Clinical Policy: Outpatient Testing for Drugs of Abuse

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Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Urine drug testing is a key diagnostic and therapeutic tool that is useful for patient care and monitoring of adherence to a controlled substance treatment regimen (e.g., for chronic non-cancer pain) and to identify drug misuse or addiction prior to starting or during treatment with controlled substances.

Policy/Criteria

I. It is the policy of Louisiana Healthcare Connections *outpatient* testing for drugs of abuse is medically necessary for presumptive drug testing when a member/enrollee meets *the criteria in A,B, or C* and is limited to 24 total tests per member/enrollee per calendar year:

- **A.** Verification of compliance with treatment, identification of undisclosed drug use or abuse, or evaluation of aberrant* behavior beginning at the start of treatment, as part of a routine monitoring program for individuals who meet one of the following (*Note: aberrant behavior includes, but is not limited to, lost prescriptions, repeated requests for early refills, and prescriptions from multiple providers, unauthorized dose escalation, and apparent intoxication):
  1. Receiving treatment for chronic pain with prescription opioid or other potentially abused medications;
  2. Undergoing treatment for, or monitoring for relapse of, opioid addiction or substance use disorder;
- **B.** Clinical evaluation suggests use of non-prescribed medications or illegal substances;
- **C.** On initial entrance into a pain management program.

II. It is the policy of Louisiana Healthcare Connections that *outpatient* testing for drugs of abuse (DOA) is medically necessary for confirmatory/definitive (quantitative) testing for a specific drug(s) when members/enrollees meet *the criteria in A, B, or C* and limited to 12 total tests per calendar year:

- A. The member/enrollee has a documented history or suspicion of illicit or prescription drug use or noncompliance or a high probability of non-adherence to a prescribed drug regimen documented in the medical record; *and all of the following:*
  1. A preliminary/presumptive drug test has been previously performed, unless no reliable test exists; (e.g. synthetic cannabinoids);
  2. The findings from that preliminary/presumptive (qualitative) test (either positive or negative) are either:
     a. Inconsistent with the expected results as suggested by the member's/enrollee's medical history, clinical presentation, and/or member's/enrollee's own statement after a detailed discussion about their recent medication and drug use;
     b. Consistent with the clinical scenario but drug class-specific assays are needed to identify the precise drug(s) that resulted in the positive test result;
  3. Resolving the inconsistency is essential to the ongoing care of the member/enrollee,
  4. The requested confirmatory/definitive test(s) is for ≤14 drugs/drug classes,

5. Tests are only for the specific drug(s) or number of drug classes for which preliminary analysis has yielded unexpected results;

B. The provider expects the presumptive test to be positive (e.g. the member/enrollee reports recent use), *and all of the following:*
   1. Information regarding specific substance and/or quantity is desired;
   2. There are established benchmarks for clinical decision making based on specific substance and/or quantitative levels;
   3. ≤14 drugs/drug classes are requested;
   4. Tests are only for the specific drug(s) or number of drug classes for which the presumptive test is expected to be positive;

C. The request is for a serum therapeutic drug level in relation to the medical treatment of a disease or condition (e.g. phenobarbital level in the treatment of seizures).

III. It is the policy of Louisiana Healthcare Connections that outpatient confirmatory/definitive (quantitative) drug testing of more than 14 drugs/drug classes is not medically necessary.

IV. ~~Urine~~It is the policy of Louisiana Healthcare Connections that urine drug testing is considered not medically necessary if provided for reasons that include, but are not limited to, the following:

A. ~~In~~Universal drug testing (screening) in a primary care setting without signs or symptoms of substance use or without current controlled substance treatment
B. As a condition of:
   1. Employment or pre-employment purposes (pre-requisite for employment or as a requirement for continuation of employment~~). OR~~);
   2. Participation in school or community athletic or extracurricular activities or programs;
C. Screening for medico-legal purposes such as court-ordered drug screening (unless required by state regulations~~).~~);
D. Screening in asymptomatic patients, except as listed in sections I or II~~.~~;
E. As a component of a routine physical/medical examination; e.g. (enrollment in school, enrollment in the military, etc~~.~~).);
F. As a component of a medical examination for any other administrative purposes not listed above (e.g., for purposes of marriage licensure, insurance eligibility, etc~~.~~).);
G. Same-day screening of drug metabolites in specimens sourced from any combination of blood, saliva and urine by either preliminary or confirmatory/definitive analyses~~.~~;
H. Blanket orders~~.~~;
I. Reflex definitive drug tests when presumptive testing is performed at point of care~~.~~;
J. Routine standing orders for all patients in a physician's practice. Physician-defined standing orders for pre-determined drug panels according to specific patient profiles for a limited sequential period may be reasonable and necessary and must be documented in the patient's medical record~~.~~;
K. Billing of individual definitive CPT codes when a comprehensive definitive drug testing panel (CDDP) is ordered~~.~~;
L. Performing presumptive point of care testing and ordering presumptive immunoassay (IA) testing from a reference laboratory~~.~~;
M. Performing presumptive IA testing and ordering presumptive IA testing from a reference laboratory with or without reflex testing~~.~~;

N. Performing IA presumptive screening prior to definitive testing without a specific physician's order for the presumptive testing~~.~~;
O. IA testing, regardless of whether it is qualitative or semi-quantitative used to "confirm" or definitively identify a presumptive test result obtained by cups, dipsticks, cards, cassettes or other CLIA-waived methods. Semi-quantitative IA testing provides a presumptive test (numerical) result. Definitive UDT provides specific identification and/or quantification by GC-MS or LC-MS/MS~~.~~;
P. Specimen validity/adulteration testing, as this is considered part of the laboratory quality control practices.

