



Testing will be performed at a Labcorp laboratory, including formerly branded Dianon Pathology.

Dianon Systems, Inc.
1 Forest Parkway
Shelton, CT 06484
800-328-2666
203-926-7100

XXXXXX

Direction of Feed thru customer's printer

GI PATHOLOGY SERVICES TEST REQUISITION

ACCOUNT INFORMATION PATIENT INFORMATION

ACCOUNT NO. TELEPHONE NO. CHART NUMBER PATIENT D.O.B. ACCOUNT NAME AND ADDRESS PATIENT LAST NAME FIRST NAME M.I. STREET ADDRESS CITY STATE ZIP CODE SEX M F RACE MRN / PATIENT ID# PATIENT TELEPHONE NO.

BILLING INFORMATION

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required) REQUIRED ICD-CM CODE(S): BILL: PRACTICE/FACILITY PATIENT MEDICARE MEDICAID INSURANCE REFERRAL # POLICY/ID# GROUP # 2ND INS POLICY/ID# GROUP # INSURANCE CARRIER CLAIM ADDRESS CITY STATE ZIP PATIENT HOSPITAL STATUS INPATIENT OUTPATIENT NON-PATIENT

SPECIMEN COLLECTION

METHOD/SPECIMEN BIOPSY WASHING BRUSHING POLYPECTOMY OTHER COLLECTION DATE: / /

ENDOSCOPIC CODES

Please write the applicable number(s) for each corresponding biopsy specimen in the appropriate section below. DO NOT CIRCLE CODE NUMBERS. 1 EROSION 4 MASS 7 POLYP 10 STRICTURE 13 HIATAL HERNIA 2 ERYTHEMA 5 NODULARITY 8 POLYPOSIS 11 ULCER 14 OTHER 3 GRANULARITY 6 NORMAL 9 PSEUDOMEMBRANE 12 BARRETT'S MUCOSA

CLINICAL DATA (Check all that apply) UPPER GI TEST REQUEST# ESOPHAGUS STOMACH / DUODENUM

CLINICAL DATA (Check all that apply) LOWER GI TEST REQUEST# BIOPSY/EXCISION DATA OTHER TESTS

Table with columns for Site, Name, and dates from Jan 1 to Jan 24.

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.

Refer to Determining Necessity of ABN Completion on reverse. @ = Subject to Medicare medical necessity guidelines % = Subject to Medicare frequency guidelines # = Medicare deems investigational



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 are in accordance with the current edition of *Current Procedural Terminology*, a publication of the American Medical Association. CPT codes are provided 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 applicable 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.

H. pylori Urea Breath Test CPT Code: 83013		Test No. 180836	H. pylori Stool Antigen CPT Code: 87338		Test No. 180764		
HCV FibroSURE® CPT Codes: 81596		Test No. 550123	Hereditary Hemochromatosis, DNA Analysis CPT Code: 81256		Test No. 511345		
When ordered Individually use Test No.		Components	CPT Code(s)				
122135		Alpha-2 Macroglobulin	83883				
001628		Haptoglobin	83010				
016873		Apolipoprotein A-1	82172				
001099		Bilirubin, Total	82247				
001958		GGT %@	82977				
001545		ALT (SGPT)	84460				
NASH FibroSURE® CPT Codes: 83883, 83010, 82172, 82247, 82977, 84460, 82465, 84478, 82947, 84450		Test No. 550140	ASH FibroSURE® CPT Codes: 83883, 83010, 82172, 82247, 82977, 84460, 82465, 84478, 82947, 84450		Test No. 550180		
When ordered Individually use Test No.		Components	CPT Code(s)	When ordered Individually use Test No.	Components	CPT Code(s)	
122135		Alpha-2 Macroglobulin	83883	122135		Alpha-2 Macroglobulin	83883
001628		Haptoglobin	83010	001628		Haptoglobin	83010
016873		Apolipoprotein A-1	82172	016873		Apolipoprotein A-1	82172
001099		Bilirubin, Total	82247	001099		Bilirubin, Total	82247
001958		GGT %@	82977	001958		GGT %@	82977
001545		ALT (SGPT)	84460	001545		ALT (SGPT)	84460
001065		Cholesterol, Total %@	82465	001065		Cholesterol, Total %@	82465
001172		Triglycerides %@	84478	001172		Triglycerides %@	84478
001032		Glucose %@	82947	001032		Glucose %@	82947
001123		AST (SGOT)	84450	001123		AST (SGOT)	84450

◆ Revised Bethesda guidelines for testing colorectal tumors for MSI: Colorectal cancer diagnosed in a patient who is <50 years of age, or Colorectal cancer with the MSI-H histology diagnosed in a patient who is <60 years of age.

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 this 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.
- 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 01/01/2022

@ = Subject to Medicare medical necessity guidelines

% = Subject to Medicare frequency guidelines

= Medicare deems investigational. Medicare does not pay for services it deems investigational.

Dianon Systems, Inc. is a subsidiary of Laboratory Corporation of America Holdings, using the brand Labcorp

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