

**FOR INTERNAL USE ONLY:**  
NCF received by the lab on \_\_\_\_\_

## NEW CLIENT REGISTRATION FORM

**Note to Provider: Please fill out this form and sign and fax the applicable pages to: 888.503.3516.**

### PROGRESSIVE DIAGNOSTICS'S REPRESENTATIVE INFORMATION

|                       |        |  |
|-----------------------|--------|--|
| Date of Registration: | Name:  |  |
| Name:                 | Phone: |  |
| Email:                |        |  |

### PRACTICE INFORMATION

*Please list only ONE location per page. Check your preferred method of contact (PMC) in the corresponding box.*

|                             |        |                             |  |
|-----------------------------|--------|-----------------------------|--|
| Practice Name:              |        | Specialty:                  |  |
| Address:                    |        |                             |  |
| City:                       | State: | Zip:                        |  |
| Phone:                      |        | Fax:                        |  |
| Office Contact Name:        |        | Office Contact Phone (PMC): |  |
| Office Contact Email (PMC): |        |                             |  |
| Billing Contact Name:       |        | Billing Contact Phone:      |  |
| Billing Contact Email:      |        |                             |  |

### ORDERING PROVIDER INFORMATION

*Please print provider's full name, title (MD/DO/PA/NP, etc.) and ordering provider #s. Please list only ONE provider per page.*

|           |                |
|-----------|----------------|
| Provider: | NPI:           |
|           | Medicare PTAN: |
|           | Medicaid TPI:  |

### SPECIMEN PICK UP TIME

*Please note that blood specimen gets transported to the laboratory by a separate courier service.*

|  |        |         |           |          |        |
|--|--------|---------|-----------|----------|--------|
| <i>Please check the preferred day(s) for UPS pickup below:</i>   |        |         |           |          |        |
| MON-FRI  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| <i>Please check ONE preferred time for pickup below (pickup time must be the same time every day):</i> |        |         |           |          |        |
| 2:00PM   | 3:00PM | 4:00PM  | 5:00PM    | 6:00PM   |        |
| <i>For any other pickup, please call UPS directly at: 800.377.4877 to schedule a UPS pickup.</i>       |        |         |           |          |        |

### LABORATORY REPORT DELIVERY

|                  |                                       |                              |  |
|------------------|---------------------------------------|------------------------------|--|
| Report Delivery: | <input type="checkbox"/> Secure Email | <input type="checkbox"/> Fax | <input type="checkbox"/> Online Portal |
|------------------|---------------------------------------|------------------------------|--|

## SECTION 1. PROVIDER ACKNOWLEDGEMENT

**LABORATORY:** I hereby acknowledge that Progressive Diagnostics will perform testing on patient specimen sent from my practice as directed by my signed requisition forms. I also acknowledge that Progressive Diagnostics may use CLIA approved reference laboratories for some of its testing. I understand that validity testing (oxidants, pH, specific gravity and creatinine) may be performed on some of the specimen submitted. If I have questions regarding the testing methods used for processing the tests ordered or need assistance in interpreting a laboratory result, I acknowledge that I can contact the lab director for Progressive Diagnostics, Chamila Rupasinghe, Ph.D., NRCC at 888.503.8803.

**TESTING:** I authorize Progressive Diagnostics to perform urine reflex testing as described on the following pages when a reflex test is ordered on the requisition form, and I acknowledge that any confirmation performed when I order such test is performed as a step necessary to complete the my test order. I further acknowledge that I can order the following additional tests: urine screen only tests; single confirmation tests; oral swab tests; COVID-19 virus/PCR tests; and COVID-19 antibody tests per the test requisition form. This form will expire twelve (12) months from the signature date, at which time I can sign a new form.

**MEDICAL NECESSITY:** I agree to only order tests that are medically necessary for the treatment of the individual patient and I agree that it is my responsibility to determine the medical necessity of these tests for the treatment and/or diagnosis of each individual patient. I further acknowledge that documentation to support medical necessity for the tests ordered is required to be recorded in my patients' medical records and for that documentation to be available upon request by the laboratory per regulatory requirements. I agree to provide diagnosis codes on the requisition form for each test that I order, and to enable Progressive Diagnostics to bill the applicable insurance provider on my patient's behalf. I also agree to store, package and ship the specimen appropriately according to Progressive Diagnostics' policies given to me.

**HIPAA:** I acknowledge that while performing the ordered laboratory services, Progressive Diagnostics, or any of its reference laboratories, may learn or receive patient healthcare, billing, or other confidential patient information ("Patient Information"). Patient Information includes all "Protected Health Information", as that term is defined in 45 CFR 164.501. Progressive Diagnostics, in turn, agree to use any Patient Information only as necessary to provide requested laboratory services and will comply with all laws, rules and regulations relating to the confidentiality of Patient Information, including the applicable provisions of state and federal law and the privacy regulations promulgated pursuant to Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). I agree that my patients have signed a HIPAA acknowledgment form stating that they are aware that their Patient Information might be shared with other service providers to be able to provide them with the best available treatment and/or diagnosis.