Background

A drug of abuse (DOA) is defined as a drug, chemical, or plant product known to be misused for recreational purposes.~~-~~[8] In the United States, the basic screening test for DOA includes five drugs: amphetamine, cocaine, marijuana, opioids, and phencyclidine.~~-~~[3,8,12] Other common drugs tested for include benzodiazepines, a wider range of opioids, barbiturates, and ~~methamphetamine.~~ methamphetamines.[3,8,12] These tests can vary by region based on epidemiologic trends. ~~-~~There currently is no uniformity for what is included in extended DOA ~~assay~~ testing~~,~~ or ~~what~~ cutoff values that should be used for detection of drugs that are not covered by workplace testing laws.~~-~~[8]

According to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), a review examining the relevance and role of urine drug testing for treatment of opioid misuse found that providers are better equipped to evaluate opioid therapy with the aid of urine drug testing.[22] However, two literature searches, one from the timeframe 1995-2017 and one from 2000 to present, revealed a significant gap in research evidence regarding the clinical significance of urine drug screening for substance-related disorders.[22,23]

In 2019, the American Society of Addiction Medicine (ASAM) developed a consensus document on the ethical use of drug testing in clinical addiction medicine, which provides a broad discussion of drug testing methods, procedures, and practices. Drug testing can provide a treating clinician with objective information regarding a patient's recent substance use. It can assist with the identification, diagnosis and treatment of addiction and support patients in recovery.[27]

Drug testing should be used only when clinically necessary. Presumptive testing should be a routine part of initial and ongoing assessments. Definitive testing may be used to detect specific substances not identified in presumptive methods and to refine the accuracy of the test results. Definitive testing may be used to detect specific substances not identified by presumptive methods, quantify levels of the substance present, and to refine the accuracy of the test results.[27] In addition, definitive testing may be used when the results are needed to inform clinical decisions with major clinical or non-clinical implications for the patient (e.g., treatment transitions, changes in medication therapies, changes in legal status).[27]

The three methods of drug assays include immunoassay, chromatography, and mass spectrometry. Immunoassay is the most widely used method for initial testing for DOA and offers results within minutes.~~ They are able~~[8] These tests provide a relatively inexpensive method to detect low concentrations of a ~~drug~~substance with ~~a high~~an increased degree of ~~sensitivity but lack some~~

specificity.[8] This can be most easily performed using point-of-care test kits such as a urine drug cup. ~~Unfortunately~~However, in the clinical setting, point-of-care testing does not perform to manufacturers' claims and untrained staff can improperly interpret test results.

Gas chromatography/mass spectrometry (GC/MS) or liquid chromatography (LC/MS) are typically used as confirmatory tests.[1] Chromatography is used to separate a specimen into its component parts and mass spectrometry is used to identify those parts. Chromatography, LC/MS and GC/MS require ~~highly trained~~specialized training for lab staff and instruments to provide a highly sensitive and specific technique for detecting drugs or metabolites.[8] It often takes many hours to obtain results~~, thus~~; therefore, these ~~methods~~tests are generally not used for ~~initial~~preliminary screening in the clinical setting.[8] The mass spectrometer is capable of detecting even minute amounts of a given substance and is considered to have the highest specificity of all lab detection methods.[8] It is most commonly used for confirmatory test results that are primarily of forensic importance.[1,8] GC/MS rarely provides results that are clinically necessary or useful beyond those obtained by standard immunoassays or chromatography.[8]

The ordering clinician must be knowledgeable regarding the type of testing being requested, level of suspicion for drug use or exposure, the ~~purpose~~reason for obtaining the test, and the likelihood of false-positive or false-negative results.[8] Knowledge of potential drug exposure allows a clinician working in an addiction or chronic pain management program to include testing for a metabolite of a parent drug, instead of simply testing for the parent drug, for a patient with a tendency for opioid abuse.[8] If initial screening does not correlate with expected findings and there is concern for false-positive or false-negative results, then confirmatory testing improves the accuracy of initial results ~~especially with concern of false-positive or false-negative results~~.[9]

