

JF CONTROLLED SUBSTANCE MONITORING AND DRUGS OF ABUSE TESTING

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy References

- [Local Coverage Determination \(LCD\) L36707](#)
- [Local Coverage Article \(LCA\) A55030](#)

Documentation References

- [Controlled Substances Act](#)
- [Certification of Opioid Treatment Programs, 42 Code of Federal Regulations \(CFR\) 8](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
- [Internet Only Manual \(IOM\) Publications: 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 50; 100-03, Medicare National Coverage Determination \(NCD\) Manual, Chapter 1, Part 4, Section 280.14; 100-04, Medicare Claims Processing Manual, Chapter 17, Section 20.1.3 and Section 70](#)

The treating clinician must complete the following items

Physician/Non-Physician Practitioner (HPP) Order

With urine drug testing information

With controlled substance name, date, dose, administration route, frequency

Prescribing Buprenorphine? Need Notification of Intent (NOI)

Urine Drug Testing (UDT) with results and medical intervention responses

Medical records from treating practitioner as noted below

Medical Documentation

Coverage is possible when all of the following are met:

Diagnosis and medication with authenticated physician notes

Previous diagnostic and/or lab testing results and notes

Practitioner, nurse, and/or ancillary staff progress notes

Treatment plan

Behavior therapy notes (meeting HIPAA guidelines)

Additional documentation demonstrating patient compliance with evaluation and monitoring