In 2009, the Section of General Practice and the Ministry of Health have jointly developed a fee for Point of Care (POC) testing for *methadone maintenance patients* (P15039). Through a new separate fee code (P15040), POC urine drug screening has been expanded to other patients when a physician feels it is medically appropriate to undertake a urine drug screening test. **This new fee has an effective date retroactive to January 1, 2012, and will be available for billing as of January 16, 2012.**

The POC Billing Guideline was initially developed to assist the physicians who perform the tests and to ensure the testing is aligned with the existing Methadone Maintenance Program Guidelines. It has been reviewed with the College of Physicians and Surgeons of BC Methadone committee and this committee supports this joint initiative in the best interests of ensuring optimum high quality medical care for this group of patients. This has now been revised to include the new POC testing fee for patients who are not on the BC Methadone Maintenance Treatment Program. The POC billing guidelines are included below.

**Guidelines for POINT OF CARE (POC) URINE DRUG SCREENING**

The use of urine testing to screen for illicit drug use has long been standard practice in methadone programs. In British Columbia, Point-of-Care (POC) urine drug screening has been available to physicians since June 1, 2009, in order to provide rapid on-site feedback for their patients registered in the B.C. Methadone Maintenance Program. In 2010, this testing was expanded to include buprenorphine. As of January 1, 2012, POC testing is also available for other patients who are not enrolled in the BC Methadone Maintenance Treatment program.

Initially POC testing was through the use of a separate dip kit but as of July, 2010 a seven-analyte panel is available that will test urine for amphetamines, benzodiazepines, cocaine metabolites, methadone metabolites, opioids, oxycodone and buprenorphine. In addition to these seven analytes, urine samples should also be checked for specific gravity and creatinine using the adulteration strips. This is a simple way of establishing the integrity of the sample and is included under the fee codes P15039 and now P15040. POC testing also requires regular quality control monitoring, and supplies for this are included with the panel kits.

POC testing of urine in BC will include testing for the following seven substances:

- amphetamines
- benzodiazepines
- cocaine metabolites
- methadone metabolites
- opioids
- oxycodone
- buprenorphine

Note that testing for methadone metabolites is more reliable than testing for methadone alone, as a patient can easily tamper with a urine sample by adding a few drops of methadone.

Additional substances can be tested beyond the routine screen when clinically appropriate. These substances need to be clearly identified on the requisition.
It is important to remember that not all drugs of abuse are detected with the POC panel. Some drugs (for example, certain benzodiazepines and synthetic opioids), will only be detected with more sophisticated laboratory techniques such as gas chromatography. If more thorough investigation by gas chromatography or mass spectrometry is necessary, this should be indicated on the requisition.

**Non-METHADONE MAINTENANCE**

Effective January 1, 2012 this new fee is available for POC urine drug screening when clinically indicated for patients who are not enrolled in the BC Methadone Maintenance Treatment program.

**P15040**  
GP Point of Care (POC) testing for amphetamines, benzodiazepines, cocaine metabolites, methadone metabolites, opioids and oxycodone ................... $12.08

**Notes:**
- **i)** Not billable for patients enrolled in the B. C. Methadone Maintenance Treatment Program.
- **ii)** Confirmatory testing (re-analysing a specimen which is positive on the initial POC test using a different analytic method) is expensive and should be utilized only when medically necessary and when a confirmed result would have a significant impact on patient management.
- **iii)** This fee includes the adulteration test.
- **iv)** Only POC urine testing kits that have met Health Canada Standards are to be used.

The temperature of the sample can influence the results of the test. Hot water should be turned off in the bathroom. Patients should be provided with a pre-labelled container and a staff member should record the temperature of the urine sample immediately. Depending on the clinical indication for testing patients, the other instructions on collection of urine as listed in the Methadone Maintenance section below may be appropriate.

**METHADONE MAINTENANCE**

Effective April 1, 2010, this fee item was revised to include POC testing for patients managed with buprenorphine/naloxone.

