

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) 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

REQUIRED ICD-CM CODE(S):

CLINICAL DATA (Check all that apply)

COLLECTION DATE Bleeding Dysphagia Heartburn Heme. Positive Stool Pain Iron Deficient Anemia History of Lymphoma History of H. pylori History of Barrett's Esophagus History of Cancer

ENDOSCOPIC CODES

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

TEST REQUEST

HISTOLOGY (Gross & Microscopic Exam) CYTOLOGY CONSULTATION: On referred slides (Send pathology report) CONSULTATION: On referred material requiring slide prep (Send pathology report)

ESOPHAGUS

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

SPECIAL INDICATIONS

Rule Out Barrett's Esophagus Rule Out Dysplasia Rule Out H. pylori Rule Out Celiac Disease Rule Out Giardia Rule Out Fungi Rule Out Viral Inclusions Rule Out Reflux Esophagitis Rule Out Eosinophilic Esophagitis Other:

OTHER TESTS

180836 H. pylori Urea Breath Test 1-hour Fast? 83013 180764 H. pylori Stool Antigen 87338 511345 Hereditary Hemochromatosis, DNA Analysis 81256 Other:

STOMACH / DUODENUM

Table with columns: 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)

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.

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

Refer to Determining Necessity of ABN Completion on reverse

## 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](http://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 10/01/2024

@ = Subject to Medicare medical necessity guidelines.

% = Subject to Medicare frequency guidelines.

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