

ACCOUNT INFORMATION	ACCOUNT NO. _____ TELEPHONE NO. _____	PATIENT INFORMATION	CHART NUMBER _____	PATIENT D.O.B. _____
	ACCOUNT NAME AND ADDRESS _____		PATIENT LAST NAME _____ FIRST NAME _____ M.I. _____	
	REQUESTING PHYSICIAN (please print) _____ PHYSICIAN / AUTHORIZED SIGNATURE _____		STREET ADDRESS _____	
	REQUESTING PHYSICIAN NPI _____ REFERRING PHYSICIAN (PLEASE PRINT) _____		CITY _____ STATE _____ ZIP CODE _____	
			SEX M <input type="checkbox"/> F <input type="checkbox"/>	
			RACE _____ MRN / PATIENT ID # _____ PATIENT TELEPHONE NO. _____	

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

**Collection Time:** \_\_\_\_\_  AM  PM

**Specimen Type** \_\_\_\_\_

**CLINICAL DATA**

PSA     ng/ml Free PSA   %

Digital Rectal Exam  
 Suspicious  Non-Suspicious

Previous Biopsy?  
 None  Negative  
 Suspicious  Positive

Imaging Method:  Ultrasound  MRI  
Imaging Results:  Normal  Abnormal  Suspicious

Other \_\_\_\_\_

**THERAPY**  
 TURP  Prostatectomy  
 Hormone Therapy  Cryosurgery  
 Chemotherapy  Radiation Therapy

Number of Jars \_\_\_\_\_  
Number of Cores Submitted \_\_\_\_\_

**TEST REQUEST**

Prostate Histology  
Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:  
 PTEN IHC  PTEN/ERG IHC

Prostate Histology, Reflex to ConfirmMDx@ on negative/HGPIN

Bladder Histology Biopsy  
 Bladder Histology TUR

Vas Deferens (Sterilization) Histology  
 Consultation (Send Path Report): \_\_\_\_\_  
 Other Histology: \_\_\_\_\_

**BIOMARKERS/HORMONES**

168  PSA (Total) @% 84153  
167  PSA/Reflex Free PSA F/T ratio for TPSA 2-10 ng/mL @% 84153, reflex adds 84154  
X6859  PSA and Free PSA F/T ratio @% 84153, 84154  
2173  PSA (Total) Annual Screen @% 84153/G0103  
120  AFP @ 82105  
133  Beta HCG @% 84702  
146  FSH (Follicle Stimulating Hormone) 83001  
144  LH (Luteinizing Hormone) 83002  
143  Prolactin 84146  
004515  Estradiol 82670  
177  Testosterone (Total) 84403  
178  Testosterone (Free) 84402  
X7877  Testosterone, Total, Free, and Percent Free 84403, 84402

**CLINICAL DATA (MUST BE COMPLETED IN ORDER TO RUN MicrocytePLUS® URINE CYTOLOGY PROFILES)**

TCC, Current  
 TCC, History Dx Date: \_\_\_\_\_  
 Hematuria  Proteinuria  Dysuria  
 Cystitis  Diabetes  UTI  
 Other \_\_\_\_\_

**THERAPY**

TURB  BCG  
 Thiotepa  Mitomycin  
 Medication: \_\_\_\_\_

**SPECIMEN COLLECTION TYPE**

Voided Urine (Bladder)  Catheterized Urine  
 Post-Cysto Void  Bladder Wash  
 Ileal Conduit/NeoBladder  Urethral Wash  
 Renal Wash - Left  Renal Wash - Right  
 Ureter Wash - Left  Ureter Wash - Right  
 Other \_\_\_\_\_

**MicrocytePLUS® URINE CYTOLOGY PROFILES**

**994 Hematuria Profile** ✦  
*Cyodiagnostic Urinalysis Correlating Cytology (by concentration technique, includes Pap and Feulgen stains), Urine Dipstick Chemistry, β2 Microglobulin, Microalbumin, and Total Protein*

**VU1D Bladder Cancer FISH/Cytology Pathodiagnostic Profile** ✦  
*Bladder Cancer FISH Assay and Cytology (Pap and Feulgen stains); including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD)*

