

BARCODE

123456789

TOXICOLOGY TEST REQUISITION

SPECIMEN COLLECTION

DATE: _____ TIME: _____ a.m. p.m.
 URINE ORAL FLUID
 Collector Name: _____

(A) PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____ Phone #: _____
 SSN: _____ DOB: _____ Gender: M F
 Address: _____ City: _____ State: _____ Zip: _____

DIAGNOSIS CODE:

Z79.899 _____
 Z79.891 _____
 M54.2 _____
 M54.5 _____

Billing Information: ATTACH INSURANCE INFORMATION (Including insurance company name, group #, ID #)

Insurance Medicare Medicaid Self-Pay PIP Date of Injury/Accident: _____ Workers Comp Date of Injury/Accident: _____

Insurance Company: _____ Insurance ID #: _____

(B) SCREENING – QUALITATIVE TESTING:

Screen All w/ Validity, (Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine Metabolite, Methadone, Opioids/Opiates, Oxycodone, PCP)

POCT SCREENING:

	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	
AMP	<input type="checkbox"/>	<input type="checkbox"/>	BUP	<input type="checkbox"/>	<input type="checkbox"/>	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	OXY	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>	COCM	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>
BZO	<input type="checkbox"/>	<input type="checkbox"/>	MET	<input type="checkbox"/>	<input type="checkbox"/>	OPI	<input type="checkbox"/>	<input type="checkbox"/>	PPX	<input type="checkbox"/>	<input type="checkbox"/>

CONFIRMATION – QUANTITATIVE TESTING:

Confirm Positive Screening Results Amphetamines Opioids/Opiates THC
 Confirm Prescribed Medications Barbiturates Muscle Relaxants Tricyclic Antidepressants
 Confirm All Benzodiazepines Sedatives Alcohol (EtG/EtS)
 Saliva Confirmation Panel GABA Inhibitors Sleep Aids SSRi / SNRI
 Illicits

MEDICAL NECESSITY

New patient baseline screening
 Long-term use of medications
 Medication Compliance Monitoring
 High-risk Group Patient Monitoring
 Other: _____

(C) REPORT PATIENT'S PRESCRIBED MEDICATIONS:

<input type="checkbox"/> Actiq	<input type="checkbox"/> Doxepin	<input type="checkbox"/> Meprobamate	<input type="checkbox"/> Oxycotin	<input type="checkbox"/> Tramadol
<input type="checkbox"/> Adderall	<input type="checkbox"/> Duragesic	<input type="checkbox"/> Methadone	<input type="checkbox"/> Oxymorphone	<input type="checkbox"/> Tylenol III, IV, V
<input type="checkbox"/> Alprazolam	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Percocet	<input type="checkbox"/> Ultram
<input type="checkbox"/> Ambien	<input type="checkbox"/> Fioricet	<input type="checkbox"/> Morphine/MSIR	<input type="checkbox"/> Phenobarbital	<input type="checkbox"/> Valium
<input type="checkbox"/> Amitriptyline	<input type="checkbox"/> Flurazepam	<input type="checkbox"/> MS Contin	<input type="checkbox"/> Pregabalin	<input type="checkbox"/> Vicodin
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Gabapentin	<input type="checkbox"/> Naloxone	<input type="checkbox"/> Ritalin	<input type="checkbox"/> Xanax
<input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Hydrocodone	<input type="checkbox"/> Neurontin	<input type="checkbox"/> Roxicodone	<input type="checkbox"/> Zohydro
<input type="checkbox"/> Carisoprodol	<input type="checkbox"/> Hydromorphone	<input type="checkbox"/> Norco	<input type="checkbox"/> Soma	<input type="checkbox"/> Zolpidem
<input type="checkbox"/> Clonazepam	<input type="checkbox"/> Klonopin	<input type="checkbox"/> Nortriptyline	<input type="checkbox"/> Suboxone	<input type="checkbox"/> See Attached List
<input type="checkbox"/> Codeine	<input type="checkbox"/> Lorazepam	<input type="checkbox"/> Nucynta	<input type="checkbox"/> Subutex	<input type="checkbox"/> _____
<input type="checkbox"/> Diazepam	<input type="checkbox"/> Lyrica	<input type="checkbox"/> Opana	<input type="checkbox"/> Tapentadol	<input type="checkbox"/> _____
<input type="checkbox"/> Dilaudid	<input type="checkbox"/> Meperidine	<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Temazepam	<input type="checkbox"/> _____

