
- G0483 – 22 or more drug classes

Oklahoma HealthCare Authority

EXAMPLE OF DEFINITIVE TEST

Represents seven drug classes (G0480)

- Amphetamines (methamphetamine, phentermine)
- Benzodiazepines (alprazolam, diazepam, flurazepam)
- Cannabinoids, natural
- Methadone (EDDP)
- Opiates (codeine, hydrocodone, morphine)
- Opioids and opiate analogs (meperidine, naloxone)
- Oxycodone (oxymorphone)

Oklahoma HealthCare Authority

TYPES OF DRUG TESTING

Therapeutic drug assays

- Monitor response to a prescribed medication
- Whole blood, serum, plasma or cerebrospinal fluid (CSF)
- CPT 80150-80299
- Not appropriate for urine drug testing

Oklahoma HealthCare Authority

DOCUMENTS REQUIRED FOR A PRIOR AUTHORIZATION REQUEST (PAR)

- Current treatment plan
- Current patient history and physical
- Opioid agreement and/or informed consent
- Current list of prescribed medications
- Risk assessment that uses a validated risk stratification tool
- Review of PMP data, documented

Oklahoma HealthCare Authority

DOCUMENTATION REQUIREMENTS FOR PAR

In general, OHCA needs information to understand why the provider needs confirmation or definitive testing, how it will be used, etc.

- Any documentation of aberrant behaviors
- Results of monitoring protocols, such as:
  - Random pill counts
  - Previous lab results, including presumptive testing

Oklahoma HealthCare Authority

TREATMENT PLAN

Patient name _____ Date _____

Personal Care Plan for Chronic Pain

1. **Set personal goals**
   - ☐ Improve Functional Ability Score by _____ points by: Date _____
   - ☐ Return to specific activities, tasks, hobbies, sports, etc. by: Date _____
     1. _____
     2. _____
     3. _____
   - ☐ Return to ☐ Limited work/or ☐ Normal work by: Date _____
2. **Improve sleep** (Goal: _____ hours/night, Current: _____ hours/night)
   - ☐ Follow a basic sleep plan
     1. Eliminate caffeine and naps, relax before bed, and go to bed at this time: _____
   - ☐ Take nighttime medications
     1. _____
     2. _____
     3. _____
3. **Increase physical activity**
   - ☐ Attend physical therapy (days/week _____)
   - ☐ Complete daily stretching (_____ times/day, for _____ minutes)
   - ☐ Complete aerobic exercise/endurance exercise
     1. Walking (____ times/day, for _____ minutes) or pedometer (____ steps/day)
     2. Treadmill, bike, rower, elliptical trainer (____ times/week, for ____ minutes)
     3. Target heart rate goal with exercise _____ bpm

     Strengthening
     1. Elastic bands, hand weights, weight machines (____ minutes/day, ____ days/week)
4. **Manage stress** – List main stressors _____
   - ☐ Formal interventions (counseling or classes, support group or therapy group)
     1. _____
   - ☐ Daily practice of relaxation techniques, meditation, yoga, creative activity, service activity, etc.
     1. _____
     2. _____
   - ☐ Medications
     1. _____
     2. _____
5. **Decrease pain** (best pain level in the past week: ____/10, worst pain level in the past week: ____/10)
   - ☐ Non-medication treatments (ice, heat, etc.)
     1. _____
     2. _____
   - ☐ Medication
     1. _____
     2. _____
     3. _____
     4. _____
   - ☐ Other treatments _____

Provider name: _____ Date: _____

Adapted from: Institute for Clinical Systems Improvement, *Assessment and Management of Chronic Pain*; 8th Ed, Nov. 2013 (pg89)

Example

Oklahoma HealthCare Authority

Functional Ability Assessment

For use with the Personal Care Plan

Instructions: For each assessment, circle the number that best describes your ability.

