

Drug Testing Utilization and Cost Trends in California Workers' Compensation

by Alex Swedlow & Bob Young

Executive Summary

In recent years, there has been growing recognition and concern about the widespread use of highly addictive, opioid-based “Schedule II” narcotics such as oxycodone, fentanyl, morphine, and methadone to manage injured workers’ pain. With the rapid increase of opioid utilization, claims administrators, medical providers, pharmacy benefit management organizations (PBMs), government regulators, and lawmakers have been debating various interventions to better monitor and control the use of opioids, including the use of drug testing.

This new study uses data compiled from national and regional workers’ compensation insurers to determine: 1) the distribution of common drug tests used in California workers’ compensation; 2) the distribution of the total dollars billed and paid for those tests; and 3) the growth rates for drug testing and the associated payments over the past eight years.

RESULTS:

- The authors identified 27 procedure codes associated with 450,873 drug testing visits by injured workers during the 8 years of the study. These generated \$78 million in charges and \$50 million in payments.

- Breaking the results out by year, the study found that the number of drug testing visits in the study sample increased from 4,012 in 2004 to 186,023 in 2011 (+4,537 percent), while the average amount paid per testing encounter increased 315 percent from \$36 in 2004 to \$148 in 2011. As a result, total drug testing payments in the sample climbed from \$142,481 in 2004 to \$27.4 million in 2011.
- Extrapolating the results to the entire system, the authors conservatively estimate that drug testing payments in California workers’ compensation totaled \$98 million in 2011.

Background

The issue of pain management and the use of prescription pain medication has become a lightning rod for controversy within the California workers’ compensation industry as well as in national healthcare public policy discussions, stirring debate over the proper course of treatment, the costs associated with various modalities, the confounding influence on protracted medical care and delayed recovery, and the long-term effects on injured workers. The lack of clarity and agreement between medical specialties and medical treatment guidelines contributes to an inefficient system of checks and

balances in which the mandate to provide medical care “reasonably required to cure or relieve the injured worker from the effects of his or her injury”¹ must be weighed against the need to assure safe, appropriate and cost-effective treatment.

As the number of cases in which injured workers have become addicted or overdosed on these medications has grown, serious questions have arisen about how these drugs are being used in workers’ compensation, and whether prolonged administration of opioid painkillers impedes rather than facilitates recovery from an occupational injury.

1 California Labor Code Section 4600(a).

Over the past five years, the California Workers' Compensation Institute has published several studies that have examined and measured the use, the costs, the outcomes, and the prescribing patterns associated with Schedule II narcotics within California workers' compensation:

- The initial study, published in 2008, analyzed more than 166,000 California work injury claims for back conditions with no spinal cord involvement.² That research found that after case-mix adjustment, the graduated use of Schedule II drugs for these relatively minor back injury claims was associated with significantly higher claim costs, an increased likelihood of lost time from work, delayed recovery and more litigation.
- In September 2009, CWCI released a study based on data from nearly 4 million California workers' compensation prescriptions filled between January 2002 and June 2008, resulting in \$313 million in pharmaceutical payments.³ That study found that Schedule II opioids had grown from 0.4 percent of California workers' compensation prescriptions filled in 2002 to 5.9 percent of the prescriptions filled during the first nine months of 2008, while the average amount paid for a Schedule II prescription had almost tripled from about \$99 to nearly \$280 per prescription. As a result, in less than 7 years, Schedule II drugs jumped from 0.7 percent to 18 percent of all California workers' compensation prescription drug payments.
- A follow-up study, also issued in September 2009, used a sample of accident year 2002-2007 claims to spotlight changes in the prescription and payment distributions for Schedule II drugs in California workers' compensation.⁴ The study examined 57,613 Schedule II prescriptions that resulted in more than \$13.3 million in payments and revealed that most of the Schedule II prescriptions and most of the payments for these drugs were concentrated in a small number of drug categories, led by Oxycodone, though the surge in Schedule II drug utilization reflected a sharp, across-the-board increase in all Schedule II drug categories.
- In March 2011, CWCI published a study that examined the prescribing patterns of medical providers who

write Schedule II prescriptions.⁵ Using data from 16,890 accident year 1993-2009 claims, that study examined 233,276 Schedule II prescriptions filled between January 2005 and December 2009, resulting in payments of \$86.1 million. The study determined that a relatively small percentage of workers' compensation physicians account for the vast majority of the Schedule II drugs prescribed to injured workers in California, with the top 3 percent of doctors who prescribe Schedule II opioids accounting for 55 percent of the prescriptions, 62 percent of the morphine equivalents, and 65 percent of the associated payments. The study also documented that nearly half of the Schedule II opioid prescriptions in California workers' compensation are for minor back injury claims, a treatment regimen not supported by the medical literature, and that the American College of Occupational and Environmental Medicine describes as "typically not useful in the sub-acute and chronic phases."