Fee description

**P15039**  
Point of Care Testing – for methadone or buprenorphine/naloxone maintenance .............. $12.08

**Notes:**
- **i)** Restricted to physicians who have exemptions to prescribe methadone or buprenorphine/naloxone for their patients with opioid dependency in B.C.
- **ii)** Restricted to patients registered in the B.C. Methadone Maintenance Program.
- **iii)** Maximum billable: 26 per annum, per patient.
iv) **Confirmatory testing (reanalyzing a specimen which is positive on the initial POC test using a different analytic method) is expensive and seldom necessary once a patient has enrolled in the Methadone Maintenance Program. Accordingly, confirmatory testing should be utilized only when medically necessary and when a confirmed result would have a significant impact on patient management.**

v) **This fee includes the adulteration test.**

vi) **Only POC urine testing kits that have met Health Canada Standards are to be used.**

1. **When and Why to Order a Urine Drug Screen**

   1.1 **At initial assessment**
   Urine drug screens obtained at the initial assessment provide information about current drug use that is essential in the treatment planning process. The absence of opioids in the urine during assessment does not preclude admission to the Methadone Maintenance Program if the assessment confirms that methadone maintenance treatment is appropriate. For example, an opioid-dependent patient who is currently abstinent but at high risk of relapse will have a negative urine drug screen but may be a good candidate for the MMP. If the patient is not yet on the program, and the urine drug screening was done as part of the intake process, hold the billing of the 15039 until after the first 00039 has been billed. The urine POC fee will be paid if billed within 90 days of the 00039 (before or after).

   1.2 **When a patient is receiving daily witnessed ingestion (DWI) of methadone**
   Patients who take their methadone under supervision should be monitored periodically using urine drug screens. The results will indicate the following:
   
   - whether the prescribed methadone is being ingested
   - whether other mood-altering drugs are being used
   - whether other opioids are being used

   The continued presence of opioids in urine screens may indicate too low a dose of methadone.

   1.3 **When a patient is receiving carry privileges**
   Once stability has been achieved, patients may be allowed carry privileges. Urine drug screens can confirm that patients with carries are ingesting their methadone and are not using other drugs. Patients who continue to use mood-altering drugs should not be candidates for carry privileges, as continuing drug use indicates patient instability.

2. **Collection of Urine**

   2.1 **Frequency of collection**
   a) **Initiation:**
   At least one urine drug screen must be collected, interpreted and documented before a patient is initiated on methadone.
b) **Stabilization:**
During the stabilization phase, a urine drug screen should be collected at least monthly. If a patient is reporting ongoing use of mood-altering drugs, urine drug screens may not add much to the clinical management and may be collected less frequently.

c) **Maintenance:**
Random urine drug screens should be done at least every eight weeks.

POC testing in BC can be billed up to 26 times per year. This works out to an average of once every two weeks but allows physicians some flexibility in varying this schedule to allow for patient circumstances.

2.2 **Method of collection**
Urine for drug screens should be collected in the office under supervision and at random intervals. This should be the standard, but if this is not possible, urine drug screens can be collected at a community laboratory. Measures need to be taken to ensure that the method of collection meets the standards listed below and that the patient’s identity is confirmed.

a) **Clothing:**
Patients must divest themselves of coats, jackets, other bulky clothing and bags, all of which must be left outside the bathroom.

b) **Sample temperature:**
Hot water should be turned off in the bathroom. Patients should be provided with a pre-labelled container and a staff member should record the temperature of the urine sample immediately.

c) **Scheduling:**
Urine for drug screens should be collected at an unexpected and unscheduled time, and not on a scheduled appointment day. Patients should be contacted and requested to attend the office within 24 hours to provide a supervised sample.

d) **Witnessed collection:**
It is usually sufficient that urine collection be collected under supervision according to the standards listed above, but witnessed urine collection may occasionally be deemed necessary to ensure the authenticity of the sample. In these cases, patients should provide the urine sample while in the presence of an appropriate clinic staff member.

2.3 **Urine Toxicology**
Urine should be collected and tested according to the guidelines published by the Guidelines and Protocols Advisory Committee of the B.C. Ministry of Health. (The guidelines can be found at www.bcguidelines.ca/gpac/guideline_methadone.html.)
**Ordering Supplies and Training Staff**

There are now two companies that offer testing kits for point of care urine testing under the Methadone Maintenance Program in BC. The contact information for more details is:

**Thermo Fisher Scientific**

Diagnostix Ltd. Products  
Clinical Diagnostics

2845 Argentia Road, Unit 5  
Mississauga, Ontario  
L5N 8G6  
1-800-282-4075 ext 234

Local Representation:  
Michael J. Klaver  
Regional Sales Manager B.C.  
[contact email]  
Cell – 778-386-1973

**SPECTRUM Medical Diagnostics**

Sharmin Sriram  
Ph: 905-497-6762  
Fx: 905-497-4337  
E: [contact email]  
W: [website]