**VU3 Cytology Plus Monitoring Profile** ✦  
*Cytology (Pap and Feulgen stains)*

**VU4D Bladder Cancer FISH Reflex/Cytology Pathodiagnostic Profile** ✦  
*Cytology (Pap and Feulgen stains), reflex to Bladder Cancer FISH (Pathologist review) on atypical cytology results*

**INDIVIDUAL TESTS:**

K600D Bladder Cancer FISH (Pathologist review) ✦  
 VU6 Pap Stain (only) Cytology ✦  
 974 β2 Microglobulin ✦  
 976 Total Protein ✦  
 977 Microalbumin ✦  
 FNA (Fine Needle Aspiration) Site: \_\_\_\_\_

✦ TCC Monitoring Kit (Alcohol Fixative)  
✦ Urine Cytopathology Kit (Tablet Preservative)

See reverse for collection methods and CPT codes

**ADDITIONAL TESTS**

**REQUIRED**

24 Hour Urine Total Volume \_\_\_\_\_

Collection \_\_\_\_\_ Collection \_\_\_\_\_  AM  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  PM

Specimen Type \_\_\_\_\_  
Dianon 24hr Urine Kit REQUIRED

**Urine Chemistry Profiles (Tests may be ordered individually)**

**UroStone®Max24** \* (Ammonia, Calcium, Chloride, Citrate, Creatinine, Magnesium, Oxalate, pH, Phosphorus, Potassium, Qualitative Cystine\*, Sodium, Sulfate, Uric Acid)  
 **UroStone®24** \* (Calcium, Citrate, Creatinine, Magnesium, Oxalate, pH, Phosphorus, Qualitative Cystine\*, Sodium, Uric Acid)  
 **UroStone® Uric Acid** (Uric Acid, Creatinine, Sulfate)  
 **UroStone® Calcium** (Calcium, Creatinine, pH, Sodium)  
 **UroStone® Citrate** (Citrate, Creatinine)  
 **UroStone® Cystine**\* (Creatinine, Qualitative Cystine\*)  
 **Creatinine Clearance** (Serum Creatinine/Urine Creatinine)  
*requires serum & urine specimens and Patient Height \_\_\_\_\_ inches & Weight \_\_\_\_\_ lbs*

Indicate patient diet:  Random diet  Ca/Na Restricted Diet

**Serum Chemistry Profiles (Tests may be ordered individually)**

**Hypercalciuria Profile** (Calcium, Phosphorus, Uric Acid, Sodium, Potassium, Chloride, CO<sub>2</sub>, Creatinine, PTH)  
 **Stone Serum Profile** (Calcium, Phosphorus, Uric Acid, Sodium, Potassium, Chloride, CO<sub>2</sub>, Creatinine)

**Specimen Obtained:**

Spontaneously Passed  Lithotripsy  
 Surgically Removed

**Specimen Type:**

Bladder  Kidney  Other: \_\_\_\_\_

**TEST REQUEST:**

Stone Analysis, Urinary Tract Calculus 82365

**24 Hour Urine Chemistries (URINE ONLY)**

<input type="checkbox"/> Ammonia 82140	<input type="checkbox"/> pH 83986
<input type="checkbox"/> Calcium 82340	<input type="checkbox"/> Phosphorus 84105
<input type="checkbox"/> Chloride 82436	<input type="checkbox"/> Potassium 84133
<input type="checkbox"/> Citrate 82507	<input type="checkbox"/> Sodium 84300
<input type="checkbox"/> Creatinine 82570	<input type="checkbox"/> Sulfate 84392
<input type="checkbox"/> Cystine, Qual* 82127	<input type="checkbox"/> Total Protein 84156
<input type="checkbox"/> Magnesium 83735	<input type="checkbox"/> Uric Acid 84560
<input type="checkbox"/> Oxalate 83945	