- Using the sample from the study of Schedule II prescribing patterns, in April 2011, CWCI examined the prescribing patterns for fentanyl, arguably the most powerful of the Schedule II opioids.⁶ This study found that more than one out of five injured workers who received Schedule II opioids were prescribed fentanyl, and that among non-surgical medical back (strain and sprain) claimants who received Schedule II opioids, more than one in four were given fentanyl. Furthermore the study confirmed that more than a quarter of the doctors who prescribed Schedule II opioids for injured workers prescribed fentanyl, while three out of ten doctors who wrote Schedule II prescriptions for non-surgical medical back patients prescribed this drug.

These studies and other published research contributed to an increased recognition of the problems associated with the overutilization and misuse of opioids and Schedule II narcotics in workers' compensation, underscoring the negative impact that they can have on injured workers – including delays and/or an inability to return to work, functional limitations both at work and in day-to-day activities, depression, addiction and the resulting need for rehabilitation, and in a growing number of cases, overdoses and death.

2 Swedlow, A., Gardner, L., and Ireland, J. "Pain Management and the Use of Opioids in the Treatment of Back Conditions in the California Workers' Compensation System." CWCI Report to the Industry, July 2008.

3 Swedlow, A., Ireland, J. "Changes in Pharmaceutical Utilization and Reimbursement in the California Workers' Compensation System," CWCI Research Update, September 2009.

4 CWCI. "Schedule II Prescription & Payment Distributions in California Workers' Compensation: 2005-2008." CWCI Research Spotlight Report, September 2009.

5 Swedlow, A., Ireland, J., Johnson, G. "Prescribing Patterns of Schedule II Opioids in the California Workers' Compensation System." CWCI Research Update, March 2011.

6 CWCI. "Prescribing Patterns of Schedule II Opioids Part 2: Fentanyl Prescriptions in California Workers' Compensation." CWCI Research Spotlight Report. April 2011.

With the dramatic increase in the use of these drugs in workers' compensation and in other medical systems over the past seven years, claims administrators, medical providers, pharmacy benefit management companies (PBMs), government regulators, and lawmakers faced the challenge of developing various interventions to better monitor and control the use of opioids. Examples in California workers' compensation include:

- The use of utilization review to confirm that opioids are appropriate for the injury;
- Physician education programs on the use of opioids, gauging patient susceptibility to drug dependency and addiction, the need for ongoing evaluation of the injured worker's pain and functionality, and pain management alternatives (i.e. use of non-opioid drugs, return-to-work, exercise, stress management);
- Peer-to-peer discussions with physicians who prescribe these drugs;
- The use of the Controlled Substance Utilization Review and Evaluation System⁷ (C.U.R.E.S.) developed by the California Department of Justice -- one of several Prescription Drug Monitoring Programs adopted by states to improve tracking of patients who receive controlled pharmaceutical substances, as well as the pharmacies and physicians who dispense them;
- The use of opioid contracts in which the injured worker agrees to adhere to the treatment plan, take the drugs only as directed, attend follow-up visits, and allow random drug testing; and
- Drug testing for purposes of monitoring adherence to drug prescriptions and identifying potential doctor shopping for multiple prescription situations.