By signing below, I acknowledge Progressive Diagnostics' testing procedures listed herein and agree to adhere to the same.

**Provider's Signature:** \_\_\_\_\_

**Provider's Name (please print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SECTION 2. SCREEN MENU - URINE

| Test                                 | Method      |
|--------------------------------------|-------------|
| 6-Acetylmorphine (Heroin Metabolite) | Immunoassay |
| Amphetamines                         | Immunoassay |
| Barbiturates                         | Immunoassay |
| Benzodiazepines                      | Immunoassay |
| Buprenorphine                        | Immunoassay |
| Cannabinoids (THC)                   | Immunoassay |
| Cocaine                              | Immunoassay |
| EtG                                  | Immunoassay |
| Fentanyl                             | Immunoassay |
| Methadone                            | Immunoassay |
| Opiates                              | Immunoassay |
| Oxycodone                            | Immunoassay |
| Phencyclidine (PCP)                  | Immunoassay |
| Tricyclics                           | Immunoassay |

Presumptive drug testing for the 14 panel urine drug screen is conducted on an Olympus AU400, a fully automated chemistry analyzer for routine urine and homogenous immunoassays using photometric tests.

### SECTION 3. REFLEX TEST - URINE

Reflex testing will include confirmation of all applicable analytes in the right-hand column if an immunoassay test in the left-hand column is positive during the initial presumptive screening. The reflex test will also include confirmation of any of the patient's medication provided to the laboratory.

| <b>Immunoassay Test</b> | <b>LC-MS/MS Confirmation Tests Included</b> |
|-------------------------|---|
| Amphetamines            | Amphetamine                                 |
|                         | Methamphetamine                             |
|                         | MDMA  |
|                         | MDA   |
| Barbiturates            | Butalbital                                  |
|                         | Phenobarbital                               |
|                         | Secobarbital                                |
| Benzodiazepines         | 7-Aminoclonazepam                           |
|                         | Lorazepam                                   |
|                         | Oxazepam                                    |
|                         | Nordiazepam                                 |
|                         | Temazepam                                   |
|                         | Alprazolam                                  |
| Buprenorphine           | Alpha-Hydroxyalprazolam                     |
|                         | Buprenorphine                               |
| Cannabinoids            | Norbuprenorphine                            |
|                         | Carboxy-THC                                 |
| Cocaine                 | Benzoylcegonine                             |
| Ethyl Glucuronide       | EtG   |
|                         | EtS   |
| Methadone               | Methadone                                   |
|                         | EDDP  |
| Opiates                 | Codeine                                     |
|                         | Hydrocodone                                 |
|                         | Hydromorphone                               |
|                         | Morphine                                    |
| Oxycodone               | Oxycodone                                   |
|                         | Noroxycodone                                |
|                         | Oxymorphone                                 |
|                         | Noroxymorphone                              |
| Tricyclics              | Amitriptyline                               |
|                         | Nortriptyline                               |
|                         | Desipramine                                 |
|                         | Doxepin                                     |
|                         | Imipramine                                  |
| Heroin Metabolite       | 6-Acetylmorphine                            |
| Fentanyl                | Fentanyl                                    |
|                         | Norfentanyl                                 |
| PCP                     | PCP   |

## SECTION 4. CONFIRMATION TEST OFFERING – URINE

Definitive drug testing is carried out on high complexity triple quadrupole tandem mass spectrometers utilizing drug identification methods capable of identifying drugs using LC-MS/MS with appropriate internal standard.

### Opiates/Opioid Analgesics

Buprenorphine  
*Norbuprenorphine (Buprenorphine metabolite)*  
 Codeine  
 Fentanyl  
*Norfentanyl (Fentanyl metabolite)*  
 Hydrocodone  
*Norhydrocodone (Hydrocodone metabolite)*  
 Hydromorphone  
 Meperidine  
*Normeperidine (Meperidine metabolite)*  
 Methadone  
*EDDP (Methadone metabolite)*  
 Morphine  
 Oxycodone  
*Noroxycodone (Oxycodone metabolite)*  
 Oxymorphone  
*Noroxymorphone (Oxymorphone metabolite)*  
 Tapentadol  
 Tramadol  
*O-Desmethyl-cis-tramadol (Tramadol metabolite)*  
 Naltrexone  
*6beta-Naltrexol (Naltrexone metabolite)*

### Benzodiazepines/Sedatives

Alprazolam  
*Alpha-Hydroxyalprazolam (Alprazolam metabolite)*  
*7-Aminoclonazepam (Clonazepam metabolite)*  
*Nordiazepam (Diazepam metabolite)*  
 Lorazepam  
 Oxazepam  
 Temazepam  
 Zolpidem  
*Zolpidem phenyl-4-carboxylic (Zolpidem metabolite)*  
 Zopiclone