(D) PATIENT AUTHORIZATION AND ASSIGNMENT OF BENEFITS

I certify that I have voluntarily provided a fresh and unadulterated specimen for analytical testing. The information provided on this form and on the specimen cup label is accurate. I consent to the analysis of this specimen by the laboratory and I authorize release of my test results to the testing physician or facility. I HEREBY ASSIGN TO RIDGEWOOD DIAGNOSTIC LABORATORY LLC all of my rights and benefits under my insurance plan, including the right to pursue payment from my insurance carrier, the right to receive payment directly from my insurance carrier, and the right to file appeals, arbitration proceedings, and/ or litigation against the carrier or any other responsible entity to recover payment for the laboratory's services. I authorize and direct my insurance carrier to make payment directly to Ridgewood Diagnostic Laboratory for the services it has provided. I authorize any holder of my medical records to release any information necessary to determine the benefits payable for these services. I understand that Ridgewood Diagnostic Laboratory may be an out-of-network provider with my insurance carrier and that the carrier may send payment for the laboratory's services directly to me. If that happens, I agree to immediately endorse the insurance check and submit it to Ridgewood Diagnostic Laboratory. Failure to do so within 30 days of my receipt of any insurance check may result in collection proceedings against me and/ or notice to credit reporting agencies. **I have read the ABN on the reverse side of this form. If Medicare or my insurance carrier denies payment or makes partial payment, I agree that I am financially responsible for any unpaid charges.**

Patient Signature _____ Date _____

(E) PRACTITIONER AUTHORIZATION

Medicare and other payors only cover testing that is medically necessary. The undersigned affirms that the testing ordered on this requisition is medically necessary for the diagnosis and treatment of the patient for whom the testing has been ordered. I hereby authorize the above ordered laboratory test(s).

Ordering Physician Signature _____ Date _____

PLACE LABEL ON CUP

Patient Name: _____
 Date of Birth: _____
 Collection Date: _____

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Advanced Beneficiary Notice

Medicare will only pay for services that it determines to be reasonable and necessary under section 1882(a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Medicare usually does not pay for these tests for the reported diagnosis. By signing the Patient/Responsible Party Signature on the front of this requisition, you are confirming your agreement to assume financial responsibility for the payment of these tests.

Diagnosis Codes

Head / Face

- Atypical facial pain: G50.1
- Cervicogenic headache/Suboccipital headache: R51
- Cluster headache (not intractable): G44.009
- Migraine G43.909
- Occipital neuralgia/headache: M54.81
- Spinal headache: G97.1
- Temporomandibular joint dysfunction (unspecified): M26.60
- Tension headache: G44.209
- Trigeminal neuralgia: G50.0

Cervical Spine

- Cervicalgia (neck pain): M54.2
- Degenerative disc disease (cervical)
 - High cervical DDD: M50.31
 - Mid cervical DDD: M50.32
 - C7/T1 DDD: M50.33
- Disc herniation (cervical):
 - High cervical: M50.21
 - Mid cervical: M50.22
 - C7/T1: M50.23
- Dystonia / Torticollis: M43.6
- Facet syndrome (cervical): M54.02
- Failed back syndrome (post-laminectomy) – Cervical: M96.1
- Radiculopathy
 - Cervical: M54.12
 - Cervicothoracic: M54.13
 - Radic 2/2 disc herniation (high cervical): M50.11
 - Radic 2/2 disc herniation (mid cervical): M50.12
 - Radic 2/2 disc herniation (C7/T1): M50.13
- Spinal stenosis (cervical): M48.02
- Spondylosis (cervical)
 - Spondylosis w/o radiculopathy or myelopathy: M47.812
 - Spondylosis with radiculopathy (w/o myelopathy): M47.22
- Spondylolisthesis – Cervical: M43.12 Cervicothoracic: M43.13
- Sprain of ligaments of cervical spine (whiplash): S13.4xxA, S13.4xxD
- Strain of muscle, fascia, tendons (cervical): S16.1xxA, S16.1xxD