The Pathology and Laboratory Services section of the California Workers' Compensation Official Medical Fee Schedule identifies various drug testing procedures that are used for injured workers. These tests can be provided by pathologists and other physicians, technologists under responsible supervision of a physician, and by physician-owned laboratories as well as commercial and hospital laboratories. Anecdotal reports from managed care and workers' compensation claims administrators suggest that the use of drug

testing, whether done in the physician's office or at an outside lab, has grown rapidly along with the increased use of Schedule II drugs to treat injured workers. To gain a better understanding of the scope of drug testing in California workers' compensation, and the extent to which it has grown, the Institute undertook this study to identify and measure:

- 1) The distribution of common drug tests used in California workers' compensation;
- 2) The distribution of total dollars billed and paid by type of drug test;
- 3) The growth rate for drug testing in California workers' compensation from calendar year 2004 through calendar year 2011; and
- 4) The growth rate for the total and average amounts billed and paid for such tests over that 8-year span.

Data: For this analysis, the authors used CWCI's Industry Claims Information System (ICIS)⁸ to compile a sample of drug tests from calendar years 2004 through 2011. The data were submitted by national and regional workers' compensation insurers representing approximately 42 percent of all California workers' compensation premium. The sample was reviewed and is considered representative of the broader California workers' compensation market.

Within this sample, the authors identified 27 specific procedure codes that claim administrators used to reimburse drug testing service visits that occurred during the 2004 to 2011 study period. The data on each drug testing procedure visit included the drug test procedure code, the date of service, the tax identification number of the provider or lab administering the test, as well as the billed and paid amounts. In total, these 27 codes were associated with 450,873 drug testing visits, \$78 million in billed charges, and \$50 million in payments.

There were limitations in the administrative medical data. The sample data contained limited information on the exact number of tests performed on a given date of service. In addition, while these 27 procedures represent the most common drug testing services, there could be other medical treatment or administrative codes associated with drug testing that are not represented in the sample data, so the results produced by this analysis are conservative estimates of the volume and cost of drug testing in California workers' compensation.

⁷ For additional information on C.U.R.E.S and Prescription Drug Monitoring Programs, see <http://oag.ca.gov/cures-pdmp>.

⁸ ICIS is a proprietary database maintained by the California Workers' Compensation Institute that contains detailed information, including employer and employee characteristics, medical service information, and benefit and other administrative cost information on more than 4 million workplace injuries with dates of injury between 1993 and 2011.

Results

The table below displays the top 10 drug testing procedures from the study sample, ranked in order by the total amount paid for each procedure.

The distributions displayed in Table 1 show:

- The top 10 drug testing codes accounted for 85.6 percent of all drug testing service dates in the study sample, as well as 95.2 percent of the drug testing charges and 95.8 percent of the drug testing payments.
- “Drug Screen, Single” (Procedure Code 80101) represented 47 percent of the total payments and 33.1 percent of the service dates within the study sample, making this the most common drug test performed on injured workers.
- “Assay of Opiates” (Procedure Code 83925) ranked second behind single drug screens in terms of the number of drug test visits, accounting for 10.7 percent of all service dates.
- “Gas/Liquid Chromatography” (Procedure Code 82486) ranked second in terms of aggregate payments, with 9.4 percent of the drug testing reimbursements, followed by “Drug Screen, Multiple” (Procedure Code 80100), which accounted for 8.5 percent of all dollars paid in the sample.

Appendix A provides the full frequency, billed and payment amounts for all 27 drug testing codes identified in the study sample.

**Table 1: Distribution of the Top 10 Drug Testing Procedures Ranked by Total Payments
(2004 – 2011 California Workers’ Compensation Drug Testing Service Dates)**

Drug Testing Code	# of Drug Testing Service Dates	Total Billed	Total Paid	Percent of Sample		
				Drug Testing Service Dates	Total Billed	Total Paid
80101 - Drug Screen, Single	149,077	\$37,294,783	\$23,330,363	33.1%	48.1%	47.0%
82486 - Gas/Liquid Chromatography	11,690	\$4,895,444	\$4,684,209	2.6%	6.3%	9.4%
80100 - Drug Screen, Multiple	34,786	\$8,256,955	\$4,223,504	7.7%	10.6%	8.5%
G0431 - Drug Screen, Qualitative; Single Drug Class Method	22,690	\$5,061,066	\$3,881,244	5.0%	6.5%	7.8%
82491 - Chromatography, Quantitative, Single	12,539	\$4,357,792	\$3,341,460	2.8%	5.6%	6.7%
80102 - Drug Confirmation	30,910	\$4,343,519	\$3,029,356	6.9%	5.6%	6.1%
83925 - Assay Of Opiates	48,356	\$5,382,928	\$2,851,614	10.7%	6.9%	5.7%
80299 - Quantitative Assay, Drug	25,412	\$1,187,195	\$783,353	5.6%	1.5%	1.6%
83840 - Assay Of Methadone	20,137	\$1,450,716	\$744,165	4.5%	1.9%	1.5%
82055 - Assay Of Ethanol	30,352	\$1,642,478	\$701,697	6.7%	2.1%	1.4%
Top 10 Testing Procedures	385,949	\$73,872,876	\$47,570,965	85.6%	95.2%	95.8%
All Other	64,924	\$3,734,199	\$2,090,870	14.4%	4.8%	4.2%
Grand Total	450,873	\$77,607,075	\$49,661,835	100.0%	100.0%	100.0%

