labcorp

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

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DERMATOPATHOLOGY

CLIENT INFORMATION

REQUESTING PHYSICIAN	NPI#
REFERRING PHYSICIAN	NPI#

PATIENT INFORMATION

Name (LAST, FIRST, MIDDLE)

Address

City, State, Zip

Date of Birth: MM / DD / YYYY Sex ☐ M ☐ F

Phone Number Race:

MRN / PATIENT ID # Chart #

Physician/Authorized Signature: _____

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 INFORMATION

Collection Date: MM / DD / YYYY Time: _____ ☐ A.M. ☐ P.M.

Number of Jars:

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	ICD-CM		ICD-CM	
ICD-CM		ICD-CM		ICD-CM	

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

☐ H&E Histology† (Gross & Microscopic)

☐ (D9F-1) Direct Immunofluorescence (IgA, IgG, IgM, C3) (**Michel's Media**) (88346, 88350 x 3)

☐ (D9H-1) Direct Immunofluorescence, (Fibrinogen, IgA, IgG, IgM, C3) (**Michel's Media**) (88346, 88350 x 4)

☐ BRAF Gene Mutation Analysis, Melanoma (481110)(send pathology report) 81210, 88381

☐ Consultation† : On referred slides (send pathology report) 88321

☐ Consultation† : Referred material requiring slide prep (send pathology report) 88323

☐ Histology Technical Component ☐ TC Stains _____

BIOPSY DATA *(please identify anatomic site below and apply appropriate label to jar)*

Jar #	Body Site/Descriptor	Specimen Type (biopsy, excision)	Clinical Data	Signs & Symptoms (see below for code)
1				
2				
3				
4				
5				
6				

Signs and Symptoms (DO NOT CIRCLE. Write in applicable number for each corresponding specimen in the area provided above.)

1. Cyst	6. Plaque	11. Annular	16. Gyrate/Serpiginous	21. Pain	26. Telangiectasia	31. Other:
2. Keratosis	7. Scar	12. Atrophy	17. Hair Loss/Alopecia	22. Photodistributed	27. Vesicle	
3. Nodule	8. Scar/reexcision	13. Bullae	18. Hyperpigmentation	23. Pruritus	28. Ulcer	
4. Papule	9. Subcutaneous Mass	14. Erythema	19. Hypopigmentation	24. Purpura	29. Debridement	
5. Pigmented Neoplasm	10. Tag	15. Excoriation	20. Macule	25. Pustule	30. Soft Tissue Mass	

MICROBIOLOGY

008649	☐ Aerobic Bacterial Culture, General	CPT 87070
008482	☐ Fungus (Mycology) Culture	CPT 87101
008573	☐ Viral Culture, General	CPT 87252
	☐ Other: _____	

ID and Susceptibility at additional charges per organism if indicated.

Additional Clinical History:

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

Form Number: 0300d.06 CA Dermatopathology
Item# 117591

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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.

Form Number: 0300D.06 CA Dermatopathology

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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