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FLORIDA SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS

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James Corcoran, MD, MPH
Chief Medical Director, Vice President
First Coast Service Options, J9, MAC
P.O. Box 2078
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March 16, 2010

Re: LCD for Urine Drug Testing

Dear Dr. Corcoran:

As you know, the LCD for Urine Drug Testing (LCD, Qualitative Drug Screening, L30574) was finalized by FCSO, with effective date, 1/25/2010. Please accept this letter as a formal request from the Florida Society of Interventional Pain Physicians for reconsideration on this LCD. The proposed Florida Board of Medicine/Osteopathic Medicine Pain Clinic Regulations requires that prior to issuance of any controlled substance prescribing and at least twice yearly afterwards, urine drug testing be performed. This LCD does not cover urine drug testing unless there is a suspicion of abuse, underlined section below. The recently finalized LCD reads as follows:

Indications (LCD L30574)

Medicare will consider performance of a qualitative drug screen (HCPCS code G0430/G0431) medically reasonable and necessary when the patient presents with suspected drug overdose or suspected drug misuse and one or more of the following indications:

- Unreliable patient history
- Multiple drug ingestions
- Unexplained delirium or coma
- Unexplained altered mental status in the absence of a clinically defined toxic syndrome or toxidrome
- Severe or unexplained cardiovascular instability (cardiotoxicity)
- Unexplained metabolic or respiratory acidosis
- Suspected history of substance abuse
- Seizures with an undetermined history

- For the management of a patient under treatment for substance abuse when there is suspicion of continued substance abuse
- For management of chronic pain patients when there is a high pre-test suspicion of non-adherence to the prescribed drug regimen as documented in the patient's medical record

The Florida Boards of Medicine and Osteopathic Medicine Task Force on Pain Clinic Rules has finalized their proposed rules on mandatory urine drug testing. This document must now be presented to the respective full Boards for a final ruling. As you can see below the Florida Boards are taking the position that monitoring of urine is a medical necessity when prescribing controlled substances. I can tell you that physician behaviors are actively changing and most of us are now following the proposed rules with UDT at the initial issuance of a controlled substance prescription and random sample thereafter, as indicated. Please see attached rules, 64B8-9.0131, with special attention to the language below:

- (f) Patient Drug Testing. To assure the medical necessity and safety of any controlled substances that the physician may consider prescribing as part of the patient's treatment plan, patient drug testing shall be performed in accordance with one of the collection methods set forth below and shall be conducted prior to the initial issuance or dispensing of a controlled substance prescription, and thereafter, on a random basis at least twice a year and when requested by the treating physician. Nothing in this rule shall preclude a pain-management clinic from employing additional measures to assure the integrity of the urine specimens provided by patients.

Taking the position of non-coverage for point of care and subsequent urine drug testing puts pain physicians at a significant economic hardship and violates the essence of fair play. This is particularly true in Florida, which finds itself having more daily prescription drug deaths than any other state in the country. Only by performing a point of care test and subsequent confirmatory analysis can a physician confidently monitor and issue prescriptions for controlled substances.

Additionally, the DEA has issued regulations and guidance in which they expect pain physicians to be the gate keepers against diversion and abuse, and in order to accomplish that, some reasonable periodic screening is necessary. (DEA Clarification, 70 FR 50409, 2005) We appreciate your reconsideration in this matter and can provide any further documentation to assist in your decision. We look forward to a favorable response.

Sincerely,



Deborah H. Tracy, MD, MBA
FSIPP Representative, Carrier Advisory Committee, FCSO
FSIPP, President-Elect