Table 2. Distribution of California Workers' Compensation Drug Tests by Year of Service

Year of Service	# of Drug Testing Dates of Service	Total Billed	Total Paid	Avg. Billed/Date of Service	Avg. Paid/Date of Service
2004	4,012	\$324,031	\$142,481	\$80.77	\$35.51
2005	5,302	\$449,884	\$175,658	\$84.85	\$33.13
2006	6,833	\$610,418	\$260,595	\$89.33	\$38.14
2007	12,914	\$1,233,573	\$595,521	\$95.52	\$46.11
2008	28,642	\$4,102,671	\$1,832,366	\$143.24	\$63.97
2009	71,614	\$9,363,596	\$4,798,049	\$130.75	\$67.00
2010	135,533	\$23,037,263	\$14,409,630	\$169.97	\$106.32
2011	186,023	\$38,485,639	\$27,447,536	\$206.89	\$147.55
Total	450,873	\$77,607,075	\$49,661,835	\$172.13	\$110.15
% Change (2004 - 2011)	4,537%	11,777%	19,164%	156%	315%

Table 2 breaks out both the total and the average amounts billed and paid by the year of service, tracking the growth in the utilization and reimbursement of drug testing services in California workers' compensation from 2004 through 2011. Key findings from Table 2 include:

- The study sample showed the volume of drug testing increased from 4,012 service dates in 2004 to 186,023 service dates in 2011, a growth rate of 4,537 percent;
- The total amount billed for drug testing in the sample was just under \$38.5 million in 2011 – more than 118 times the \$324,031 billed in the 2004 base year, while the total amount paid grew to \$27.4 million, or about 192 times the \$142,481 paid in 2004.
- The average amount billed per drug testing date of service increased from about \$81 in 2004 to just under \$207 in 2011, a 156 percent increase over 8 years, while the average amount paid increased from less than \$36 in 2004 to nearly \$148 in 2011, a 315 percent increase.

Estimate of Systemwide Costs for Drug Testing for Calendar Year 2011

Table 3 notes that the study sample data represents 42 percent of the insured market, and that self-insured claims accounted for an estimated one-third of all California workers' compensation claim costs last year. Using these percentages, the authors were able to extrapolate the billed and paid results

from this analysis to estimate the systemwide cost of drug testing in California workers' compensation for 2011.

As noted, the data sample included nearly \$38.5 million in drug testing charges in 2011 and more than \$27.4 million in payments for those services. After adjusting these results to reflect the total insured and self-insured market, the authors estimate that systemwide, 2011 billings for the 27 different drug tests identified in the sample data totaled about \$137.4 million, while 2011 payments for these tests were estimated at approximately \$98 million.

Table 3. Estimated Systemwide Drug Testing Costs for California Workers' Compensation (Calendar Year 2011)

	Total Billed	Total Paid
2011 Billed/Paid Amounts in Data Sample	\$38,485,639	\$27,447,536
Percent of Insured Payors in Sample	42%	42%
Estimated 2011 Total Insured Billed/Paid Amounts	\$91,632,473	\$65,351,276
Self-Insured Adjustment Factor ⁹	33%	33%
Estimated Self-Insured 2011 Payments	\$45,816,237	\$32,675,638
Estimated Total 2011 Payments	\$137,448,710	\$98,026,914

9 The California Workers' Compensation Insurance Rating Bureau estimates that self-insured employers account for 33% of the overall California workers' compensation market.