**Chemistries**

<input type="checkbox"/> Albumin 82040	<input type="checkbox"/> CO2 82374
<input type="checkbox"/> Alk Phosphatase 84075	<input type="checkbox"/> Creatinine 82565
<input type="checkbox"/> ALT-SGPT 84460	<input type="checkbox"/> Glucose @% 82947
<input type="checkbox"/> AST-SGOT 84450	<input type="checkbox"/> HDL @% 83718
<input type="checkbox"/> Bilirubin, Total 82247	<input type="checkbox"/> Magnesium 83735
<input type="checkbox"/> BUN 84520	<input type="checkbox"/> Phosphorus 84100
<input type="checkbox"/> BUN/Creatinine 84520, 82565	<input type="checkbox"/> Potassium 84132
<input type="checkbox"/> Calcium 82310	<input type="checkbox"/> PTH 83970
<input type="checkbox"/> CBC/Pt @ 85027	<input type="checkbox"/> Sodium 84295
<input type="checkbox"/> CBC/Pt & Diff @ 85025	<input type="checkbox"/> Total Protein 84155
<input type="checkbox"/> Chloride 82435	<input type="checkbox"/> Triglyceride @% 84478
<input type="checkbox"/> Cholesterol @% 82465	<input type="checkbox"/> Uric Acid 84550

**Panels (components on back)**

Basic Metabolic Panel  
 Comprehensive Metabolic Panel  
 Electrolyte Panel  
 Hepatic Function Panel  
 Lipid Panel @%  
 Renal Function Panel

- Labeling Instructions**
1. Complete all requested information on requisition form.
  2. Place the indicated label on the corresponding specimen jar. Use one label per specimen.
  3. **Discard all unused labels.**

For Questions, Contact  
Client Services at  
1-800-328-2666.

**MEDICARE ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)**

Refer to Determining Necessity of ABN Completion on reverse.  
Symbols Legend  
@ = Subject to Medicare medical necessity guidelines  
% = Subject to Medicare frequency guidelines  
# = Medicare deems investigational. Medicare does not pay for services it deems investigational.

ACCOUNT INFORMATION	ACCOUNT NO. _____ TELEPHONE NO. _____	CHART NUMBER _____		PATIENT D.O.B. _____		
	ACCOUNT NAME AND ADDRESS _____		PATIENT INFORMATION			
REQUESTING PHYSICIAN (please print) _____ PHYSICIAN / AUTHORIZED SIGNATURE _____		PATIENT LAST NAME _____ FIRST NAME _____ M.I. _____		STREET ADDRESS _____		
REQUESTING PHYSICIAN NPI _____ REFERRING PHYSICIAN (PLEASE PRINT) _____		CITY _____ STATE _____ ZIP CODE _____		CITY _____ STATE _____ ZIP CODE _____		
SEX M <input type="checkbox"/> F <input type="checkbox"/>		RACE _____ MRN / PATIENT ID # _____		PATIENT TELEPHONE NO. _____		
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required) <b>ICD-CM CODE(S):</b> _____						
BILLING INFORMATION	BILL: <input type="checkbox"/> PRACTICE/FACILITY <input type="checkbox"/> PATIENT <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> INSURANCE <input type="checkbox"/> REFERRAL # _____		POLICY/ID# _____ GROUP # _____ 2 <sup>ND</sup> INS POLICY/ID# _____ GROUP # _____			
	INSURANCE CARRIER _____		INSURANCE CARRIER _____			
	CLAIM ADDRESS _____		CLAIM ADDRESS _____			
	CITY _____ STATE _____ ZIP _____		CITY _____ STATE _____ ZIP _____			
	PATIENT HOSPITAL STATUS <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> NON-PATIENT		INSURED'S NAME _____ INSURED'S DOB _____			
PATIENT'S RELATIONSHIP TO INSURED: <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER						

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

**Collection Time:** \_\_\_\_\_  AM  PM

**Specimen Type** \_\_\_\_\_

**CLINICAL DATA**

PSA     ng/ml Free PSA   %

Digital Rectal Exam  
 Suspicious  Non-Suspicious

Previous Biopsy?  
 None  Negative  
 Suspicious  Positive

Imaging Method:  Ultrasound  MRI  
Imaging Results:  Normal  Abnormal  Suspicious

Other \_\_\_\_\_

**THERAPY**

TURP  Prostatectomy  
 Hormone Therapy  Cryosurgery  
 Chemotherapy  Radiation Therapy

Number of Jars \_\_\_\_\_

Number of Cores Submitted \_\_\_\_\_

**TEST REQUEST**

Prostate Histology  
Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:  
 PTEN IHC  PTEN/ERG IHC

