

GUIDELINES & PROTOCOLS

ADVISORY COMMITTEE

Detection of Drugs of Abuse in Urine: Methadone Maintenance Program

Scope

This guideline applies to the analysis of urine for drugs of abuse for patients undergoing initial assessment or already enrolled in the BC Methadone Maintenance Program. It does not apply to any other medically necessary urine drug testing. Testing for non-medical purposes (e.g. pre-employment, forensic) must not be billed to Medical Services Plan (MSP). The guideline does not apply to emergency room use of drugs of abuse testing and such testing cannot be billed to MSP. It applies to individuals 19 years of age and over.

This guideline is for use with a series of new fee items that replace fee item 91385 – Chromatography, drug screening urine (see Appendix).

Definitions

The guideline refers to four types of drug tests: screening assays, specific quantitative assays, confirmatory testing and comprehensive drug analysis.

Screening assays test for the presence of a drug or class of drugs and yield qualitative results. They give a positive result if the drug concentration in the sample exceeds the cut-off level and a negative or undetectable result if it falls below the cut-off level.

Specific quantitative assays yield quantitative results and test for specific drugs or drug metabolites that are poorly detected by screening methods.

Confirmatory testing involves the subsequent analysis of a specimen that is positive on initial testing by a method based on a different analytical principle.

Comprehensive drug analysis employs multiple analytical procedures to evaluate a sample for the presence of a broad range of drugs and drug metabolites.



Tests Available for Specific Drugs:

Screening Assays*

Amphetamines
Barbiturates
Benzodiazepines
Cocaine/Cocaine Metabolite
Ethanol
LSD
Methadone/Methadone Metabolite†
Opiates
Phencyclidine (PCP)
Tetrahydrocannabinoids (THC)

* Screening assays are available without consultation with a laboratory physician.

† Most screening assays detect the parent compound, methadone, but not methadone metabolites. When a laboratory has the capability of screening for methadone metabolite, they will substitute this for a methadone screen.

Specific Quantitative Assays

1-amphetamine	methaqualone
1-methamphetamine	methocarbamol
anileridine	methylenedioxyamphetamine
antihistamines	methylenedioxymethamphetamine
blood methadone	N-acetyl morphine
clonidine	naloxone
fentanyl	oxycodone
furosemide	oxymorphone
hydrocodone	pentazocine
hydromorphone	phentermine
meperidine	phenylpropanolamine
meprobamate	propoxyphene
methadone metabolite	pseudoephedrine

Note: See Appendix for detailed description of fee items, including GC/MS Confirmation of Positive Screen and Comprehensive Drug Analysis.

RECOMMENDATION 1: Screening Assays

- a) Patients undergoing assessment for acceptance into the Methadone Maintenance Program should be tested as follows:
- one urine sample screened for opiates
 - if the urine sample is positive for opiates, it should be screened for methadone/methadone metabolite, barbiturates, cocaine/cocaine metabolite, benzodiazepines, ethanol, amphetamines and tetrahydrocannabinoids (THC).
- b) Screening assays should be requested individually for patients already enrolled in the Methadone Maintenance Program.

RECOMMENDATION 2: Confirmatory Testing, Specific Quantitative Assays and Comprehensive Drug Analysis

Confirmatory testing, specific quantitative assays, and comprehensive drug analysis are available for Methadone Maintenance Program patients. However, these tests should only be requested when the results of the testing will have a significant impact on the management of the patient. Comprehensive drug analysis will be considered medically necessary only if an unknown drug could be the cause of unexplained neurological or psychiatric symptoms.

Confirmatory testing and specific quantitative assays (see list above) may only be performed and billed on approval of a laboratory physician. Comprehensive drug analysis requires both approval of and a review/interpretation or written report by a laboratory physician.

Rationale

Drugs of abuse assays are commonly ordered tests. In 1999/00 more than \$3.2 million was billed for fee code 91385 (Chromatography, drug screening urine). Most such tests are for patients of methadone clinics.

Methadone Maintenance Program Patients: The College of Physicians and Surgeons of B.C. Advisory Committee on Opioid Dependency (ACOD) is responsible for the Methadone Maintenance Program in B.C. ACOD has endorsed this guideline and offers the following comments on testing for drugs of abuse in urine:

Urine testing for drugs of abuse is one component in the monitoring of patients' compliance with the objectives of the Methadone Maintenance Program. The Program guidelines recommend monitoring at unpredictable intervals for participants. Monitoring during the assessment phase is necessary to determine eligibility for admission to the Program; monitoring of enrolled patients is necessary to assist in their ongoing clinical management. Urine testing done as part of methadone maintenance is not intended to be used for forensic purposes.

During the assessment phase, it is important to have the means to positively identify drugs of abuse. During this phase, positive results may be confirmed by accepted methods (i.e. gas chromatography/mass spectrometry) when medically necessary and after consultation with and approval by a laboratory physician.

During the management phase, which may last for many years, urine tests for drugs of abuse serve as an important aid in medical management in conjunction with monitoring by a physician.

Confirmatory testing (reanalyzing a specimen which is positive on the initial screening assay using a different analytic method) is expensive and is seldom necessary after enrollment in the Methadone Maintenance Program. Accordingly, it should only be employed for situations where a confirmed result would have a significant effect on patient management (e.g. termination of treatment in a methadone treatment program). Confirmatory testing is available only when medically necessary and after consultation with, or approval by, a laboratory physician.

References

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Sponsors

This guideline was developed by the Guidelines and Protocols Advisory Committee, approved by the British Columbia Medical Association and adopted by the Medical Services Commission.