Discussion

The California Division of Workers' Compensation Chronic Pain Guidelines adopted in 2009 provide a framework for drug testing as part of the guidelines criteria for opioid use. These include considerations for "the use of a urine drug screen to assess for the use or the presence of illegal drugs"¹⁰ and the "use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control."¹¹ In conducting this analysis, the authors attempted to distinguish between the use of drug testing associated with prescriptions for injured workers within the workers' compensation system as opposed to other forms of drug testing, such as the federal alcohol and drug testing requirements for motor carriers,¹² which require testing for classes of substances including marijuana, cocaine, opiates and codeine derivatives, amphetamines and methamphetamines, and phencyclidine. Appendix 1 shows that these types of drug tests are among the least frequent tests ordered in California workers' compensation.

It should be noted that unlike the federal programs such as the Department of Transportation's Procedures for Transportation Workplace Drug and Alcohol Testing Program,¹³ which provide explicit rules and regulations for both the test and the use of test results, the increased use of drug testing in workers' compensation creates potential public policy issues for all stakeholders. For example, the rationale that is used to justify the testing, the specific test that is administered, and the confidentiality issues related to how test results are distributed may create potential liabilities for the injured worker, employer, claims administrator, and the medical provider.

Such potential liabilities have not gone unnoticed, as recent public policy research documenting the dramatic increase in the use of opioids to treat injured workers has crossed over into the mainstream¹⁴ and trade press.¹⁵ Despite the addition of the chronic pain management guideline into the California workers' compensation medical treatment utilization schedule, there is a growing acceptance that the use of pain management therapies that include Schedule II drugs may require additional regulations to curb the overutilization and inappropriate use of opioids for work-related injuries.

This study confirms a viral-like growth rate in the volume of drug testing and in the amounts billed and paid for these services. At the same time, the results show a 315 percent increase in the average amount paid per testing encounter, suggesting that both the number and the relative complexity of tests per office visit may be on the rise. These increases coincide with the dramatic growth in the use of opioids to treat work injuries documented by the earlier research. The findings also suggest that barring the implementation of explicit, nationally recognized, evidence-based protocols and guidelines on the appropriate use of drug testing, and/or a reduction in the use of opioids, it is unlikely that the growth rate for testing will level off.

Payment challenges to drug tests have been an issue for other healthcare systems for many years. In 2001, MacMillan found that the most common causes of payment challenges include missing or invalid supporting documentation, and coding omissions such as missing modifier codes and invalid diagnosis codes.¹⁶ In terms of the costs to the California workers' compensation system, drug test spending continues to trend upward and may approach \$150 million for calendar year 2012. This estimate is considered conservative as it cannot account for the high likelihood of additional tests that are paid under administrative codes; tests currently in dispute; and associated medical liens.

Data analysis and anecdotal evidence from managed care specialists suggest an implied strategy of serial testing at the point of service for many opioid prescriptions and refills. This creates an environment in which tests must continually be conducted to determine the presence or absence of specific pharmaceuticals, which according to experts and treatment guidelines, often should not have been prescribed in the first place. While the rationale for testing for the presence of a particular substance (to verify the use of the prescription according to the treating physician's specifications) or absence (often used as a proxy for potential redirection of opioids to the black market) is understandable, the result is a compounding, self-reinforcing system of inappropriate opioid prescribing that fuels ongoing drug testing.

10 California Division of Workers' Compensation, Chronic Pain Guidelines, CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids, Steps to Take Before a Therapeutic Trial of Opioids, 2J, page 77.

11 California Division of Workers' Compensation, Chronic Pain Guidelines, page 78.

12 Guideline available at <http://www.fmcsa.dot.gov/safety-security/safety-initiatives/drugs/drug-testing-guide.htm>

13 Department of Transportation rule 49 CFR Part 40 (<http://www.dot.gov/odapc/part40.html>)

14 Meier, Barry. Tightening the Lid on Pain Prescriptions. The New York Times, April 8, 2012.

15 Paduda, Joe. How concerned are workers comp execs about opioids? Managed Care Matters, Jan 11, 2012

16 MacMillan, D. H., Soderberg, B. L., and Laposata, M. Regulations Regarding Reflexive Testing and Narrative Interpretations in Laboratory Medicine. Am J Clin Pathol 2001;116 (Suppl 1):S129-S132

With an estimated \$98 million spent on drug testing in California workers' compensation in 2011, research is needed to determine whether, in the long run, these tests actually lead to better outcomes for the injured worker. Are injured workers who are tested more or less likely to become addicted or overdose? Conversely, are they more or less likely to transition off opioid medications, receive alternative pain management

therapies, return to work, or if necessary, enter rehabilitation programs? There are also other potential hidden cost drivers to be explored, so the Institute will continue to monitor the issue with subsequent studies examining the extent to which the increased use of opioids and drug testing are associated with increases in office visits, diagnostic testing and administrative fees such as medical cost containment expenses.