_____ **Self-care ability assessment**

1. Requires total care for bathing, toileting, dressing, moving and eating
2. Requires frequent assistance
3. Requires occasional assistance
4. Independent with self-care

_____ **Family and social ability assessment**

1. Unable to perform any chores, hobbies, driving, sex and social activities
2. Able to perform some chores, hobbies, driving, sex and social activities
3. Able to perform many chores, hobbies, driving, sex and social activities
4. Able to perform all chores, hobbies, driving, sex and social activities

_____ **Movement ability assessment**

1. Able to get up and walk with assistance, unable to climb stairs
2. Able to get up and walk independently, able to climb one (1) flight of stairs
3. Able to walk short distances and climb more than one (1) flight of stairs
4. Able to walk long distances and climb stairs without difficulty

_____ **Lifting ability assessment**

1. Able to lift up to 10 pounds occasionally
2. Able to lift up to 20 pounds occasionally
3. Able to lift up to 50 pounds occasionally
4. Able to lift over 50 pounds occasionally

_____ **Work ability assessment**

1. Unable to do any work
2. Able to work part time **and** with physical limitations
3. Able to work part time **or** with physical limitations
4. Able to perform normal work

Add the numbers together: _____ x 5 = _____/100 **(Functional Ability Score)**

Example

ADDITIONAL TIPS

- Presumptive testing at the time of the visit is expected.
- In general, it is not appropriate to order definitive testing prior to reviewing the results of the presumptive test.
- Patient interview is important and helpful.

Oklahoma HealthCare Authority

ADDITIONAL TIPS, CONT.

- A treatment plan should include functional assessments, measurable goals and how the clinician and patient intend to achieve those goals.
- A standard pain management progress note should address the “4 As”:
  - Analgesia
  - Activities of daily living
  - Adverse effects
  - Aberrant behaviors

Oklahoma HealthCare Authority

PAIN ASSESSMENT AND DOCUMENTATION TOOL

Progress Note
Pain Assessment and Documentation Tool (PADT™)

Patient Name: _____ Record #: _____

Assessment Date: _____

Patient Stamp Here

Current Analgesic Regimen

Drug Name	Strength (eg, mg)	Frequency	Maximum Total Daily Dose

The PADT is a clinician-directed interview; that is, the clinician asks the questions, and the clinician records the responses. The Analgesia, Activities of Daily Living, and Adverse Events sections may be completed by the physician, nurse practitioner, physician assistant, or nurse. The Potential Aberrant Drug-Related Behavior and Assessment sections must be completed by the physician. Ask the patient the questions below, except as noted.

Analgesia

If zero indicates "no pain" and ten indicates "pain as bad as it can be," on a scale of 0 to 10, what is your level of pain for the following questions?

1. What was your pain level on average during the past week? (Please circle the appropriate number)

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

2. What was your pain level at its worst during the past week?

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

3. What percentage of your pain has been relieved during the past week? (Write in a percentage between 0% and 100%.)

_____

4. Is the amount of pain relief you are now obtaining from your current pain reliever(s) enough to make a real difference in your life?

☐ Yes ☐ No

5. Query to clinician: Is the patient's pain relief clinically significant?

☐ Yes ☐ No ☐ Unsure

Activities of Daily Living

Please indicate whether the patient's functioning with the current pain reliever(s) is Better, the Same, or Worse since the patient's last assessment with the PADT.* (Please check the box for Better, Same, or Worse for each item below.)

	Better	Same	Worse
1. Physical functioning	☐	☐	☐
2. Family relationships	☐	☐	☐
3. Social relationships	☐	☐	☐
4. Mood	☐	☐	☐
5. Sleep patterns	☐	☐	☐
6. Overall functioning	☐	☐	☐

*If the patient is receiving his or her first PADT assessment, the clinician should compare the patient's functional status with other reports from the last office visit.

Copyright Janssen Pharmaceutica Products, L.P. ©2003 All rights reserved.