Prostate Histology, Reflex to ConfirmMDx@ on negative/HGPIN

Bladder Histology Biopsy  
 Bladder Histology TUR

Vas Deferens (Sterilization) Histology

Consultation (Send Path Report): \_\_\_\_\_

Other Histology: \_\_\_\_\_

**BIOMARKERS/HORMONES**

168  PSA (Total) @% 84153

167  PSA/Reflex Free PSA F/T ratio for TPSA 2-10 ng/mL @% 84153, reflex adds 84154

X6859  PSA and Free PSA F/T ratio @% 84153, 84154

2173  PSA (Total) Annual Screen @% 84153/G0103

120  AFP @ 82105

133  Beta HCG @% 84702

146  FSH (Follicle Stimulating Hormone) 83001

144  LH (Luteinizing Hormone) 83002

143  Prolactin 84146

004515  Estradiol 82670

177  Testosterone (Total) 84403

178  Testosterone (Free) 84402

X7877  Testosterone, Total, Free, and Percent Free 84403, 84402

**CLINICAL DATA (MUST BE COMPLETED IN ORDER TO RUN MicrocytePLUS® URINE CYTOLOGY PROFILES)**

TCC, Current  
 TCC, History Dx Date: \_\_\_\_\_  
 Hematuria  Proteinuria  Dysuria  
 Cystitis  Diabetes  UTI  
 Other \_\_\_\_\_

**THERAPY**

TURB  BCG  
 Thiotepa  Mitomycin  
 Medication: \_\_\_\_\_

**SPECIMEN COLLECTION TYPE**

Voided Urine (Bladder)  Catheterized Urine  
 Post-Cysto Void  Bladder Wash  
 Ileal Conduit/NeoBladder  Urethral Wash  
 Renal Wash - Left  Renal Wash - Right  
 Ureter Wash - Left  Ureter Wash - Right  
 Other \_\_\_\_\_

**MicrocytePLUS® URINE CYTOLOGY PROFILES**

**994 Hematuria Profile** ✦  
*Cyodiagnostic Urinalysis Correlating Cytology (by concentration technique, includes Pap and Feulgen stains), Urine Dipstick Chemistry, β2 Microglobulin, Microalbumin, and Total Protein*

**VU1D Bladder Cancer FISH/Cytology Pathodiagnostic Profile** ✦  
*Bladder Cancer FISH Assay and Cytology (Pap and Feulgen stains); including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD)*

**VU3 Cytology Plus Monitoring Profile** ✦  
*Cytology (Pap and Feulgen stains)*

**VU4D Bladder Cancer FISH Reflex/Cytology Pathodiagnostic Profile** ✦  
*Cytology (Pap and Feulgen stains), reflex to Bladder Cancer FISH (Pathologist review) on atypical cytology results*

**INDIVIDUAL TESTS:**

K600D Bladder Cancer FISH (Pathologist review) ✦

VU6 Pap Stain (only) Cytology ✦

974 β2 Microglobulin ✦

976 Total Protein ✦

977 Microalbumin ✦

FNA (Fine Needle Aspiration) Site: \_\_\_\_\_

✦ TCC Monitoring Kit (Alcohol Fixative)  
✦ Urine Cytopathology Kit (Tablet Preservative)

See reverse for collection methods and CPT codes

**ADDITIONAL TESTS**

**REQUIRED**

24 Hour Urine Total Volume \_\_\_\_\_

Collection \_\_\_\_\_ Collection \_\_\_\_\_  AM  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  PM

Specimen Type \_\_\_\_\_

**Dianon 24hr Urine Kit REQUIRED**

**Urine Chemistry Profiles (Tests may be ordered individually)**

**UroStone®Max24** \* (Ammonia, Calcium, Chloride, Citrate, Creatinine, Magnesium, Oxalate, pH, Phosphorus, Potassium, Qualitative Cystine\*, Sodium, Sulfate, Uric Acid)

**UroStone®24** \* (Calcium, Citrate, Creatinine, Magnesium, Oxalate, pH, Phosphorus, Qualitative Cystine\*, Sodium, Uric Acid)