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About CWCI

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Appendix 1

Utilization of Drug Testing Procedures: CWCI 2004 - 2011 Study Sample

Drug Testing Code	# of Drug Testing Service Dates	Total Billed	Total Paid	Percent of Sample		
				Drug Testing Service Dates	Total Billed	Total Paid
80100 - Drug Screen, Multiple	34,786	\$8,256,955	\$4,223,504	7.7%	10.6%	8.5%
80101 - Drug Screen, Single	149,077	\$37,294,783	\$23,330,363	33.1%	48.1%	47.0%
80102 - Drug Confirmation	30,910	\$4,343,519	\$3,029,356	6.9%	5.6%	6.1%
80299 - Quantitative Assay, Drug	25,412	\$1,187,195	\$783,353	5.6%	1.5%	1.6%
82055 - Assay Of Ethanol	30,352	\$1,642,478	\$701,697	6.7%	2.1%	1.4%
82065 - Urine Alcohol Chemical	2	\$79	\$79	0.0%	0.0%	0.0%
82075 - Assay Of Breath Ethanol	721	\$23,104	\$14,860	0.2%	0.0%	0.0%
82145 - Assay Of Amphetamines	19,509	\$1,203,679	\$661,992	4.3%	1.6%	1.3%
82205 - Assay Of Barbiturates	14,630	\$620,368	\$379,497	3.2%	0.8%	0.8%
82486 - Gas/Liquid Chromatography	11,690	\$4,895,444	\$4,684,209	2.6%	6.3%	9.4%
82487 - Paper Chromatography	1	\$30	\$31	0.0%	0.0%	0.0%
82488 - Paper Chromatography	65	\$71,932	\$71,718	0.0%	0.1%	0.1%
82489 - Thin Layer Chromatography	4	\$369	\$171	0.0%	0.0%	0.0%
82491 - Chromotography, Quantative, Single	12,539	\$4,357,792	\$3,341,460	2.8%	5.6%	6.7%
82492 - Chromotography, Quantative, Multiple	2,466	\$122,327	\$87,631	0.5%	0.2%	0.2%
82520 - Assay Of Cocaine	13,538	\$707,968	\$379,663	3.0%	0.9%	0.8%
82646 - Assay Of Dihydrocodeinone	837	\$52,019	\$31,031	0.2%	0.1%	0.1%
82649 - Assay Of Dihydromorphinone	287	\$19,661	\$13,811	0.1%	0.0%	0.0%
82660 - Drug Screen	127	\$4,571	\$3,630	0.0%	0.0%	0.0%
83805 - Assay Of Meprobamate	12,487	\$829,278	\$407,645	2.8%	1.1%	0.8%
83840 - Assay Of Methadone	20,137	\$1,450,716	\$744,165	4.5%	1.9%	1.5%
83861 - Morphine Quantitative	1	\$56	\$32	0.0%	0.0%	0.0%
83925 - Assay Of Opiates	48,356	\$5,382,928	\$2,851,614	10.7%	6.9%	5.7%
84408 - Drug Screen (THC)	9	\$245	\$144	0.0%	0.0%	0.0%
84447 - Screen Toxicology, General	4	\$251	\$147	0.0%	0.0%	0.0%
G0430 - Drug Screen, Qualitative; Multiple Drug Classes Other Than Chromatographic Method	236	\$78,262	\$38,790	0.1%	0.1%	0.1%
G0431 - Drug Screen, Qualitative; Single Drug Class Method	22,690	\$5,061,066	\$3,881,244	5.0%	6.5%	7.8%
Grand Total	450,873	\$77,607,075	\$49,661,835	100.0%	100.0%	100.0%