Immunoassays can yield false-positive results when cross-reacting medications or drugs are present.[8] Cross-reacting substances can be found in common prescription medications, over-the-counter cold medications, and even in some food substances.[8] The highest false-positive results occur with amphetamine testing due to the chemical structure of amphetamine being present in many over-the counter medications and herbal supplements.[8] False-negative results can occur from ~~improper~~inappropriate specimen collection, transport, ~~or~~ testing procedures or from patient attempts to ~~subvert~~undermine the testing.[8] The most common cause of false-negative results is ~~a test~~ failure to detect a specific drug within a given class of drugs~~.~~ because the chemical combination makes it unreactive with the test.[8]

Coding Implications

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NOTE: Coverage is subject to each requested code's inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

CPT® Codes That Support Coverage Criteria

CPT® Codes	Description
0007U*	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
0011U*	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites
80143	Acetaminophen
80150	Amikacin
80151	Amiodarone
80156	Carbamazepine; total
80157	Carbamazepine; free
80158	Cyclosporine
80159	Clozapine
80161	Carbamazepine; -10,11-epoxide
80162	Digoxin; total
80163	Digoxin; free
80167	Felbamate
80168	Ethosuximide
80169	Everolimus
80170	Gentamicin
80171	Gabapentin, whole blood, serum, or plasma
80173	Haloperidol
80175	Lamotrigine
80177	Levetiracetam
80180	Mycophenolate (mycophenolic acid)
80181	Flecainide
80183	Oxcarbazepine
80184	Phenobarbital
80189	Itraconazole
80193	Leflunomide
80204	Methotrexate
80220	Hydroxychloroquine
80320*	Alcohols
80321*	Alcohol biomarkers; 1 or 2
80322*	Alcohol biomarkers; 3 or more
80323*	Alkaloids, not otherwise specified
80324*	Amphetamines; 1 or 2
80325*	Amphetamine; 3 or 4
80326*	Amphetamines; 5 or more
80327*	Anabolic steroids; 1 or 2
80328*	Anabolic steroids; 3 or more
80332*	Antidepressants, serotonergic class; 1 or 2

CPT® Codes	Description
80333*	Antidepressants, serotonergic class; 3-5
80334*	Antidepressants, serotonergic class; 6 or more
80335*	Antidepressants, tricyclic and other cyclicals; 1 or 2
80336*	Antidepressants, tricyclic and other cyclicals; 3 to 5
80337*	Antidepressants, tricyclic and other cyclicals; 6 or more
80338*	Antidepressants, not otherwise specified
80339*	Antiepileptics, not otherwise specified; 1 to 3
80340*	Antiepileptics, not otherwise specified; 4 to 6
80341*	Antiepileptics, not otherwise specified; 7 or more
80342*	Antipsychotics, not otherwise specified; 1 to 3
80343*	Antipsychotics, not otherwise specified; 4 to 6
80344*	Antipsychotics, not otherwise specified; 7 or more
80345*	Barbiturates
80346*	Benzodiazepines; 1 to 12
80347*	Benzodiazepines; 13 or more
80348*	Buprenorphine
80349*	Cannabinoids, natural
80350*	Cannabinoids, synthetic; 1 to 3
80351*	Cannabinoids, synthetic; 4 to 6
80352*	Cannabinoids; synthetic; 7 or more
80353*	Cocaine
80354*	Fentanyl
80356*	Heroin metabolite
80357*	Ketamine and norketamine
80358*	Methadone
80359*	Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80360*	Methylphenidate
80361*	Opiates, 1 or more
80362*	Opioids and opiate analogs; 1 or 2
80363*	Opioids and opiate analogs; 3 or 4
80364*	Opioids and opiate analogs; 5 or more
80365*	Oxycodone
80366*	Pregbalin
80367*	Propoxyphene
80368*	Sedative Hypnotics (non-benzodiazepines)
80369*	Skeletal muscle relaxants; 1 or 2
80370*	Skeletal muscle relaxants; 3 or more
80371*	Stimulants, synthetic
80372*	Tapentadol
80373*	Tramadol
80374*	Stereoisomer (enantiomer) analysis, single drug class
80375*	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1 to 3
80376*	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4 to 6
80377*	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more

CPT® Codes	Description
82077*	Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)
83992*	Phencyclidine (PCP)
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service
0227U*	Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation

CPT Codes That Do Not Support Coverage Criteria

CPT® Codes	Description
0051U*	Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrommetry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service
0054U*	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service
0082U*	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service
0093U*	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected
0110U*	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected
0116U*	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications
0143U*	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple

CPT® Codes	Description
	reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0144U*	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0145U*	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0146U*	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0147U*	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0148U*	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0149U*	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0150U*	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service
0328U*	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service

HCPCS Codes That Support Coverage Criteria

HCPCS Codes	Description
G0480	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1- to 7 drug class(es), including metabolite(s) if performed
G0481	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); definitive, qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8- to 14 drug class(es), including metabolite(s) if performed
G0659*	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes

HCPCS Codes That Do Not Support Coverage Criteria

HCPCS Codes	Description
G0482*	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or

