

Provider Bulletin # 18-09
**The Philadelphia Department of Behavioral Health and Intellectual
disAbility Services (DBHIDS)**
Community Behavioral Health (CBH)

Diagnostic Laboratory Services in Outpatient Drug and Alcohol Clinics
June 6, 2018

The Office of Mental Health and Substance Abuse Services (OMHSAS) issued #01-14-01 policy clarification¹ outlining the payment for diagnostic laboratory service in outpatient narcotic treatment programs (NTP). This policy clarification confirms the cost of diagnostic laboratory services used to detect and/or monitor the use of drugs is included in the NTP clinic visit fee. Therefore, diagnostic laboratory services cannot be billed as a separate service. **Effective September 17, 2018, Community Behavioral Health (CBH) will be enforcing the regulation that a NTP clinic visit includes drug testing and will no longer pay separately for this service. CBH will be monitoring for provider compliance with this regulation during targeted audits as well as internal data reviews.**

Clinical drug testing is used for the purposes of diagnosis, monitoring, and evaluating progress in treatment and the promotion of long-term recovery. Through drug testing, a person's use of specific drugs as well as the absence of prescribed medications, which may be an indication of diversion, can be identified. The results of toxicological tests are an essential component in informing decisions regarding take-home medication privileges (with the understanding that treatment decisions should not be based solely on toxicology screening results).

Opioid treatment programs (OTP) should provide adequate testing as described by the Federal Guidelines for Opioid Treatment Programs.² Testing frequencies outlined by the Federal Guidelines are summarized below:

Drug and Alcohol Level of Care	Frequency of Drug Testing
Short-term Detoxification	1 initial
Long-term Detoxification	Initial and monthly ³
Maintenance	Initial followed by at least 8 per year

To facilitate timely access to treatment, CBH reminds NTP providers of the Department of Drug and Alcohol Programs (DDAP) Policy Bulletin 18-04⁴ which clarifies that NTPs may make a clinical decision to initiate medication assisted treatment (MAT) upon completion of a urine drug screen, with the clarification that *completion* does not require waiting for a result.

Questions regarding this bulletin can be directed to your CBH Provider Relations Representative.

¹ <http://s18637.pcdn.co/wp-content/uploads/sites/9/provider/info/pr/OMHSAS-Policy-Clarification-01-14-01.pdf>

² 42 CFR § 8.12(f) (6 <https://store.samhsa.gov/shin/content/PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf>)

³ Note: While federal regulations require initial toxicology screening and eight additional screens per year for patients enrolled in comprehensive maintenance therapy, patients on long-term detoxification are required to have testing monthly. For additional information, refer to TIP 43 (<http://www.ncbi.nlm.nih.gov/books/NBK64164/pdf/TOC.pdf>) and TAP 32 Clinical Drug Testing in Primary Care (<http://store.samhsa.gov/shin/content//SMA12-4668/SMA12-4668.pdf>).

⁴ <http://www.ddap.pa.gov/Agency%20Policy%20Bulletins/18-04%20-%20Urinalysis%20Requirements.pdf>