

Appendix B. Urine Drug Screening (UDS)

ACOG Statement: ACOG Committee Opinion No. 422 (2008) states that universal written/verbal substance use disorder (SUD) screening, brief intervention, and referral to treatment, rather than UDS, is best practice. UDS may be useful in specific clinical situations, including as follow up to a positive verbal screen.

Indications for UDS: UDS is useful in monitoring patients with or at high risk of SUD, as well as patients receiving controlled substances as part of pain management or SUD medication assisted treatment. The physician should be aware of metabolism pathways and careful with panel selection as some of the more common drugs of abuse are not part of the standard panel ([see video](#)). The physician should discuss the purpose, risks and benefits of the use of UDS with the patient and should stress that maternal and infant safety is the primary purpose.

If risk indicators are identified at any time during pregnancy or postpartum, rule out other identifiable causes, re-screen, test, or provide assessment as appropriate. Risk indicators include:

- Little or no prenatal care
- Inappropriate behavior (e.g., disorientation, somnolence, unfocused anger)
- Physical signs of substance abuse or withdrawal
- Smell of alcohol/chemicals
- Recent history of SUD or treatment

Positive UDS Results: Test results that suggest illicit drug use or prescribed medication misuse should be discussed with the patient. The discussion should occur in a positive, supportive fashion to strengthen the physician-patient relationship, encourage healthy behaviors, and produce behavioral change when needed and should include a referral to an addiction specialist.

If you believe a patient may be diverting a medication, she should be notified to come in to the office between scheduled appointments for a random pill count. If a random pill count reveals medication quantities that fall short of amounts expected from prescribing instructions, it is vital to perform a point of care urine drug screen (UDS) with confirmation. A UDS confirmation negative for the prescribed opioid and/or its metabolites is strong evidence of diversion and, the medication should be discontinued and alternative treatments initiated. If the physician believes the diversion represents a significant risk to public health, consideration should be given to reporting the individual to law enforcement or asking the NC Controlled Substance Reporting System (CSRS) for assistance.

UDS Reimbursement: The NC Medicaid code is G0434 (\$19.84). CPT codes 80100 (\$17.94) and 80101 (\$16.98) can be used for qualitative drug screening tests that use chromatographic methods for multiple (80100) and single (80101) drug classes. CLIA waived tests are highly recommended as they cost \$4-\$8 and require far less documentation than non-CLIA tests.