HCPCS Codes	Description
	drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15- to 21 drug class(es), including metabolite(s) if performed
G0483*	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed

ICD-10-CM Codes That Support Coverage Criteria

ICD-10-CM	Description
F10.10-F10.19	Alcohol abuse
F10.20-F10.29	Alcohol dependence
F11.10-F11.19	Opioid abuse
F11.20-F11.29	Opioid dependence
F12.10-F12.19	Cannabis abuse
F12.20-F12.29	Cannabis dependence
F12.920-F12.99	Cannabis use, unspecified
F13.10-F13.19	Sedative, hypnotic or anxiolytic abuse
F13.20-F13.29	Sedative, hypnotic or anxiolytic- related dependence
F13.920-F13.99	Sedative, hypnotic or anxiolytic- related use, unspecified
F14.10-F14.19	Cocaine abuse
F14.20-F14.29	Cocaine dependence
F15.10-F15.19	Other stimulant abuse
F15.20-F15.29	Other stimulant dependence
F15.920-F15.99	Other stimulant use, unspecified
F16.10-F16.9	Hallucinogen abuse
F16.20-F16.29	Hallucinogen dependence
F16.920-F16.99	Hallucinogen use, unspecified
F18.10-F18.19	Inhalant abuse
F18.920-F18.99	Inhalant use, unspecified
F19.10-F19.19	Other psychoactive substance abuse

F19.20-F19.29	Other psychoactive substance dependence
F19.920-F19.99	Other psychoactive substance use, unspecified
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.89	Other schizophrenia
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.42	Cyclin-Dependent Kinase-Like 5 Deficiency Disorder
G89.29	Other chronic pain
G89.4	Chronic pain syndrome
I44.0	Atrioventricular block, first degree
I44.1	Atrioventricular block, second degree
I44.30	Unspecified atrioventricular block
I45.81	Long QT syndrome
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I49.2	Junctional premature depolarization
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Other spondylosis with radiculopathy, cervical region

M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M54.10	Radiculopathy, site unspecified
M54.12	Radiculopathy, cervical region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.2	Cervicalgia
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.821	Other myositis, right upper arm
M60.822	Other myositis, left upper arm
M60.831	Other myositis, right forearm
M60.832	Other myositis, left forearm
M60.841	Other myositis, right hand
M60.842	Other myositis, left hand
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh

M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M79.2	Neuralgia and neuritis, unspecified
M79.7	Fibromyalgia
R40.0	Somnolence
R40.1	Stupor
R40.2110	Coma scale, eyes open, never, unspecified time
R40.2111	Coma scale, eyes open, never, in the field [EMT or ambulance]
R40.2112	Coma scale, eyes open, never, at arrival to emergency department
R40.2113	Coma scale, eyes open, never, at hospital admission
R40.2114	Coma scale, eyes open, never, 24 hours or more after hospital admission
R40.2120	Coma scale, eyes open, to pain, unspecified time
R40.2121	Coma scale, eyes open, to pain, in the field [EMT or ambulance]
R40.2122	Coma scale, eyes open, to pain, at arrival to emergency department
R40.2123	Coma scale, eyes open, to pain, at hospital admission
R40.2124	Coma scale, eyes open, to pain, 24 hours or more after hospital admission
R40.2210	Coma scale, best verbal response, none, unspecified time
R40.2211	Coma scale, best verbal response, none, in the field [EMT or ambulance]
R40.2212	Coma scale, best verbal response, none, at arrival to emergency department
R40.2213	Coma scale, best verbal response, none, at hospital admission
R40.2214	Coma scale, best verbal response, none, 24 hours or more after hospital admission
R40.2220	Coma scale, best verbal response, incomprehensible words, unspecified time
R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]
R40.2222	Coma scale, best verbal response, incomprehensible words, at arrival to emergency department
R40.2223	Coma scale, best verbal response, incomprehensible words, at hospital admission
R40.2224	Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission
R40.2310	Coma scale, best motor response, none, unspecified time
R40.2311	Coma scale, best motor response, none, in the field [EMT or ambulance]
R40.2312	Coma scale, best motor response, none, at arrival to emergency department
R40.2313	Coma scale, best motor response, none, at hospital admission
R40.2314	Coma scale, best motor response, none, 24 hours or more after hospital admission
R40.2320	Coma scale, best motor response, extension, unspecified time
R40.2321	Coma scale, best motor response, extension, in the field [EMT or ambulance]
R40.2322	Coma scale, best motor response, extension, at arrival to emergency department
R40.2323	Coma scale, best motor response, extension, at hospital admission

