

A Enter key information

Provide the ICD-10 diagnosis code

DIAGNOSIS CODE(S)* **Required**

Please ensure this information matches with patient notes in the office's EHR.

Account number

Patient demographics

Last name* First name* MI

Date of birth* / / Gender M F

Address City State Zip

Phone number Email

Insurance information

Copy of insurance card(s) attached*

Primary insurance carrier*

Policy I.D.#* Group*

Self-pay

B Select preliminary screen (Section B can be selected in combination with Section C)

Preliminary urine screen was **not** performed in office.
Choose testing based on a medical necessity of your patient.

Check box to perform all screens below
and perform conditional confirmations based
on reflex of inconsistent or positive results.

Check box to perform all screens below except for THC
and perform conditional confirmations based on reflex
of inconsistent or positive results.

Check box for screen only
(confirmatory testing will only be performed if ordered in section C)

- | | | | |
|--|--|------------------------------------|--|
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Cocaine metabolite | <input type="checkbox"/> Methadone | <input type="checkbox"/> Phencyclidine |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Fentanyl** | <input type="checkbox"/> Opiates | <input type="checkbox"/> TCA |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Heroin metabolite (6AM)** | <input type="checkbox"/> Oxycodone | <input type="checkbox"/> THC |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Hydrocodone | | |

See reverse side for screening components.

Confirmatory tests will result in an additional charge for each drug class confirmed.

** Urine fentanyl analogs and xylazine will be reflexed for positive heroin and unexpected fentanyl results.

** Urine xylazine will be reflexed for positive cocaine results.

C Perform definitive test(s) (confirmation) for the selected drugs and/or medications below based on medical necessity

Only order medically necessary tests specific to your patient.

Where all components of a panel are not medically necessary, order only those components which are.

All testing includes specimen validity testing in accordance with CMS guidelines.

Natural & semi-synthetic opioids

- | | | |
|--------------------------|--------------------------|--|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Codeine (Tylenol 3) |
| <input type="checkbox"/> | <input type="checkbox"/> | Morphine (MS Contin, Kadian) |
| <input type="checkbox"/> | <input type="checkbox"/> | Buprenorphine/Naloxone (Suboxone) |
| <input type="checkbox"/> | <input type="checkbox"/> | Buprenorphine (Buprenex, Butrans, Sublocade) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydrocodone (Hysingla, Norco, Zohydro) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydromorphone (Dilaudid) |
| <input type="checkbox"/> | <input type="checkbox"/> | Oxycodone (Oxycontin, Percocet, Roxicodone) |
| <input type="checkbox"/> | <input type="checkbox"/> | Oxymorphone (Opana) |
| <input type="checkbox"/> | <input type="checkbox"/> | Dextromethorphan |
| <input type="checkbox"/> | <input type="checkbox"/> | Dextroproprium/Levorphanol |
| <input type="checkbox"/> | <input type="checkbox"/> | Naloxone (Narcan) |
| <input type="checkbox"/> | <input type="checkbox"/> | Naltrexone (Vivitrol) |

Synthetic opioids

- | | | |
|--------------------------|--------------------------|--|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fentanyl (Actiq, Duragesic, Subsys, Fentora) |
| <input type="checkbox"/> | <input type="checkbox"/> | Meperidine (Demerol) |
| <input type="checkbox"/> | <input type="checkbox"/> | Methadone (Methadose, Dolophine) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tapentadol (Nucynta) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tramadol (Ultram, Ultracet, Conzip) |

Amphetamines

- | | | |
|--------------------------|--------------------------|--|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Amphetamine (Adderall) |
| <input type="checkbox"/> | <input type="checkbox"/> | Methamphetamine (Desoxyn) |
| <input type="checkbox"/> | <input type="checkbox"/> | Methylphenidate (Concerta, Ritalin, Focalin) |

