**Policy**

Drug testing will be performed on pain management patients prior to the initial issuance or dispensing of a controlled substance prescription and randomly at least twice per year, or more frequently as determined by the treating physician.

**Procedure**

1. If the physician is considering prescribing a controlled substance to a patient as part of the patient’s treatment plan, the physician shall require the patient to undergo drug testing.
2. When drug testing is utilized, [Clinic Name] shall use ONE of three methods to perform patient drug testing:
	1. Referral to an outside laboratory. A physician shall send the patient to a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory or a collection site owned or operated by a CLIA-certified laboratory;
	2. Specimen collected in the pain management clinic and sent to an outside laboratory for testing. A physician shall collect in the office the patient specimen to be used for drug testing in a device that measures pH, specific gravity, and temperature and then the specimen shall be sent to a CLIA-certified laboratory. The physician shall follow the collection procedures required by the agreement the pain management clinic has entered into with the CLIA-certified laboratory it uses; or
	3. Specimen collected and screened in office and sent to an outside laboratory for testing. A physician shall collect and screen in the office the specimen to be used for drug testing using CLIA-waived point-of-care test or CLIA-approved test that uses a device that measures pH, specific gravity, and temperature. Results of the drug screen shall be read according to the manufacturer’s instructions and sent to a CLIA-certified laboratory for confirmation testing as described in the point-of-care test package insert.
3. The CLIA-certified laboratory will perform gas or liquid chromatography/mass spectrometry (GC/MS or LC/MS or LC/MS/MS or GC/MS/MS) confirmation.
4. [Clinic Name] may employ additional measures to help assure the integrity of the urine specimens provided by patients.
5. When drug testing is utilized, the physician will:
	1. Review the results of the testing prior to the initial issuance or dispensing of a controlled substance or prescription for a controlled substance; and
	2. Cause the patient to undergo drug testing on a random basis every 6 months or more frequently as determined by the treating physician.
6. If the result of the GC/MS or LC/MS or LC/MS/MS or GC/MS/MS testing is positive, the physician shall discuss the results with the patient and determine, based on the totality of the circumstances, whether the drug test results are indicative of substance abuse.
	1. If the physician concludes that the drug test results are indicative of substance abuse, the physician will refer the patient for further consultation with a board-certified pain management physician, an addiction medicine specialist, or to a mental health addiction facility as it pertains to drug abuse or addiction.
7. When drug testing is utilized, the patient’s medical record shall include documentation of the following:
	1. A urine drug test was performed and the results of the test;
	2. The method by which the urine drug screen was collected and tested;
	3. The dates of the urine drug test; and
	4. The physician’s signature indicating review of the results of the urine drug test.
8. Evidence of Diversion. When the physician observes evidence or behavioral indications of diversion, the physician will take the following actions:
	1. Discontinue controlled substance therapy;
	2. Discharge the patient;
	3. Provide the patient with a discharge notification and maintain a copy of the discharge notification in the patient’s medical record; and
	4. Document in the patient’s medical record the results of any testing performed and the actions taken by the physician.