R40.2324	Coma scale, best motor response, extension, 24 hours or more after hospital admission
R40.2340	Coma scale, best motor response, flexion withdrawal, unspecified time
R40.2341	Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance]
R40.2342	Coma scale, best motor response, flexion withdrawal, at arrival to emergency department
R40.2343	Coma scale, best motor response, flexion withdrawal, at hospital admission
R40.2344	Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission
R41.82	Altered mental status, unspecified
R44.0	Auditory hallucinations
R44.2	Other hallucinations
R44.3	Hallucinations, unspecified
R45.850	Homicidal ideations
R45.851	Suicidal ideations
R45.88	Nonsuicidal self-harm
R56.9	Unspecified convulsions
T39.011A	Poisoning by aspirin, accidental (unintentional), initial encounter
T39.012A	Poisoning by aspirin, intentional self-harm, initial encounter
T39.013A	Poisoning by aspirin, assault, initial encounter
T39.014A	Poisoning by aspirin, undetermined, initial encounter
T39.091A	Poisoning by salicylates, accidental (unintentional), initial encounter
T39.092A	Poisoning by salicylates, intentional self-harm, initial encounter
T39.093A	Poisoning by salicylates, assault, initial encounter
T39.094A	Poisoning by salicylates, undetermined, initial encounter
T39.1X1A	Poisoning by 4-Aminophenol derivatives, accidental (unintentional), initial encounter
T39.1X2A	Poisoning by 4-Aminophenol derivatives, intentional self-harm, initial encounter
T39.1X3A	Poisoning by 4-Aminophenol derivatives, assault, initial encounter
T39.1X4A	Poisoning by 4-Aminophenol derivatives, undetermined, initial encounter
T39.2X1A	Poisoning by pyrazolone derivatives, accidental (unintentional), initial encounter
T39.2X2A	Poisoning by pyrazolone derivatives, intentional self-harm, initial encounter
T39.2X3A	Poisoning by pyrazolone derivatives, assault, initial encounter
T39.2X4A	Poisoning by pyrazolone derivatives, undetermined, initial encounter
T39.311A	Poisoning by propionic acid derivatives, accidental (unintentional), initial encounter
T39.312A	Poisoning by propionic acid derivatives, intentional self-harm, initial encounter
T39.313A	Poisoning by propionic acid derivatives, assault, initial encounter
T39.314A	Poisoning by propionic acid derivatives, undetermined, initial encounter
T39.391A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional), initial encounter

T39.392A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], intentional self-harm, initial encounter
T39.393A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], assault, initial encounter
T39.394A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], undetermined, initial encounter
T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter
T40.0X2A	Poisoning by opium, intentional self-harm, initial encounter
T40.0X3A	Poisoning by opium, assault, initial encounter
T40.0X4A	Poisoning by opium, undetermined, initial encounter
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter
T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter
T40.1X3A	Poisoning by heroin, assault, initial encounter
T40.1X4A	Poisoning by heroin, undetermined, initial encounter
T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter
T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter
T40.2X3A	Poisoning by other opioids, assault, initial encounter
T40.2X4A	Poisoning by other opioids, undetermined, initial encounter
T40.3X1A	Poisoning by methadone, accidental (unintentional), initial encounter
T40.3X2A	Poisoning by methadone, intentional self-harm, initial encounter
T40.3X3A	Poisoning by methadone, assault, initial encounter
T40.3X4A	Poisoning by methadone, undetermined, initial encounter
T40.411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
T40.411D	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter
T40.411S	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela
T40.412A	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter
T40.412D	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter
T40.412S	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela
T40.413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter
T40.413D	Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter
T40.413S	Poisoning by fentanyl or fentanyl analogs, assault, sequela
T40.414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
T40.414D	Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter
T40.414S	Poisoning by fentanyl or fentanyl analogs, undetermined, sequela
T40.421A	Poisoning by tramadol, accidental (unintentional), initial encounter
T40.421D	Poisoning by tramadol, accidental (unintentional), subsequent encounter
T40.421S	Poisoning by tramadol, accidental (unintentional), sequela
T40.422A	Poisoning by tramadol, intentional self-harm, initial encounter
T40.422D	Poisoning by tramadol, intentional self-harm, subsequent encounter