Rx Prescribed medication will be tested
Test Perform confirmatory test

Benzodiazepines

- | | | |
|--------------------------|--------------------------|-----------------------|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Alprazolam (Xanax) |
| <input type="checkbox"/> | <input type="checkbox"/> | Clonazepam (Klonopin) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diazepam (Valium) |
| <input type="checkbox"/> | <input type="checkbox"/> | Flurazepam |
| <input type="checkbox"/> | <input type="checkbox"/> | Lorazepam (Ativan) |
| <input type="checkbox"/> | <input type="checkbox"/> | Midazolam (Seizalim) |
| <input type="checkbox"/> | <input type="checkbox"/> | Oxazepam |
| <input type="checkbox"/> | <input type="checkbox"/> | Temazepam (Restoril) |

Barbiturates

- | | | |
|--------------------------|--------------------------|---------------------------------|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Amobarbital |
| <input type="checkbox"/> | <input type="checkbox"/> | Butalbital (Fioricet, Fiorinal) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pentobarbital (Nembutal) |
| <input type="checkbox"/> | <input type="checkbox"/> | Phenobarbital |
| <input type="checkbox"/> | <input type="checkbox"/> | Secobarbital (Seconal) |

Recreational substances

- | | | |
|--------------------------|--------------------------|---------------------------|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ethanol metabolites (EtG) |
| <input type="checkbox"/> | <input type="checkbox"/> | THC (Medicinal Marijuana) |

Muscle relaxants

- | | | |
|--------------------------|--------------------------|-------------------------|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Carisoprodol (Soma) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cyclobenzaprine (Amrix) |
| <input type="checkbox"/> | <input type="checkbox"/> | Meprobamate |

Antidepressants

- | | | |
|--------------------------|--------------------------|--|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Amitriptyline |
| <input type="checkbox"/> | <input type="checkbox"/> | Bupropion (Wellbutrin, Zyban) |
| <input type="checkbox"/> | <input type="checkbox"/> | Citalopram (Celexa, Lexapro, Escitalopram) |
| <input type="checkbox"/> | <input type="checkbox"/> | Clomipramine (Anafranil) |
| <input type="checkbox"/> | <input type="checkbox"/> | Desipramine (Norpramin) |
| <input type="checkbox"/> | <input type="checkbox"/> | Desmethylvenlafaxine (Pristiq, Khedezla) |
| <input type="checkbox"/> | <input type="checkbox"/> | Doxepin (Silenor, Zonalon) |
| <input type="checkbox"/> | <input type="checkbox"/> | Duloxetine (Cymbalta) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fluoxetine (Prozac) |
| <input type="checkbox"/> | <input type="checkbox"/> | Imipramine (Tofranil, Surmontil) |
| <input type="checkbox"/> | <input type="checkbox"/> | Nortriptyline (Pamelor) |
| <input type="checkbox"/> | <input type="checkbox"/> | Paroxetine (Paxil) |
| <input type="checkbox"/> | <input type="checkbox"/> | Selegiline (Zelapar, Emsam) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sertraline (Zoloft) |
| <input type="checkbox"/> | <input type="checkbox"/> | Trazodone |
| <input type="checkbox"/> | <input type="checkbox"/> | Venlafaxine (Effexor) |

Antiepileptics

- | | | |
|--------------------------|--------------------------|---|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Gabapentin (Neurontin, Gralise, Horizant) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pregabalin (Lyrica) |

Sedatives & hypnotics

- | | | |
|--------------------------|--------------------------|------------------------------|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ketamine (Ketalar, Spravato) |
| <input type="checkbox"/> | <input type="checkbox"/> | Zaleplon (Sonata) |
| <input type="checkbox"/> | <input type="checkbox"/> | Zolpidem (Ambien, Edluar) |

Antipsychotics

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|--------------------------|--------------------------|---------------------------------|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Chlorpromazine |
| <input type="checkbox"/> | <input type="checkbox"/> | Clozapine (Clozaril, Versacloz) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fluphenazine |
| <input type="checkbox"/> | <input type="checkbox"/> | Haloperidol (Haldol) |
| <input type="checkbox"/> | <input type="checkbox"/> | Olanzapine (Zyprexa) |
| <input type="checkbox"/> | <input type="checkbox"/> | Quetiapine (Seroquel) |
| <input type="checkbox"/> | <input type="checkbox"/> | Risperidone (Risperdal) |

