labcorp

GI Pathology

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

Dianon Systems, Inc. 1 Forest Parkway • Shelton, CT 06484

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T: 8	800-328-2666 • T: 203-926-71	100			1: 800-352-	-7788, Ext 4126 ● F	: 888-727-837
Α	CCOUNT INFORMATION			PATIENT INFORMATIO	N		
A	CCOUNT NO.	TELEPHONE NO.					
				CHART NUMBER	— —	PATIENT D.O.B	
A	CCOUNT NAME AND ADDRESS						
				PATIENT LAST NAME	FIRST NAME	M.I.	
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				STREET ADDRESS			
				CITY		STATE ZIP CODE	
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			BILLING IN	IFORMATION			
		Diagnosis/Signs/Symptoms in ICD-	-CM format in effect at Date	e of Service (Highest Specificity Required			
BII	L: PRACTICE/FACILITY PATIEN	IT □ MEDICARE □ MEDICAID	☐ INSURANCE ☐ REFE	RRAI #	ICD-CM CODE	E(S):	
						CROUP #	
				2 ND INS POLICY/ID# _ INSURANCE CARRIER			
				CLAIM ADDRESS			
CII	Υ	STATE ZIP _		_ CITY			
PA	TIENT HOSPITAL STATUS INPATIEN	IT OUTPATIENT NON-PATIE	ENT	INSURED'S NAME			
				PATIENT'S RELATIONSHIP TO INSUR	RED: SPOUSE C	CHILD OTHER	
	COLLECTION DATE: MM	/ DD / YYYY	ENDOSCOPIC	CODES			
1	☐ Histology (Gross & Micros	scopic)	Please write the appli	cable number(s) for each correspondir	ng specimen in the app	propriate section below.	
Ĕ	☐ Biopsy ☐ Polypectomy	y 🗆 Other	DO NOT CIRCLE CO	DE NUMBERS.			
REOUEST	☐ Cytology		1 Erosion 5 N	Nodularity 9 Pseudomembrane	13 Hiatal Hernia	17 H. pylori	
		Type:	2 Erythema 6 N	Normal 10 Stricture	14 Duodenitis	18 Ileitis	
TEST			3 Granularity 7 F	Polyp 11 Ulcer	15 Esophagitis	19 Random Biopsy	
F				Polyposis 12 Barrett's Mucosa	16 Gastritis	20 Other:	
	☐ Consultation: Referred mate		UPPER GI				
S	☐ R/O Barrett's Esophagus	☐ R/O Malignancy		BODY SITE/DES	SCRIPTOR		
	□ R/O Celiac Disease	☐ R/O Mastocytic Enterocolitis			b) Bow _{e,}		
	□ C-li±i- C:	□ D/○ \ \\ \\ : : - C - \ \\ : \ : -					
	☐ Colitis Surveillance	☐ R/O Microscopic Colitis	SPECIMEN	s & 3	'(Bu _{ll}	/ 1	ENDOSCOPIC
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4	☐ R/O Eosinophilic Esophagitis	☐ R/O Parasites ☐ Polyp/Neoplasm Surveillance ☐ R/O Reflux Esophagitis					FINDINGS
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Labeling Instructions	Site	Jar 1 Site	Jar 5 Site	Jar 9 Site	Jar 13 Site	Jar 17 Site
1. Complete all requested	Name	Name	Name	Name	Name	Nam
information on requisition form.	Site	Jar 2 Site	Jar 6 Site	Jar 10 Site	Jar 14 Site	Jar 18 Site
corresponding specimen jar.	Name	Name	Name	Name	Name	Nam
Use one label per specimen.	Site	Jar 3 Site	Jar 7 Site	Jar 11 Site	Jar 15 Site	Jar 19 Site
O. Discald all dilused labels.	Name	Name	Name	Name	Name	Nam
For Questions, Contact Client Services at	Site	Jar 4 Site	Jar 8 Site	Jar 12 Site	Jar 16 Site	Jar 20 Site
1-800-328-2666.	Name	Name	Name	Name	Name	Nam

Jar 21

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Lynch Syndrome Evaluation performed and billed by Labcorp Oncology.

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

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

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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.

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 <u>does not</u> 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 <u>and</u> dated by the beneficiary or his/her representative <u>prior to</u> the service being rendered

Symbols used to designate Medicare medical review as of 07/01/2024.

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

labcorp

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