Thoracic Spine

- Back pain (thoracic): M54.6
- Compression fracture (pathologic – 2/2 Osteoporosis)
 - Other osteoporosis with current pathological fracture of vertebrae: M80.88
 - Collapsed vertebrae, not elsewhere classified (Thoracic): M48.54xA, M48.54xD
 - Collapsed vertebrae, not elsewhere classified (thoracolumbar): M48.55xA, M48.55xD
- Degenerative disc disease (thoracic): M51.34
- Degenerative disc disease (thoracolumbar): 51.35
- Disc herniation (thoracic): M51.24
- Disc herniation (thoracolumbar): M51.25
- Failed back syndrome (post-laminectomy) – Thoracic: M96.1
- Intercostal neuropathy: G58.0
- Radiculopathy (thoracic)
 - Thoracic radic: M54.14
 - Thoracic radiculopathy 2/2 disc herniation: M51.14
 - Thoracolumbar radic 2/2 disc herniation: M51.15
- Rib sprain: S23.41xA, S23.41xD
- Scoliosis (including kyphoscoliosis): M41
- Spinal stenosis (thoracic): M48.04
- Spondylosis w/o radic or myelopathy (thoracic): M47.814
- Spondylosis with myelopathy (thoracic): M47.14
- Sprain of ligaments (thoracic spine): S23.3xxA, S23.3xxD

Lumbar Spine

- Ankylosing spondylitis (of the lumbar spine): M45.6
- Arachnoiditis (unspecified meningitis): G03.9
- Bertolotti's syndrome (congenital malformation of spine w/o scoliosis): Q76.49
- Compression fracture (pathologic 2/2 Osteoporosis)
 - Age-related osteoporosis with current pathological fracture of vertebrae: M80.80
 - Collapsed vertebrae, not elsewhere classified – Lumbar: M48.56xA, M48.56xD
- Degenerative disc disease – Lumbar: M51.36 L/S: M51.37
- Disc herniation – Lumbar: M51.26 L/S: M51.27
- Disc herniation with myelopathy – Lumbar: M51.06
- Facet syndrome – Lumbar: M54.06 L/S: M54.07
- Failed back syndrome (post-laminectomy) – Lumbar: M96.1
- Iliolumbar syndrome (sprain of lumbar ligaments): S33.5xxA, S33.5xxD
- Low back pain (Lumbago): M54.5
- Lumbosacral plexopathy: G54.4
- Radiculopathy – Lumbar: M54.16 L/S: M54.17
- Radiculopathy 2/2 disc herniation – Lumbar: M51.16 L/S: M51.17

Lumbar Spine (Continued)

- Spinal stenosis (Central)
 - Lumbar central stenosis with or w/o neurogenic claudication: M48.06_
 - L/S central stenosis with or w/o neurogenic claudication: M48.07_
 - Lumbar central stenosis 2/2 disc herniation: M99.53
- Spinal stenosis (Foraminal) – Lumbar
 - 2/2 facet joint spurs and spondylolisthesis: M99.73
 - 2/2 disc bulge & soft tissue: M99.73
- Spondylolisthesis – Lumbar: M43.16 L/S: M43.17
- Spondylolysis (and congenital spondylolisthesis): Q76.2
- Spondylolysis (acquired): M43.06
- Spondylosis w/o myelopathy or radiculopathy – Lumbar: M47.816 L/S: M47.817
- Spasm of back muscles: M62.830
- Sprain (lumbar): S33.5xxA, S33.5xxD
- Strain (lumbar): S39.012