**UroStone® Uric Acid** (Uric Acid, Creatinine, Sulfate)

**UroStone® Calcium** (Calcium, Creatinine, pH, Sodium)

**UroStone® Citrate** (Citrate, Creatinine)

**UroStone® Cystine**\* (Creatinine, Qualitative Cystine\*)

**Creatinine Clearance** (Serum Creatinine/Urine Creatinine)  
*requires serum & urine specimens and Patient Height \_\_\_\_\_ inches & Weight \_\_\_\_\_ lbs*

Indicate patient diet:  Random diet  Ca/Na Restricted Diet

**Serum Chemistry Profiles (Tests may be ordered individually)**

**Hypercalciuria Profile** (Calcium, Phosphorus, Uric Acid, Sodium, Potassium, Chloride, CO<sub>2</sub>, Creatinine, PTH)

**Stone Serum Profile** (Calcium, Phosphorus, Uric Acid, Sodium, Potassium, Chloride, CO<sub>2</sub>, Creatinine)

**Specimen Obtained:**

Spontaneously Passed  Lithotripsy  
 Surgically Removed

**Specimen Type:**

Bladder  Kidney  Other: \_\_\_\_\_

**TEST REQUEST:**

Stone Analysis, Urinary Tract Calculus 82365

**24 Hour Urine Chemistries (URINE ONLY)**

Ammonia 82140  pH 83986  
 Calcium 82340  Phosphorus 84105  
 Chloride 82436  Potassium 84133  
 Citrate 82507  Sodium 84300  
 Creatinine 82570  Sulfate 84392  
 Cystine, Qual\* 82127  Total Protein 84156  
 Magnesium 83735  Uric Acid 84560  
 Oxalate 83945

**Chemistries**

Albumin 82040  CO2 82374  
 Alk Phosphatase 84075  Creatinine 82565  
 ALT-SGPT 84460  Glucose @% 82947  
 AST-SGOT 84450  HDL @% 83718  
 Bilirubin, Total 82247  Magnesium 83735  
 BUN 84520  Phosphorus 84100  
 BUN/Creatinine 84520, 82565  Potassium 84132  
 Calcium 82310  PTH 83970  
 CBC/Plt @ 85027  Sodium 84295  
 CBC/Plt & Diff @ 85025  Total Protein 84155  
 Chloride 82435  Triglyceride @% 84478  
 Cholesterol @% 82465  Uric Acid 84550

**Panels (components on back)**

Basic Metabolic Panel  
 Comprehensive Metabolic Panel  
 Electrolyte Panel  
 Hepatic Function Panel  
 Lipid Panel @%  
 Renal Function Panel

**Test Combination/Panel Policy**

Labcorp's policy is to provide physicians, in each instance, with the flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/panels does not distance physicians who wish to order a test combination/profile from making deliberate decisions regarding which tests are truly medically necessary. All the tests offered in test combinations/panels may be ordered individually using the Labcorp request form. Labcorp encourages clients to contact their local Labcorp representative or Labcorp location if the testing configurations shown here do not meet individual needs for any reason, or if some other combination of procedures is desired.

In an effort to keep our clients fully informed of the content, charges and coding of its test combinations/panels when billed to Medicare, we periodically send notices concerning customized test combinations/panels, as well as information regarding patient fees for all Labcorp services. We also welcome the opportunity to provide, on request, additional information in connection with our testing services and the manner in which they are billed to physicians, health care plans, and patients.

The CPT code(s) listed here are in accordance with the current edition of Physicians' Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the appropriate payor that their use is appropriate in each case. All laboratory procedures will be billed to third-party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by the carrier. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc. will be billed in addition to the primary codes when appropriate. Labcorp will process the specimen for a Microbiology test based on source.

