labcorp

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

ENDOCRINE PATHOLOGY

ACCOUNT INFORMATION

ACCOUNT NO. TELEPHONE NO.

ACCOUNT NAME AND ADDRESS

REQUESTING PHYSICIAN (PLEASE PRINT) PHYSICIAN/AUTHORIZED SIGNATURE

REQUESTING PHYSICIAN NPI REFERRING PHYSICIAN

PATIENT INFORMATION

CHART NUMBER PATIENT D.O.B.

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 INSURANCE CARRIER

CLAIM ADDRESS CLAIM ADDRESS

CITY STATE ZIP CITY STATE ZIP

PATIENT HOSPITAL STATUS ☐ INPATIENT ☐ OUTPATIENT ☐ NON-PATIENT

INSURED'S NAME INSURED'S DOB

PATIENT'S RELATIONSHIP TO INSURED: ☐ SPOUSE ☐ CHILD ☐ OTHER

CLINICAL DATA

Collection Date:

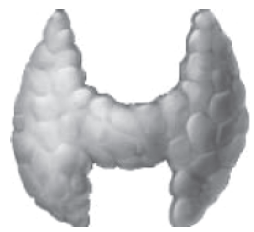
Fixative: ☐ Cytolyt® / 95% EtOH ☐ Other:

☐ RNARetain® Reflex Testing Vial included

Additional Clinical Data:

Mark site(s) collected for fine needle aspirate based on location on the thyroid illustration:

☐ Right Lobe #



☐ Left Lobe #

☐ Isthmus #

CYTOLOGY SPECIMEN #1 (use separate thyroid FNA kit for each specimen)

☐ FNA Site: Number of Slides:

☐ FNA, reflex to ThyGeNEXT®* if FNA results are indeterminate

☐ FNA, reflex to ThyGeNEXT®* if FNA results are indeterminate, reflex to ThyraMIR®v2 if mutation is negative or not fully indicative of malignancy

(ThyGeNEXT® includes markers for BRAF, HRAS, KRAS, NRAS, PIK3CA#, ALK, GNAS, RET, TERT, PTEN, NTRK, PPARgamma, THADA, and PAX8; ThyraMIR® includes miRNA markers)@
*Molecular testing requires sample in RNARetain® vial

CYTOLOGY SPECIMEN #2 (use separate thyroid FNA kit for each specimen)

☐ FNA Site: Number of Slides:

☐ FNA, reflex to ThyGeNEXT®* if FNA results are indeterminate

☐ FNA, reflex to ThyGeNEXT®* if FNA results are indeterminate, reflex to ThyraMIR®v2 if mutation is negative or not fully indicative of malignancy

(ThyGeNEXT® includes markers for BRAF, HRAS, KRAS, NRAS, PIK3CA#, ALK, GNAS, RET, TERT, PTEN, NTRK, PPARgamma, THADA, and PAX8; ThyraMIR® includes miRNA markers)@
*Molecular testing requires sample in RNARetain® vial

CYTOLOGY SPECIMEN #3 (use separate thyroid FNA kit for each specimen)

☐ FNA Site: Number of Slides:

☐ FNA, reflex to ThyGeNEXT®* if FNA results are indeterminate

☐ FNA, reflex to ThyGeNEXT®* if FNA results are indeterminate, reflex to ThyraMIR®v2 if mutation is negative or not fully indicative of malignancy

(ThyGeNEXT® includes markers for BRAF, HRAS, KRAS, NRAS, PIK3CA#, ALK, GNAS, RET, TERT, PTEN, NTRK, PPARgamma, THADA, and PAX8; ThyraMIR® includes miRNA markers)@
*Molecular testing requires sample in RNARetain® vial

CYTOLOGY SPECIMEN #4 (use separate thyroid FNA kit for each specimen)

☐ FNA Site: Number of Slides:

☐ FNA, reflex to ThyGeNEXT®* if FNA results are indeterminate

☐ FNA, reflex to ThyGeNEXT®* if FNA results are indeterminate, reflex to ThyraMIR®v2 if mutation is negative or not fully indicative of malignancy

(ThyGeNEXT® includes markers for BRAF, HRAS, KRAS, NRAS, PIK3CA#, ALK, GNAS, RET, TERT, PTEN, NTRK, PPARgamma, THADA, and PAX8; ThyraMIR® includes miRNA markers)@
*Molecular testing requires sample in RNARetain® vial

Molecular thyroid testing performed by Interpace Diagnostics, LLC, Pittsburgh, PA

ADDITIONAL TESTS

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1193 REV. 02/20/2024

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

WHITE COPY TO DIANON PINK COPY TO PHYSICIAN

Cytolyt® is a registered trademark of Cytyc Corporation.
RNARetain® is a registered trademark of Asuragen, Inc.
ThyGeNEXT® and ThyraMIR® are registered service marks of Interpace Diagnostics, LLC.

Refer to Determining Necessity of ABN Completion on reverse.

Symbols Legend
@ = Subject to Medicare medical necessity guidelines
# = Medicare deems investigational. Medicare does not pay for services it deems investigational

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.

Name: Coll. Date: Site:

Name: Coll. Date: Site:

Name: Coll. Date: Site:

Name: Coll. Date: Site:

Name: Coll. Date: Site:

Name: Coll. Date: Site:

Name: Coll. Date: Site:

Name: Coll. Date: Site:

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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 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.
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 01/01/2024

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

ThyGeNEXT®
CPT Code 0245U

ThyraMIR®v2
CPT Code 0018U

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