Guidelines and Protocols Advisory Committee Phone: (250) 952-1347
1515 Blanshard St 1-2 Fax: (250) 952-1417
Victoria BC V8W 3C8
E-mail: guidelines.protocols@moh.hnet.bc.ca Web site: www.hlth.gov.bc.ca/msp

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The principles of the Guidelines and Protocols Advisory Committee are:

- to encourage appropriate responses to common medical situations
- to recommend actions that are sufficient and efficient, neither excessive nor deficient
- to permit exceptions when justified by clinical circumstances.

Appendix: Drugs of Abuse Fee Items

The following fee items have been approved by the Medical Services Commission, effective as indicated:

Items with a "T" prefix, are effective on a temporary basis from September 1, 2001, until February 29, 2004. On February 29, 2004, and after review by the British Columbia Medical Association's Tariff Committee, a recommendation may be made to remove the temporary status.

Items with a "P" prefix, have been approved on a provisional basis. These items will be effective September 1, 2001, and will be cancelled March 31, 2002, or when replaced by a subsequent Minute, whichever occurs first:

T92550 Urine, Drugs of Abuse Screen - per Analyte - single use kit	\$8.00
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Notes:

- i) *The above listing is for use in low volume settings only. Laboratories performing tests on greater than 1000 patients/year are expected to use specific listings indicated.*
- ii) *Maximum of 6 analytes per patient per day.*

DRUGS OF ABUSE TESTING:

T92500 Primary Base Fee	\$12.00
T92501 Split Base Fee (collecting facility)	\$6.00
T92502 Split Base Fee (referral facility)	\$6.00

Notes:

- i) *92500 is applicable only when all tests are performed in the same facility or within the same laboratory accessioning system;*
- ii) *92501 and 92502 are applicable to the collecting and the referral facilities when the initial facility performs only a portion of the tests requested and refers the remainder to a different facility or a different laboratory accessioning system;*
- iii) *These listings are applicable once per specimen for any Screening Assay or Specific Quantitative Assay, or any combination thereof. They are not applicable to Comprehensive Drug Analysis.*

Screening Assays:

T92503 Amphetamines	\$4.00
T92504 Barbiturates	\$4.00
T92505 Benzodiazepines	\$4.00
T92506 Tetrahydrocannabinoids (THC)	\$4.00
T92507 Cocaine/Cocaine Metabolite	\$4.00
T92508 Ethanol	\$4.00
T92509 LSD	\$4.00
P92510 Methadone / Methadone Metabolite	\$4.00
T92511 Opiates	\$4.00
T92512 Phencyclidine (PCP)	\$4.00

Notes:

- i) *A maximum of 8 screening assays per patient, per day may be billed (e.g. - 4 assays each with 2 specimens or 2 specimens - opiates on the first, seven others, on the second);*
- ii) *No more than 2 specimens per patient per day may be billed. If two specimens are billed in one day, the second specimen must be collected at least two hours after the first specimen. A note record is required to justify the medical necessity.*
- iii) *A request for a 'drug screen' will be interpreted as a request for analysis for methadone/methadone metabolite, opiates, benzodiazepines, and cocaine/cocaine metabolite only.*

(1) Confirmatory and Specific Quantitative Assay Testing

P92515*	Blood Methadone Note: Up to two specimens payable per day	\$27.72
P92516*	Methadone Metabolite Notes: i) Not billable if laboratory has capability of performing Methadone Metabolite screening test. ii) Not payable with T92546 or Confirmatory and Specific Quantitative Assay Tests listed under (2) below (with exception of T92545). iii) Applicable only to cases where the presence of the drug would have a significant impact on the management of the patient.	\$27.72

(2) Confirmatory And Specific Quantitative Assay Testing:

T92520*	1-Amphetamine	\$80.00
T92521*	1-Metamphetamine	\$80.00
T92522*	Anileridine	\$80.00
T92523*	Antihistamines	\$80.00
T92524*	Clonidine	\$80.00
T92525*	Fentanyl	\$80.00
T92526*	Furosemide	\$80.00
T92527*	Hydrocodone	\$80.00
T92528*	Hydromorphone	\$80.00
T92529*	Meperidine	\$80.00
T92530*	Meprobamate	\$80.00
T92532*	Methaqualone	\$80.00
T92533*	Methocarbamol	\$80.00
T92534*	Methylenedioxyamphetamine	\$80.00
T92535*	Methylenedioxymethamphetamine	\$80.00
T92536*	N-Acetyl Morphine	\$80.00
T92537*	Naloxone	\$80.00
T92538*	Oxycodone	\$80.00
T92539*	Oxymorphone	\$80.00
T92540*	Pentazocine	\$80.00
T92541*	Phentermine	\$80.00
T92542*	Phenylpropanolamine	\$80.00
T92543*	Propoxyphene	\$80.00
T92544*	Pseudoephedrine	\$80.00
T92545*	GC/MS Confirmation of Positive Screen	\$80.00

Notes:

- i) Two or more specific quantitative assays listed under (2) are payable at the rate of the Comprehensive Drug Analysis. Only one specimen per patient per day is payable.
- ii) Applicable only to cases where the presence of the drug would have a significant impact on the management of the patient.

T92546***	Comprehensive Drug Analysis	\$130.00
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Note: Applicable only if an unknown drug could be the cause of unexplained neurological or psychiatric symptoms and where the presence of the drug would have a significant impact on the management of the patient.

DELETED ITEM:

The following item is deleted effective August 31, 2001:

91385	Chromatography - drug screening - urine	\$54.64
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