labcorp

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GI PATHOLOGY SERVICES

CONSECUTIVE BARCODE

TXXXXXX

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

One Forest Parkway • Shelton, CT 06484
203-926-7100 • 800-328-2666 • dianon.labcorp.com

CLIENT INFORMATION

REQUESTING PHYSICIAN	NPI#
REFERRING PHYSICIAN	NPI#

PATIENT INFORMATION (all white areas are required to be filled in completely)

Name (LAST, FIRST, MIDDLE)
Address
City, State, Zip
Date of Birth: Sex ☐ M ☐ F
Phone Number Race:
MRN / Patient ID # Chart#:

BILLING INFORMATION (face sheet & front and back of insurance card must be attached)

Bill: ☐ My Account ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient ☐ Workers Comp
Patient Status: ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Non-Hospital Patient
Insurance Information: ☐ See attached
Insured Information: Name
Relationship to Patient (circle one) Self Spouse Child Other:
Primary Insurance Co: Authorization #
Billing Address Insured #
Billing City, State, Zip Group #
Secondary Insurance Co: Authorization #
Billing Address Insured #
Billing City, State, Zip Group #

CLINICAL DATA (Check all that apply)

Collection Date: ____ Time: ____ ☐ A.M. ☐ P.M. ☐ See Previous Case History
☐ Bleeding ____ ☐ Nausea ☐ Weight Loss
☐ Dysphagia ☐ Heme Positive Stool ☐ Diarrhea
☐ Pain ____ ☐ Iron Deficient Anemia ☐ Reflux Esophagitis
☐ History of Barrett's Esophagus
☐ Personal History of Cancer ____
☐ Other: ____

All diagnoses should be provided by the ordering physician or his or her authorized designee.
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

REQUIRED INFORMATION

ICD-CM		ICD-CM		ICD-CM	

SPECIAL INDICATIONS - UPPER GI

☐ R/O Celiac Disease ☐ R/O Dysplasia ☐ R/O Eosinophilic Esophagitis ☐ R/O Giardia
☐ R/O H. *pylori* ☐ R/O Malignancy ☐ Other: ____

SPECIAL INDICATIONS - LOWER GI

Surveillance Colonoscopy for: ☐ Colitis ☐ Neoplasm ☐ Polyp
☐ R/O Crohn's Disease ☐ R/O Dysplasia ☐ R/O Malignancy
☐ R/O Microscopic Colitis ☐ R/O Parasites ☐ R/O Ulcerative Colitis
☐ R/O Idiopathic Inflammatory Bowel disease

Other: ____

TEST REQUEST (MUST be checked in order to perform testing)

☐ HISTOLOGY† (Gross & Microscopic)
☐ CYTOLOGY†
☐ CONSULTATION†: On referred slides *(Send pathology report)*
☐ CONSULTATION†: On referred material *(Send pathology report)*
☐ TECHNICAL COMPONENT

† Separately billable stains may be added by pathologist when medically necessary to render a diagnosis.

ENDOSCOPIC CODES - (DO NOT CIRCLE CODE NUMBERS)

Please write the applicable number(s) for each corresponding specimen in the sections below.

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	

SPECIMEN DATA - UPPER GI: ESOPHAGUS

SPECIMEN #	From	TYPE: BIOPSY	BRUSHING	WASHING	OTHER	BODY SITE/ DESCRIPTOR: Eso Prox.	Eso Mid	Eso Distal	E.G. Junct.	ENDOSCOPIC FINDINGS (See codes above)
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm									____ , ____

SPECIMEN DATA - UPPER GI: STOMACH / DUODENUM

SPECIMEN #	TYPE: BIOPSY	BRUSHING	WASHING	OTHER	BODY SITE/ DESCRIPTOR: Cardia	Fundus/Body	Antral/Body Transition	Antrum	Duodenum (Bulb)	Duodenum (proximal) / Small Bowel	Anastomosis	ENDOSCOPIC FINDINGS (See codes above)
____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
												____ , ____

SPECIMEN DATA - LOWER GI

SPECIMEN #	From	BODY SITE: Ileum	Ileocecal Valve	Cecum	Ascending	Hepatic Flexure	Transverse	Splenic Flexure	Descending	Sigmoid	Rectum	Anastomosis	DESCRIPTOR: Proximal	Mid	Distal	ENDOSCOPIC FINDINGS (See codes above)
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm															____ , ____

Specimen Collection Method
☐ Biopsy ☐ Washing ☐ Other ____
☐ Brushing ☐ Polypectomy

SPECIAL INDICATIONS WITH PROACTIVE STAINS

Additional stains will be ordered by Labcorp's pathologist when necessary. With Technical cases, the stains will be performed only on JAR(s) indicated below. **Please indicate JAR.**

	Stains	Stains	Indicate JAR(s) below			
☐ R/O H. *pylori*	HPY-IHC					
☐ R/O H. *pylori*	HPY					
☐ R/O Barrett's Esophagus	PAS/AB					
☐ R/O Fungi/Candida	PAS/fung					
☐ R/O Viral Inclusions	CMV	HSV				

When ordering tests for which Medicare or Medicaid reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient.

Physician/Authorized Signature: ____

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(PERF)

Patient, Client and Billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

Refer to Determining Necessity of ABN Completion on reverse.

SPECIMEN LABEL INSTRUCTIONS:

1.) **Complete the requisition with all requested information.**
2.) **Remove the required number of labels from the front of this sheet.**
3.) **Place one (1) label on each specimen container (not on the lid).**

PLEASE DISPOSE OF UNUSED LABELS.

ESOPHAGUS PROXIMAL	TXXXXXX	ANTRAL BODY TRANSITION	TXXXXXX	TXXXXXX	CECUM	TXXXXXX	RECTUM
ESOPHAGUS MID	TXXXXXX	ANTRUM	TXXXXXX	TXXXXXX	COLON ASCENDING	TXXXXXX	COLON
ESOPHAGUS DISTAL	TXXXXXX	DUODENUM BULB	TXXXXXX	TXXXXXX	HEPATIC FLEXURE	TXXXXXX	COLON
ESOPHAGUS E-G JUNCTION	TXXXXXX	DUODENUM PROXIMAL	TXXXXXX	TXXXXXX	COLON TRANSVERSE	TXXXXXX	COLON
ESOPHAGUS	TXXXXXX	DUODENUM DISTAL	TXXXXXX	TXXXXXX	SPLENIC FLEXURE	TXXXXXX	
CARDIA	TXXXXXX	ILEUM	TXXXXXX	TXXXXXX	COLON DESCENDING	TXXXXXX	
FUNDUS/BODY	TXXXXXX	ILEOCECAL VALVE	TXXXXXX	TXXXXXX	COLON SIGMOID	TXXXXXX	

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.

B-1A

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.

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

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LABEL LINER AREA