### SSRIs

Fluoxetine  
 Paroxetine  
 Sertraline

### Tricyclic Antidepressants

Amitriptyline  
 Desipramine  
 Doxepin  
 Imipramine  
 Nortriptyline

### Barbiturates

Butalbital  
 Phenobarbital  
 Secobarbital

### Muscle Relaxants/Related

Carisoprodol  
 Meprobamate  
 Cyclobenzaprine

### Illicit Drugs

Benzoylcegonine (*Cocaine metabolite*)  
*6-Acetylmorphine (Heroin metabolite)*  
 Mitragynine  
 Phencyclidine (PCP)

### Ethanol Metabolites

Ethyl glucuronide (EtG)  
 Ethyl Sulfate (EtS)

### Amphetamines/CNS Stimulants

Amphetamine  
 Methamphetamine  
 Phentermine  
 Ritalinic Acid

### Designer Amphetamines

MDA  
 MDMA

### Cannabinoids

Carboxy-THC (*THC metabolite*)

### Miscellaneous

Cotinine (*Nicotine metabolite*)  
 Dextromethorphan  
 Levorphanol/Dextrorphan  
*(Dextromethorphan metabolite)*  
 Gabapentin  
 Ketamine  
*Norketamine (Ketamine metabolite)*  
 Pregabalin  
 Acetaminophen

**SECTION 5. THE FOLLOWING STATEMENTS REFLECT THE VIEWS, RECOMMENDATIONS AND GUIDELINES OUTLINED IN THE CMS NATIONAL COVERAGE POLICY** \*As per the six CMS Local Coverage Determination LCDs for controlled substance monitoring and drugs of abuse testing: LCDs L35006, L35724, L36029, L36037, L36393 and L36668.

### **Key Tenants of Toxicology Drug Testing**

- Diagnostic tests should be requested on a signed order by the provider who is treating the beneficiary, i.e. the provider who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem.
- Proper use of drug testing will enable a provider to appropriately prescribe medication, improve the treatment of chronic non-cancer pain, monitor compliance for substance abuse, increase patient safety and reduce the likelihood of drug abuse and diversion.
- Appropriate drug testing is defined based on individualized, patient specific clinical circumstances.
- It is the responsibility of the provider to: determine the medical necessity of the presumptive and/or definitive drug tests they are ordering for each patient; to follow clinical guidelines while employing validated patient risk assessment, stratification and monitoring tools; and to maintain signed medical record documentation that specifies the reasons for toxicology testing.
- Testing should only be ordered and performed on a patient/drug specific basis within the parameters outlined in the applicable LCD policy.
- Routine standing or blanket test orders are not acceptable, however, individualized test orders for a specific patient which in turn leads to individualized treatment for that specific patient's care is deemed medically reasonable.
- Providers should exercise caution when relying on customized test panels and standing orders and ensure that medical necessity exists for the testing of all drugs/drug classes within the panel.
- Multiple ICD-10 codes should be used to justify testing of multiple drug classes.
- POC tests, which are chemical "spot tests" such as dip sticks, cassettes, and cups, are limited by the potential for false positives and cross reactivity.

### **Medical Necessity of Presumptive (Screen) Toxicology Testing**

- When presumptive test results will be used to define the appropriate reflex confirmation testing.
- When presumptive test results will be used to determine the presence or absence of a drug class.
- When presumptive test results will be used to obtain a rapid result as part of patient assessment.

### **Medical Necessity of Definitive (Confirmation) Toxicology Testing**

- To perform reflex confirmation based on results of the presumptive screen test.
- To identify the presence of non-prescribed medication and/or illicit drugs.
- To identify specific drugs and/or metabolites in a drug class.
- To identify a specific drug or metabolite that is not detected by a presumptive screen test.
- To eliminate the chance of erroneous results from a presumptive test caused by cross-reactivity with other compounds.
- To identify a substance based on patient behavior and clinical findings.
- When definitive results are necessary to make clinical decisions based on patient specific indications.

### **Test Frequency**

- Drug test frequency should be dictated by patient-specific medical necessity elements identified during each clinical assessment, including patient acuity, level of care, and stage of treatment and/or recovery.
- Regular patient risk stratification covering the risk for abuse, diversion of controlled substances, non-compliant use of prescribed medication, use of illicit drugs, and overall patient safety, will have a key impact on test frequency.
- Violations of a Prescription Monitoring Program, new illicit drug detection, outside reporting (i.e. family), and change in patient behavior are additional factors influencing test frequency.
- Test detection capability and windows for detection (timeline) also assist in determining frequency and timing.
- In residential and outpatient drug rehabilitation treatment settings, drug testing frequency may also play a key role in assessment and maintenance of a drug-free therapeutic environment.

**Non-Covered:** It is not medically necessary to routinely test for substances (licit or illicit), which are not used in the patient treatment population, or, in the instance of illicit drugs, in the community at large. Testing that is also not considered medically necessary are routine confirmation of drug screens with negative results, routine nonspecific drug screening, testing for the same drug(s) using a blood and a urine specimen at the same time, and drug screening for medico-legal purposes.