

[illegible]

FOOTNOTES

Footnote1: CCL has the ability to provide Mobile pickup services at patient home in certain geographic areas, talk to your Account Manager, to see if this will be a best fit for your needs.

Footnote2: 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.

Footnote3: Collection of specimens per the CLIA guidelines & Chain of custody requirements is imperative to produce good results. Please refer to the appropriate federal, state, and local requirements.

Footnote4: Qualitative enzyme immunoassay (EIA) method is used to run all screening tests. All screenings are automatically performed with specimen validity panel (Creatinine, Specific Gravity, pH, and Oxidants).

Footnote5: UDS test should be ordered if the healthcare provider determines it is medically necessary to have the information that initial in-house POCT* testing, if performed, alone will not provide.

Footnote6: LC/MS method: Definitive/Quantitative confirmation by Chromatography-mass spectrometry (LC/MS) should only be ordered if the healthcare provider determines it is medically necessary to have the initial immunoassay testing alone will not provide.

Definitive Testing for HCPCS Description

Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, including metabolite(s) if performed.

Footnote7: By marking a definitive/confirmation test at the drug family level, all analytes will be tested.

*POCT: Point-of-care testing