T40.422S	Poisoning by tramadol, intentional self-harm, sequela
T40.423A	Poisoning by tramadol, assault, initial encounter
T40.423D	Poisoning by tramadol, assault, subsequent encounter
T40.423S	Poisoning by tramadol, assault, sequela
T40.424A	Poisoning by tramadol, undetermined, initial encounter
T40.424D	Poisoning by tramadol, undetermined, subsequent encounter
T40.424S	Poisoning by tramadol, undetermined, sequela
T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40.491D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
T40.491S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
T40.492A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
T40.492D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
T40.492S	Poisoning by other synthetic narcotics, intentional self-harm, sequela
T40.493A	Poisoning by other synthetic narcotics, assault, initial encounter
T40.493D	Poisoning by other synthetic narcotics, assault, subsequent encounter
T40.493S	Poisoning by other synthetic narcotics, assault, sequela
T40.494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40.494D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
T40.494S	Poisoning by other synthetic narcotics, undetermined, sequela
T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40.602A	Poisoning by unspecified narcotics, intentional self-harm, initial encounter
T40.603A	Poisoning by unspecified narcotics, assault, initial encounter
T40.604A	Poisoning by unspecified narcotics, undetermined, initial encounter
T40.691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
T40.692A	Poisoning by other narcotics, intentional self-harm, initial encounter
T40.693A	Poisoning by other narcotics, assault, initial encounter
T40.694A	Poisoning by other narcotics, undetermined, initial encounter
T40.711A	Poisoning by cannabis, accidental (unintentional), initial encounter
T40.711D	Poisoning by cannabis, accidental (unintentional), subsequent encounter
T40.711S	Poisoning by cannabis, accidental (unintentional), sequela
T40.712A	Poisoning by cannabis, intentional self-harm, initial encounter
T40.712D	Poisoning by cannabis, intentional self-harm, subsequent encounter
T40.712S	Poisoning by cannabis, intentional self-harm, sequela
T40.713A	Poisoning by cannabis, assault, initial encounter
T40.713D	Poisoning by cannabis, assault, subsequent encounter
T40.713S	Poisoning by cannabis, assault, sequela
T40.714A	Poisoning by cannabis, undetermined, initial encounter
T40.714D	Poisoning by cannabis, undetermined, subsequent encounter
T40.714S	Poisoning by cannabis, undetermined, sequela

T40.721A	Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter
T40.721D	Poisoning by synthetic cannabinoids, accidental (unintentional), subsequent encounter
T40.721S	Poisoning by synthetic cannabinoids, accidental (unintentional), sequela
T40.722A	Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter
T40.722D	Poisoning by synthetic cannabinoids, intentional self-harm, subsequent encounter
T40.722S	Poisoning by synthetic cannabinoids, intentional self-harm, sequela
T40.723A	Poisoning by synthetic cannabinoids, assault, initial encounter
T40.723D	Poisoning by synthetic cannabinoids, assault, subsequent encounter
T40.723S	Poisoning by synthetic cannabinoids, assault, sequela
T40.724A	Poisoning by synthetic cannabinoids, undetermined, initial encounter
T40.724D	Poisoning by synthetic cannabinoids, undetermined, subsequent encounter
T40.724S	Poisoning by synthetic cannabinoids, undetermined, sequela
T40.8X1A	Poisoning by lysergide [LSD], accidental (unintentional), initial encounter
T40.8X2A	Poisoning by lysergide [LSD], intentional self-harm, initial encounter
T40.8X3A	Poisoning by lysergide [LSD], assault, initial encounter
T40.8X4A	Poisoning by lysergide [LSD], undetermined, initial encounter
T40.901A	Poisoning by unspecified psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.902A	Poisoning by unspecified psychodysleptics [hallucinogens], intentional self-harm, initial encounter
T40.903A	Poisoning by unspecified psychodysleptics [hallucinogens], assault, initial encounter
T40.904A	Poisoning by unspecified psychodysleptics [hallucinogens], undetermined, initial encounter
T40.991A	Poisoning by other psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.992A	Poisoning by other psychodysleptics [hallucinogens], intentional self-harm, initial encounter
T40.993A	Poisoning by other psychodysleptics [hallucinogens], assault, initial encounter
T40.994A	Poisoning by other psychodysleptics [hallucinogens], undetermined, initial encounter
T42.0X1A	Poisoning by hydantoin derivatives, accidental (unintentional), initial encounter
T42.0X2A	Poisoning by hydantoin derivatives, intentional self-harm, initial encounter
T42.0X3A	Poisoning by hydantoin derivatives, assault, initial encounter
T42.0X4A	Poisoning by hydantoin derivatives, undetermined, initial encounter
T42.3X1A	Poisoning by barbiturates, accidental (unintentional), initial encounter
T42.3X2A	Poisoning by barbiturates, intentional self-harm, initial encounter
T42.3X3A	Poisoning by barbiturates, assault, initial encounter
T42.3X4A	Poisoning by barbiturates, undetermined, initial encounter
T42.4X1A	Poisoning by benzodiazepines, accidental (unintentional), initial encounter
T42.4X2A	Poisoning by benzodiazepines, intentional self-harm, initial encounter
T42.4X3A	Poisoning by benzodiazepines, assault, initial encounter