(Continued on reverse side)

Progress Note
Pain Assessment and Documentation Tool (PADT™)

Adverse Events

1. Is patient experiencing any side effects from current pain reliever? ☐ Yes ☐ No

Ask patient about potential side effects:

	None	Mild	Moderate	Severe
a. Nausea	☐	☐	☐	☐
b. Vomiting	☐	☐	☐	☐
c. Constipation	☐	☐	☐	☐
d. Itching	☐	☐	☐	☐
e. Mental cloudiness	☐	☐	☐	☐
f. Sweating	☐	☐	☐	☐
g. Fatigue	☐	☐	☐	☐
h. Drowsiness	☐	☐	☐	☐
i. Other_____	☐	☐	☐	☐
j. Other_____	☐	☐	☐	☐

Potential Aberrant Drug-Related Behavior

This section must be completed by the physician

Please check any of the following items that you discovered during your interactions with the patient. Please note that some of these are directly observable (eg, appears intoxicated), while others may require more active listening and/or probing. Use the "Assessment" section below to note additional details.

- ☐ Purposeful over-sedation
- ☐ Negative mood change
- ☐ Appears intoxicated
- ☐ Increasingly unkempt or impaired
- ☐ Involvement in car or other accident
- ☐ Requests frequent early renewals
- ☐ Increased dose without authorization
- ☐ Reports lost or stolen prescriptions
- ☐ Attempts to obtain prescriptions from other doctors
- ☐ Changes route of administration
- ☐ Uses pain medication in response to situational stressor
- ☐ Insists on certain medications by name
- ☐ Contact with street drug culture
- ☐ Abusing alcohol or illicit drugs
- ☐ Hoarding (ie, stockpiling) of medication
- ☐ Arrested by police
- ☐ Victim of abuse
- ☐ Other: _____

2. Patients overall severity of side effects?

☐ None ☐ Mild ☐ Moderate ☐ Severe

Assessment: (This section must be completed by the physician.)

Is your overall impression that this patient is benefiting (eg, benefits, such as pain relief, outweigh side effects) from opioid therapy? ☐ Yes ☐ No ☐ Unsure

Comments: _____

Specific Analgesic Plan: Comments: _____

- ☐ Continue present regimen
- ☐ Adjust dose of present analgesic
- ☐ Switch analgesics
- ☐ Add/Adjust concomitant therapy
- ☐ Discontinue/taper off opioid therapy

Date: _____ Physicians Signature: _____

Provided as a service to the medical community by Janssen Pharmaceutica Products, L.P.

URINE DRUG TEST PA REVIEW

Submission methods for prior authorization requests (PARs)

- Provider Portal with document upload (preferred method)
- Provider Portal and fax documents (must complete and submit with form HCA-13A and be received within 10 calendar days or request will system-cancel)

Oklahoma HealthCare Authority

URINE DRUG TEST PA REVIEW, CONT.

Submission methods for PARs

- Fax request and documents (must complete and submit with forms HCA-12A and HCA-13A); *After 2 p.m. will be next business day
- Mail

Oklahoma HealthCare Authority

MAU webpage - www.okhca.org/mau

Oklahoma HealthCare Authority

about us | individuals | providers | research | contact us | search

Providers

- Types
- Claim Tools
- Forms
- Secure Sites
- Policies & Rules
- Training
- Updates
- Help

Home > Providers

Medical Authorization Unit

WebAlerts

Welcome to the Medical Authorization webpage. This information is designed to assist the providers with submitting a prior authorization request (PAR) correctly the first time. It will give you step-by-step instructions so that MAU may review your request in a timely manner. Our goal in the MAU is to make the prior authorization process as easy as possible for our providers, keeping with the allowed OHCA, state and federal parameters. We will also address some commonly asked questions.

- Some OHCA covered services require a prior authorization (PA)
- Failure to obtain a PA for an item requiring a PA will result in denial of a claim
- The provider assumes full financial risk in providing services without an approved PA
- Providers are not allowed to bill a member for a covered service if a PA is not obtained/approved.
- Retro Requests:
  - -Requests processed by OHCA MAU MUST be received within 30 days from the date of service. Please see Provider Letter 2008-38.
  - -Requests processed by eviCore do not allow for retro requests.