AMA PANEL COMPONENTS	
<b>Basic Metabolic</b> 80048 - BUN, Calcium, Chloride, CO <sub>2</sub> (Carbon Dioxide), Creatinine, Glucose, Potassium, Sodium	
<b>Comprehensive Metabolic</b> 80053 - Albumin, Alkaline Phosphatase, ALT-SGPT, AST-SGOT, Bilirubin (Total), BUN, Calcium, Chloride, CO <sub>2</sub> (Carbon Dioxide), Creatinine, Glucose, Potassium, Sodium, Total Protein	
<b>Electrolyte</b> 80051 - Chloride, CO <sub>2</sub> (Carbon Dioxide), Potassium, Sodium	
<b>Hepatic Function</b> 80076 - Albumin, Alkaline Phosphatase, ALT-SGPT, AST-SGOT, Bilirubin (Direct), Bilirubin (Total), Total Protein	
<b>Lipid</b> 80061 - Cholesterol, HDL, LDL (Calculated), Triglyceride	
<b>Renal Function</b> 80069 - Albumin, BUN, Calcium, Chloride, CO <sub>2</sub> (Carbon Dioxide), Creatinine, Glucose, Phosphorus, Potassium, Sodium	

TUBE AND SPECIMEN TRANSPORTATION REQUIREMENTS											
TEST	TUBE	CPT	SPECIMEN	TEST	TUBE	CPT	SPECIMEN	TEST	TUBE	CPT	SPECIMEN
AFP	(SST)	82105	(S,R)	Comprehensive Metabolic Panel	(SST)	80053	(S,R)	Prolactin	(SST)	84146	(S,R)
Albumin	(SST)	82040	(S,R)	Creatinine	(SST)	82565	(S,R)	PSA	(SST)	84153	(S,R)
ALT	(SST)	84460	(S,R)	Creatinine Clearance	(Urine+SST)	82575	(U,S,R)	PSA, Free	(SST)	84154	(S,R)
Alkaline Phosphatase	(SST)	84075	(S,R)	Direct Bilirubin	(SST)	82248	(S,R)	PTH ♦	(SST)	83970	(S,R)
AST	(SST)	84450	(S,R)	Electrolyte Panel	(SST)	80051	(S,R)	Renal Function Panel	(SST)	80069	(S,R)
Basic Metabolic Panel	(SST)	80048	(S,R)	FSH	(SST)	83001	(S,R)	Sodium	(SST)	84295	(S,R)
Beta HCG	(SST)	84702	(S,R)	Glucose	(SST)	82947	(S,R)	Testosterone	(SST)	84403	(S,R)
BUN	(SST)	84520	(S,R)	Hepatic Function Panel	(SST)	80076	(S,R)	Total Bilirubin	(SST)	82247	(S,R)
Calcium	(SST)	82310	(S,R)	HDL	(SST)	83718	(S,R)	Total Protein	(SST)	84155	(S,R)
CBC with Plt	(LT)	85027	(WB,R)	LH	(SST)	83002	(S,R)	Triglycerides	(SST)	84478	(S,R)
CBC with Plt & Diff	(LT)	85025	(WB,R)	Lipid Panel	(SST)	80061	(S,R)	TSH	(SST)	84443	(S,R)
Chloride	(SST)	82435	(S,R)	Magnesium	(SST)	83735	(S,R)	Unbound Testosterone	(SST)	84402	(S,R)
Cholesterol	(SST)	82465	(S,R)	Phosphorus	(SST)	84100	(S,R)	Uric Acid	(SST)	84550	(S,R)
CO <sub>2</sub>	(SST)	82374	(S,R)	Potassium	(SST)	84132	(S,R)				

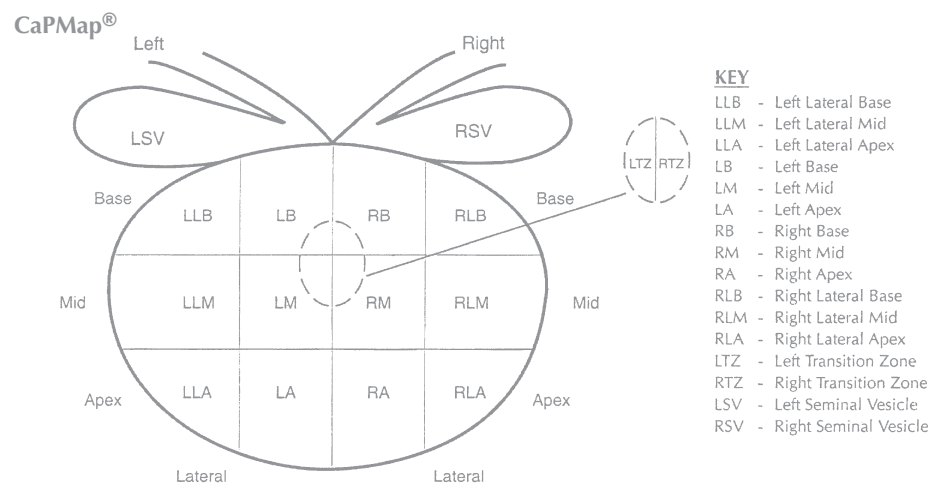
**TUBE REQUIREMENTS:** SST-Serum Separator Tube LT-Lavender Top