Designer drugs

- | | | |
|--------------------------|--------------------------|------------------------|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Mitragynine (Kratom) |
| <input type="checkbox"/> | <input type="checkbox"/> | Synthetic cannabinoids |
| <input type="checkbox"/> | <input type="checkbox"/> | Synthetic cathinones |

Illicits

- | | | |
|--------------------------|--------------------------|---------------|
| Rx | Test | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cocaine |
| <input type="checkbox"/> | <input type="checkbox"/> | Heroin |
| <input type="checkbox"/> | <input type="checkbox"/> | MDMA/MDA/MDEA |
| <input type="checkbox"/> | <input type="checkbox"/> | PCP |

Test additional medications/drugs

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.....
.....

D I have read and fully agree with the patient authorization (Reference on reverse side)

Patient signature* Date / /

For laboratory use only
Date / time received

E I have read and fully agree with the medical necessity guidelines (Reference on reverse side)

Authorized healthcare provider signature* Date / /

Patient authorization and irrevocable assignment of benefits

I certify that the sample was provided without tampering. I authorize Acutis Diagnostics to release the results to the ordering provider. The laboratory is authorized to bill my insurance provider(s), or any payer, whether fully or partially insured and I will irrevocably assign any payment of benefits, claims, appeal rights and interest related to the services performed by the laboratory with any payer.

I understand that in some cases, Acutis may be out-of-network or that my insurer will send payment directly to me. In the event payment is made to me, I agree to endorse the insurance check and forward it to Acutis within 30 days. My failure to forward the insurance check may result in my account being forwarded to collections or to a credit bureau. If related to no fault, I authorize assignment of benefits towards payment of services provided by Acutis. I understand that I may be responsible for charges after processing by insurance including deductible and copay/coinsurance. In the event I do not have insurance coverage, I may be fully responsible for all charges.

Provider authorization and certification of medical necessity

I acknowledge all tests are reasonable, appropriate, and medically necessary for the monitoring, care, and treatment of the patient, as documented by the patient's records. Acutis Diagnostics emphasizes the importance of testing based on medical necessity. I agree to provide documentation upon request, from the patient's medical chart, supporting medical necessity of tests ordered within 15 days of the request.

I acknowledge a listing of all applicable CPT/HCPCS codes will be made available to me upon request from the laboratory. I further acknowledge the laboratory's Annual Provider Notice is available on their website.

Screening components

Screening tests	Analytes to be confirmed
6-Acetylmorphine	Heroin metabolite
Amphetamines	Methamphetamine / Amphetamine / MDMA / MDA
Barbiturates	Amobarbital / Butalbital / Pentobarbital / Phenobarbital / Secobarbital
Benzodiazepines	Alprazolam / Alpha-Hydroxyalprazolam / Clonazepam / 7-Aminoclonazepam / Diazepam / Nordiazepam / Temazepam / Oxazepam / 2-Hydroxyethylflurazepam / Lorazepam / Alpha-Hydroxymidazolam
Benzoylcegonine	Cocaine metabolite (report show that xylazine is a commonly used adulterant in illicit fentanyl and cocaine)
Buprenorphine	Buprenorphine
Fentanyl	Fentanyl / Norfentanyl / Fentanyl analogs (when medication is not indicated) and Xylazine (when fentanyl medication is not indicated)
Hydrocodone	Hydrocodone / Norhydrocodone / Dihydrocodeine / Hydromorphone
Methadone	Methadone / EDDP
Opiates	Codeine / Morphine
Oxycodone	Oxycodone / Noroxycodone / Oxymorphone
Phencyclidine (PCP)	Phencyclidine
Tricyclic antidepressants (TCA)	Amitriptyline / Clomipramine / Desipramine / Doxepin / Imipramine / Nortriptyline
THC	THC-COOH

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