Items NOT processed by MAU: Please locate information under those specific departments

- Behavioral Health 1-800-522-0114
- Cardiology Services, see eviCore section
- Claim Issues-Contact Provider Services 1-800-522-0114
- DDSD-Contact DDSD Area Office 1-800-349-9173
- Dental-Contact the Dental Unit 1-800-522-0114 or **Dental Prior Authorizations**
- Diabetic Supplies (changed to coverage under Pharmacy, effective 4/1/2015) – 1-800-522-0114 option 4 or **www.okhca.org/rx**
- High Tech Imaging Services (CT Scans, MRI, PET Scans) are processed by MedSolutions -1-888-693-3281option 1 or **www.medsolutionsonline.com**
- IUD replacements-1-800-522-0114 option 4
- Joint Surgeries, see eviCore section
- Medications—all medications are processed by Pharmacy 1-800-522-0114 option 4
- Pain Management, see eviCore section

Oklahoma HealthCare Authority

MAU webpage - www.okhca.org/mau

Link to eviCore

Prior Authorization Requests (PARs) reviewed by the Medical Authorization Unit of OHCA

- MAU FAQ
- Accessing Secure Website
- Allergy Testing/Immunotherapy
- Audiology Services
- Bariatric Surgery - Bariatric Surgery Prior Authorization, The Check List For Candidacy PA, Nutritional Services Letter 2007-06
- Communication (AAC) Devices
- Durable Medical Equipment (DME) Information - C-PAP, Diabetic Supplies, Diabetic Supply Info for Pharmacy DME, Enteral Nutrition, Replacement and Repair of Equipment, TPN (Parenteral), Wheeled Mobility
- Eligibility Issues - ICF/MR PARs, Medicare as Primary, Member Name or RID Changes, Waiver Programs
- Form Instructions - Forms-PAR HCA-12A and HCA13A Quick Sheet
- General Information - Amendments, Change in Provider, Claim Issues, Fax Issues, Manual Pricing, Prescription Requirements, Retro Authorizations, Submitting Photos and Videos, Web Alerts – how to receive notifications
- Genetic Testing
- High Risk OB (HROB) - HROB Forms & Instructions, HROB Qualified Diagnosis, HROB Contracted MFM (Maternal Fetal Medicine)
- Imaging & Scans
- In-Home Nursing Services - Private Duty Nursing (PDN) Services
- Incontinence Supplies
- Out of State Services
- Procedure/Surgery Information - Coding: Surgery-Unilateral, Bilateral & Multiple Procedures, Breast Mastectomy, Hysteroscopy, Transplant General Guidelines
- Sleep Study
- Stimulators
- Urine Drug Screens
- Wheelchair Management for Adults - Therapy Changes 7-1-14
- Wound Care Supplies
- Vision

Oklahoma HealthCare Authority

ACCESSING THE PROVIDER PORTAL
HPE AND PROVIDER SERVICES STAFF

MAU webpage:

www.okhca.org/mau

- Accessing secure website

*This link takes you to a PowerPoint on how to submit and upload documentation on the OHCA Provider Portal, search the fee schedule, check PA status and review PA notes.

Oklahoma HealthCare Authority

CONTACTS

OHCA Help Desk	1-800-522-0114 405-522-6205
Fax documentation	1-866-574-4991
Mail documentation	HPE Attn: Prior Authorization 2401 NW 23rd, Suite 11 Oklahoma City, OK 73107

Oklahoma HealthCare Authority

Policy/Rules/Standard of care

- Oklahoma Board of Medical Licensure and Supervision: http://www.okmedicalboard.org/download/457/MDRULES.pdf
- Oklahoma State Board of Osteopathic Examiners: https://www.ok.gov/osboe/documents/RULES.pdf
- Oklahoma Administrative Code 317:30-5-20.1: http://www.okhca.org/xPolicySection.aspx?id=7234&number=317:30-5-20.1.&title=Urine drug screening and testing
- CMS LCD-L35006: Controlled Substance Monitoring and Drugs of Abuse Testing
- OHCA Guideline and Supporting Documentation: http://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=19430&libID=18413

Oklahoma HealthCare Authority

QUESTIONS?

Oklahoma HealthCare Authority