**SPECIMEN REQUIREMENTS:** F-Frozen S-Serum R-Refrigerate U-Urine WB-Whole Blood  
♦ Must be processed within 48 hours of collection if not received frozen

MicrocytePLUS®/Urine Cytology Urine Collection Method and CPT Codes			
994	Hematuria Profile – Urine Cytology	Voided, Catheterized, Post–Cysto Void	88108, 88313, 81003, 82232, 82043, 84156
For directing further evaluation of patients currently not monitored for TCC who present with hematuria or other signs of urinary tract or renal disease. (Cytodiagnostic Urinalysis Correlating Cytology [by concentration technique, includes Pap and Feulgen stains], Urine Dipstick Chemistry, B-2 Microglobulin, Microalbumin, and Total Protein).			
974	β <sub>2</sub> Microglobulin	Voided, Catheterized, Post–Cysto Void	82232
976	Total Protein	Voided, Catheterized, Post–Cysto Void	84156
977	Microalbumin	Voided, Catheterized, Post–Cysto Void	82043
VU1D	Bladder Cancer FISH/Cytology Pathodiagnostic Profile	Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88112, 88120
Bladder Cancer FISH, including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD).			
VU4D	Bladder Cancer FISH Reflex/Cytology Pathodiagnostic	Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88112; if reflexed, 88120
For therapeutic monitoring of patients with a history of TCC and for initial diagnosis of patients presenting with hematuria with suspicion of TCC: Bladder Cancer FISH and Cytology (Pap and Feulgen stains), FISH and cytology read by pathologist (MD). Includes integrated cytomolecular diagnostic interpretation with clinical correlation.			
VU3	Cytology Plus Monitoring Profile (Pap and Feulgen stains)	Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash, Ileal Conduit/Neobladder	88112
VU6	Cytology Pap Stain Only	Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash, Ileal Conduit/Neobladder	88112
K600D	Bladder Cancer FISH Pathodiagnostic	Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88120

Bladder Cancer FISH will not be performed on Ileal Conduit/Neobladder urine specimens.

ConfirmMDx test performed and billed by MDxHealth® at Irvine, CA.



(1376) REV. 07/19/2021

**Determining Necessity of Advance Beneficiary Notice of Non-coverage (ABN) Completion\***

- 1. Diagnose.** Determine your patient's diagnosis.
- 2. Document.** Write the diagnosis code(s) on the front of the requisition.
- 3. Verify.** Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by your Medicare Administrative Contractor (MAC), CMS, or [www.Labcorp.com/MedicareMedicalNecessity](http://www.Labcorp.com/MedicareMedicalNecessity).
- 4. Review.** If the diagnosis code for your patient **does not** meet the medical necessity requirements set forth by Medicare or the test(s) is being performed more frequently than Medicare allows, an ABN should be completed.

\*An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.

**How to Complete an Advance Beneficiary Notice of Non-coverage (ABN)**

Medicare is very specific in requiring that all of the information included on the ABN be completed. Additionally, Labcorp requests that the specimen number or bar code label be included on the form. To be valid an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131).
2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white and blue Medicare card.
3. Indicate the test(s)/procedure(s) which may be denied within the relevant reason column.
4. Include an estimated cost for the test(s)/procedure(s) subject to the ABN.
5. Have 'Option 1', 'Option 2', or 'Option 3' designated by the beneficiary.
6. Be signed **and** dated by the beneficiary or his/her representative **prior to** the service being rendered.

**Symbols used to designate Medicare medical review as of 04/01/2021**

- @ = Subject to Medicare medical necessity guidelines.
- % = Subject to Medicare frequency guidelines.
- # = Medicare deems investigational. Medicare does not pay for services it deems investigational.