T42.4X4A	Poisoning by benzodiazepines, undetermined, initial encounter
T42.6X1A	Poisoning by other antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.6X2A	Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.6X3A	Poisoning by other antiepileptic and sedative-hypnotic drugs, assault, initial encounter
T42.6X4A	Poisoning by other antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter
T42.71XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.72XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.73XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, assault, initial encounter
T42.74XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter
T43.011A	Poisoning by tricyclic antidepressants, accidental (unintentional), initial encounter
T43.012A	Poisoning by tricyclic antidepressants, intentional self-harm, initial encounter
T43.013A	Poisoning by tricyclic antidepressants, assault, initial encounter
T43.014A	Poisoning by tricyclic antidepressants, undetermined, initial encounter
T43.021A	Poisoning by tetracyclic antidepressants, accidental (unintentional), initial encounter
T43.022A	Poisoning by tetracyclic antidepressants, intentional self-harm, initial encounter
T43.023A	Poisoning by tetracyclic antidepressants, assault, initial encounter
T43.024A	Poisoning by tetracyclic antidepressants, undetermined, initial encounter
T43.1X1A	Poisoning by monoamine-oxidase-inhibitor antidepressants, accidental (unintentional), initial encounter
T43.1X2A	Poisoning by monoamine-oxidase-inhibitor antidepressants, intentional self-harm, initial encounter
T43.1X3A	Poisoning by monoamine-oxidase-inhibitor antidepressants, assault, initial encounter
T43.1X4A	Poisoning by monoamine-oxidase-inhibitor antidepressants, undetermined, initial encounter
T43.201A	Poisoning by unspecified antidepressants, accidental (unintentional), initial encounter
T43.202A	Poisoning by unspecified antidepressants, intentional self-harm, initial encounter
T43.203A	Poisoning by unspecified antidepressants, assault, initial encounter
T43.204A	Poisoning by unspecified antidepressants, undetermined, initial encounter
T43.211A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, accidental (unintentional), initial encounter
T43.212A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, intentional self-harm, initial encounter

T43.213A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, assault, initial encounter
T43.214A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, undetermined, initial encounter
T43.221A	Poisoning by selective serotonin reuptake inhibitors, accidental (unintentional), initial encounter
T43.222A	Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter
T43.223A	Poisoning by selective serotonin reuptake inhibitors, assault, initial encounter
T43.224A	Poisoning by selective serotonin reuptake inhibitors, undetermined, initial encounter
T43.291A	Poisoning by other antidepressants, accidental (unintentional), initial encounter
T43.292A	Poisoning by other antidepressants, intentional self-harm, initial encounter
T43.293A	Poisoning by other antidepressants, assault, initial encounter
T43.294A	Poisoning by other antidepressants, undetermined, initial encounter
T43.3X1A	Poisoning by phenothiazine antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.3X2A	Poisoning by phenothiazine antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.3X3A	Poisoning by phenothiazine antipsychotics and neuroleptics, assault, initial encounter
T43.3X4A	Poisoning by phenothiazine antipsychotics and neuroleptics, undetermined, initial encounter
T43.4X1A	Poisoning by butyrophenone and thiothixene neuroleptics, accidental (unintentional), initial encounter
T43.4X2A	Poisoning by butyrophenone and thiothixene neuroleptics, intentional self-harm, initial encounter
T43.4X3A	Poisoning by butyrophenone and thiothixene neuroleptics, assault, initial encounter
T43.4X4A	Poisoning by butyrophenone and thiothixene neuroleptics, undetermined, initial encounter
T43.501A	Poisoning by unspecified antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.502A	Poisoning by unspecified antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.503A	Poisoning by unspecified antipsychotics and neuroleptics, assault, initial encounter
T43.504A	Poisoning by unspecified antipsychotics and neuroleptics, undetermined, initial encounter
T43.591A	Poisoning by other antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.592A	Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.593A	Poisoning by other antipsychotics and neuroleptics, assault, initial encounter

T43.594A	Poisoning by other antipsychotics and neuroleptics, undetermined, initial encounter
T43.601A	Poisoning by unspecified psychostimulants, accidental (unintentional), initial encounter
T43.602A	Poisoning by unspecified psychostimulants, intentional self-harm, initial encounter
T43.603A	Poisoning by unspecified psychostimulants, assault, initial encounter
T43.604A	Poisoning by unspecified psychostimulants, undetermined, initial encounter
T43.611A	Poisoning by caffeine, accidental (unintentional), initial encounter
T43.612A	Poisoning by caffeine, intentional self-harm, initial encounter
T43.613A	Poisoning by caffeine, assault, initial encounter
T43.614A	Poisoning by caffeine, undetermined, initial encounter
T43.621A	Poisoning by amphetamines, accidental (unintentional), initial encounter
T43.622A	Poisoning by amphetamines, intentional self-harm, initial encounter
T43.623A	Poisoning by amphetamines, assault, initial encounter
T43.624A	Poisoning by amphetamines, undetermined, initial encounter
T43.631A	Poisoning by methylphenidate, accidental (unintentional), initial encounter
T43.632A	Poisoning by methylphenidate, intentional self-harm, initial encounter
T43.633A	Poisoning by methylphenidate, assault, initial encounter
T43.634A	Poisoning by methylphenidate, undetermined, initial encounter
T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter
T43.641D	Poisoning by ecstasy, accidental (unintentional), subsequent encounter
T43.641S	Poisoning by ecstasy, accidental (unintentional), sequela
T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter
T43.642D	Poisoning by ecstasy, intentional self-harm, subsequent encounter
T43.642S	Poisoning by ecstasy, intentional self-harm, sequela
T43.643A	Poisoning by ecstasy, assault, initial encounter
T43.643D	Poisoning by ecstasy, assault, subsequent encounter
T43.643S	Poisoning by ecstasy, assault, sequela
T43.644A	Poisoning by ecstasy, undetermined, initial encounter
T43.644D	Poisoning by ecstasy, undetermined, subsequent encounter
T43.644S	Poisoning by ecstasy, undetermined, sequela
T43.651A	Poisoning by methamphetamines accidental (unintentional), initial encounter
T43.651D	Poisoning by methamphetamines accidental (unintentional), subsequent encounter
T43.651S	Poisoning by methamphetamines accidental (unintentional), sequela
T43.652A	Poisoning by methamphetamines intentional self-harm, initial encounter
T43.652D	Poisoning by methamphetamines intentional self-harm, subsequent encounter
T43.652S	Poisoning by methamphetamines intentional self-harm, sequela
T43.653A	Poisoning by methamphetamines, assault, initial encounter
T43.653D	Poisoning by methamphetamines, assault, subsequent encounter
T43.653S	Poisoning by methamphetamines, assault, sequela

