

## **POINT OF CARE TESTING FOR METHADONE MAINTENANCE**

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. The POC Billing Guideline was 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. The POC billing guidelines are included below.

This fee item was implemented June 1, 2009, will be owned by the Section of GP's, and will be located in the General Services section of the Payment Schedule, after T00039. 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.....\$11.02

#### **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.***

### **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. This test will use a six-analyte panel that will test urine for amphetamines, benzodiazepines, cocaine metabolites, methadone metabolites, opioids and oxycodone. For those patients under treatment with buprenorphine/naloxone, a separate testing strip is available to test for this analyte in addition to the six-analyte panel outlined above. This is included under the same fee code P15039 and is not to be billed as an additional test.

In addition to these six (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. POC testing also requires regular quality control monitoring, and supplies for this are included with the panel kits.

## **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.

### **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](http://www.bcguidelines.ca/gpac/guideline_methadone.html).)

POC testing of urine in BC will include testing for oxycodone, in addition to the five substances currently tested in routine methadone maintenance drug screens. The following is a list of the six substances tested:

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

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.

For patients managed with buprenorphine/naloxone, a separate strip is available to ensure appropriate management.

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.

### **Ordering Supplies and Training Staff**

Thermo Fisher Scientific has undertaken to supply physicians in BC with urine testing kits that are able to detect the 6 substances covered under the POC testing fee as well as all supplies needed for adulteration testing and Quality Assurance monitoring. Additionally, Thermo Fisher Scientific has under undertaken to supply physicians in BC with the urine testing strips for buprenorphine/naloxone. They currently are the supplier of testing kits to Corrections Canada as well as Methadone Clinics in Ontario for similar POC testing. Thermo Fisher Scientific is willing to arrange in-office training for interested Physicians over most of B.C., with some regions being serviced by videoconferencing training. Please contact the local representative below for more details. Physicians who have exemptions to prescribe methadone for their patients with opioid dependency in B.C. and who are interested in providing Point of Care testing to their patients can contact Thermo Fisher Scientific directly for more information at:

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