

2091692

INTEGRATED LABEL


 197001
 Patient Name _____ DOB _____

BACK LAMINATE


 197001

8430 Juniper Creek Lane, San Diego, CA 92126
 Tel: (858) 217-5918 Fax: (866) 789-9580
 Lab Director: Amadeo Pesce, Ph.D.
 CLIA #05D0567262



Customer Information

REQUISITION FOR DEFINITIVE DRUG TESTING USING LC-MS/MS

Last Name: _____ DOB: ____/____/____
 First Name: _____ Gender: M F
 Date Collected: ____/____/____ Attach patient demographic with insurance card
 Ordering Provider: _____ Uninsured Patient DX Code: _____

PLEASE SELECT GROUP(S) OR SINGLE DRUG(S)

Opiates/Opioids <input type="checkbox"/>	Benzodiazepines <input type="checkbox"/>	Illicit Drugs <input type="checkbox"/>	Other Drugs <input type="checkbox"/>	Special Opioids <input type="checkbox"/>
Tylenol 3 (Codeine) <input type="checkbox"/>	Xanax (Alprazolam) <input type="checkbox"/>	Methamphetamine <input type="checkbox"/>	Adderall (Amphetamine) <input type="checkbox"/>	Suboxone (Buprenorphine) <input type="checkbox"/>
Norco (Hydrocodone) <input type="checkbox"/>	Klonopin (Clonazepam) <input type="checkbox"/>	Cocaine <input type="checkbox"/>	Ritalin (Methylphenidate) <input type="checkbox"/>	Naloxone <input type="checkbox"/>
Dilaudid (Hydromorphone) <input type="checkbox"/>	Valium (Diazepam) <input type="checkbox"/>	MDMA <input type="checkbox"/>	Marijuana (THC)* <input type="checkbox"/>	Methadone (Methadose) <input type="checkbox"/>
MS Contin (Morphine) <input type="checkbox"/>	Serex (Oxazepam) <input type="checkbox"/>	Heroin (6-MAM) <input type="checkbox"/>	Ethyl Glucuronide* <input type="checkbox"/>	Duragesic (Fentanyl) <input type="checkbox"/>
Percocet (Oxycodone) <input type="checkbox"/>	Restoril (Temazepam) <input type="checkbox"/>	PCP <input type="checkbox"/>	Barbiturates* <input type="checkbox"/>	Nucynta (Tapentadol) <input type="checkbox"/>
Opana (Oxymorphone) <input type="checkbox"/>	Ativan (Lorazepam) <input type="checkbox"/>	K2/Spice (Synthetic THC)* <input type="checkbox"/>	Kratom (Mitragynine) <input type="checkbox"/>	Ultram (Tramadol) <input type="checkbox"/>
		Bath Salts (Cathinones) <input type="checkbox"/>	Ambien (Zolpidem)* <input type="checkbox"/>	Demerol (Meperidine) <input type="checkbox"/>
		Neuropathics <input type="checkbox"/>	Muscle Relaxants <input type="checkbox"/>	Antidepressants <input type="checkbox"/>
		Neurontin (Gabapentin) <input type="checkbox"/>	Soma (Carisoprodol) <input type="checkbox"/>	Elavil (Amitriptyline) <input type="checkbox"/>
		Lyrica (Pregabalin) <input type="checkbox"/>	Flexeril (Cyclobenzaprine) <input type="checkbox"/>	Paxil (Paroxetine) <input type="checkbox"/>
			Equanil (Meprobamate) <input type="checkbox"/>	Norpramin (Desipramine) <input type="checkbox"/>
				Tofranil (Imipramine) <input type="checkbox"/>

Medication List Attached

*Immunoassay Only

Prescribed Medications

AUTHORIZATION/SIGNATURES

DONOR: I certify that the specimen and information provided is my own and has not been substituted or adulterated. I further grant permission for the testing of my specimen for the presence of drugs and/or alcohol. I authorize Birdrock Laboratories to share the information on this form and my test results with my designated insurance carrier if necessary for reimbursement, to appeal any reimbursement denial, and authorize all reimbursements to be paid directly to the laboratory in consideration of services performed. I acknowledge that Birdrock Laboratories may be outside my network of insurance and I may be responsible for the amount due as determined by said insurance. I authorize Birdrock Laboratories to release the results of this testing to the treating authorized healthcare provider or facility.

Donor Authorization Signature: _____ Authorized Health Care Provider Signature: _____

Testing performed by Birdrock Laboratories is compliant with all local and state guidelines and regulations. Any testing performed at our facility is based on current coding:

- CPT **80307** - Drug test(s), presumptive...includes sample validation when performed, per date of service.
- CPT **G0480** - Drug test(s), definitive...1-7 drug class(es), including metabolite(s) if performed.
- CPT **G0481** - Drug test(s), definitive...8-14 drug class(es), including metabolite(s) if performed.
- CPT **G0482** - Drug test(s), definitive...15-21 drug class(es), including metabolite(s) if performed.
- CPT **G0483** - Drug test(s), definitive...22 or more drug class(es), including metabolite(s) if performed.

All tests ordered for Medicare or Medicaid reimbursement must meet the program's requirements or the claim may be denied. Testing should **ONLY** be performed when it is considered medically necessary by a qualified healthcare professional.

Most Commonly Used ICD-10 Diagnosis Codes

(The following diagnosis codes are listed as a convenience only. Ordering physicians should use the ICD-10 code that best describes the reason for performing the test, whether or not that code is listed below.)

F11.20	Opioid dependence, uncomplicated
F10.20	Alcohol dependence, uncomplicated
F19.20	Other psychoactive substance dependence, uncomplicated
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
G89.4	Chronic pain syndrome
M54.2	Cervicalgia
M54.5	Low back pain