T43.654A	Poisoning by methamphetamines, undetermined, initial encounter
T43.654D	Poisoning by methamphetamines, undetermined, subsequent encounter
T43.654S	Poisoning by methamphetamines, undetermined, sequela
T43.655A	Adverse effect of methamphetamines, initial encounter
T43.655D	Adverse effect of methamphetamines, subsequent encounter
T43.655S	Adverse effect of methamphetamines, sequela
T43.656A	Underdosing of methamphetamines, initial encounter
T43.656D	Underdosing of methamphetamines, subsequent encounter
T43.656S	Underdosing of methamphetamines, sequela
T43.691A	Poisoning by other psychostimulants, accidental (unintentional), initial encounter
T43.692A	Poisoning by other psychostimulants, intentional self-harm, initial encounter
T43.693A	Poisoning by other psychostimulants, assault, initial encounter
T43.694A	Poisoning by other psychostimulants, undetermined, initial encounter
T43.8X1A	Poisoning by other psychotropic drugs, accidental (unintentional), initial encounter
T43.8X2A	Poisoning by other psychotropic drugs, intentional self-harm, initial encounter
T43.8X3A	Poisoning by other psychotropic drugs, assault, initial encounter
T43.8X4A	Poisoning by other psychotropic drugs, undetermined, initial encounter
T43.91XA	Poisoning by unspecified psychotropic drug, accidental (unintentional), initial encounter
T43.92XA	Poisoning by unspecified psychotropic drug, intentional self-harm, initial encounter
T43.93XA	Poisoning by unspecified psychotropic drug, assault, initial encounter
T43.94XA	Poisoning by unspecified psychotropic drug, undetermined, initial encounter
T45.0X1A	Poisoning by antiallergic and antiemetic drugs, accidental (unintentional), initial encounter
T45.0X2A	Poisoning by antiallergic and antiemetic drugs, intentional self-harm, initial encounter
T45.0X3A	Poisoning by antiallergic and antiemetic drugs, assault, initial encounter
T45.0X4A	Poisoning by antiallergic and antiemetic drugs, undetermined, initial encounter
T46.0X1A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter
T46.0X2A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, intentional self-harm, initial encounter
T46.0X3A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, assault, initial encounter
T46.0X4A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, undetermined, initial encounter
T50.901A	Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.902A	Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.903A	Poisoning by unspecified drugs, medicaments and biological substances, assault, initial encounter

T50.904A	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter
Z03.821	Encounter for observation for suspected ingested foreign body ruled out
Z03.822	Encounter for observation for suspected aspirated (inhaled) foreign body ruled out
Z03.823	Encounter for observation for suspected inserted (injected) foreign body ruled out
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z51.81	Encounter for therapeutic drug level monitoring
Z79.3	Long term (current) use of hormonal contraceptives
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Converted corporate to local policy.	08/15/2020	
Reworded Criteria I to limit to 24 total tests per member/enrollee per calendar year. Criteira II to limit to 12 test per calendar year. Removed (HCPCS codes G0482, G0483) from the policy statement in III. Added **"**In a primary care setting without signs or symptoms of substance use or without current controlled substance treatment" to section IV. Removed Protocols for testing requiring prior authorization. Added "and may not support medical necessity" to coding implications. Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date." Removed CPT codes. Removed G0659 from HCPCS codes. Updated ICD-10-CM Codes That Support Coverage Criteria. Updated references. Changed all instances of member to member/enrollee. Added "c" to the end of the policy number.	11/2022	1/14/23
Added ICD-10 codes that support coverage. Added relevant codes for presumptive and definitive testing. CPT codes and table inserted. Annual Review. Added an example of synthetic cannabinoids to I.A.1., drugs for which presumptive testing is not reliable. Coding reviewed and updated. Updated background information to include information regarding American Society of Addiction Medicine (ASAM). Other minor wording changes made to background with no clinical significance. References reviewed and updated. Policy reviewed by an internal specialist.	7~~6~~/2023	

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.