Sacrum / Buttocks

- Coccydynia (coccyx pain): M53.3
- Piriformis syndrome (with sciatica) – LEFT: G57.02 RIGHT: G57.01
- Sacroiliac joint disorder/pain (arthropathy, unspecified): M12.9
- Sacroiliac joint sprain: S33.6xA, S33.6xD
- Sacroiliitis: M46.1

Pelvis / Hip / Thigh

- Arthritis (osteoarthritis) of the hip – LEFT: M25.752 RIGHT: M25.751
- Bursitis – Trochanteric – LEFT: M70.62 RIGHT: M70.61
- Gluteal tendinitis – LEFT: M76.02 M76.01
- Hamstring strain – LEFT: S76.312A RIGHT: S76.311A
- Iliotibial band syndrome – LEFT: M76.32 RIGHT: M76.31
- Meralgia paresthetica (lateral femoral cutaneous nerve) – LEFT: G57.12 RIGHT: G57.11
- Pain in the hip – LEFT: M25.552 RIGHT: M25.551
- Pain in the leg – LEFT: M79.605 RIGHT: M79.604
- Piriformis syndrome (with sciatica) – LEFT: G57.02 RIGHT: G57.01

Knee

- Arthritis (osteoarthritis) – knee: 715.16
- Bursitis – pes anserine (others) – LEFT: M70.52 RIGHT: M70.51
- Chondromalacia patella – LEFT: M22.42 RIGHT: M22.41
- Lateral meniscus tear: Depends on whether it is the anterior or posterior horn
- Medial meniscus tear: Depends on whether it is the anterior or posterior horn
- Pain – knee – LEFT: M25.562 RIGHT: M25.561
- Patellar tendinitis – LEFT: M76.62 RIGHT: M76.61

Ankle / Foot

- Achilles tendinitis/bursitis – LEFT: M76.62 RIGHT: M76.61
- Metatarsalgia – LEFT: M77.42 RIGHT: M77.41
- Morton's neuroma – LEFT: G57.62 RIGHT: G57.61
- Pain in the ankle/foot – LEFT: M25.572 RIGHT: M25.571
- Plantar fasciitis: M72.2

Other Lower Extremity

- Complex regional pain syndrome type I (CRPS type 1) – LEFT: G90.522 RIGHT: G90.521 BILATERAL: G90.523
- Complex regional pain syndrome type II (CRPS type 2) – causalgia – LEFT: G57.72 RIGHT: G57.71
- Phantom limb pain: G54.6

Shoulder

- Bicipital tendinitis – LEFT: M75.22 RIGHT: M75.21
- Bursitis – Subacromial – LEFT: M75.52 RIGHT: M75.51
- Bursitis – Scapulothoracic (other shoulder lesions) – LEFT: M75.82 RIGHT: M75.81
- Impingement of shoulder – LEFT: M75.42 RIGHT: M75.41
- Labral tear (superior glenoid labral tear) – LEFT: S43.432A RIGHT: S43.431A
- Osteoarthritis of shoulder – LEFT: M25.712 RIGHT: M25.711
- Pain in arm – LEFT: M79.602 RIGHT: M79.601
- Pain of shoulder – LEFT: M25.512 RIGHT: M25.511
- Sprain of Sternoclavicular joint: S23.420A, S23.420D
- Strain of muscle/tendon of the rotator cuff – LEFT: S46.012 RIGHT: S46.011

Elbow

- Lateral epicondylitis (tennis elbow) – LEFT: M77.12 RIGHT: M77.11
- Medial epicondylitis (golfer's elbow) – LEFT: M77.02 RIGHT: M77.01

Wrist / Hand

- Carpal tunnel syndrome – LEFT: G56.02 RIGHT: G56.01
- Cubital tunnel syndrome (ulnar neuropathy) – LEFT: G56.22 RIGHT: G56.21