Testing will Labcorp lab	be performed at a coratory, including anded Dianon Pathology. 203-926-7100	GI PATHOLOGY SERVICES TEST REQUISITION	Jar 21		Jar 22	Jar 23
ACC	OUNT INFORMATION	PATIENT INFORMATION				
ACCO	JNT NO. TELEPHONE NO.					
		CHART NUMBER PATIENT D.O.B.		0		0
ACCOL	JNT NAME AND ADDRESS	PATIENT LAST NAME FIRST NAME M.I.	Site _	Name	Site _	Name Site
			17 8		18	19 2
		STREET ADDRESS	Jar 1		Jar 1	Jar 1
		CITY STATE ZIP CODE	-		-	
REQUE	STING PHYSICIAN (PLEASE PRINT) PHYSICIAN/AUTHORIZED SIGNATURE		I		I	
· · ·	STING PHYSICIAN NPI REFERRING PHYSICIAN (PLEASE PRINT)	RACE MRN / PATIENT ID# PATIENT TELEPHONE NO.				
BILL	ING INFORMATION	et at Date of Service (Highest Specificity Required) REOUIRED		ne		
	Diagnosis/Signs/Symptoms in ICD-CM format in effe	ICD-CM CODE(S):	Site	Name	Site	Name Site
BILL:	PRACTICE/FACILITY PATIENT MEDICARE MEDICAID INSURANCE		13		4	15
		2 ND INS POLICY/ID# GROUP # INSURANCE CARRIER	Jar		Jar	Jar
		INSURANCE CARRIER				
		CITY				
PATIEN	T HOSPITAL STATUS INPATIENT OUTPATIENT NON-PATIENT	INSURED'S NAME INSURED'S DOB				
		PATIENT'S RELATIONSHIP TO INSURED: SPOUSE CHILD OTHER		Name_		_ en
SPE	CIMEN COLLECTION		Site	Na	Site	Namo
METH			r 9		r 10	11
		COLLECTION DATE:/	Jar	.	Jar	Jar
	OSCOPIC CODES					
1 ER		RICTURE 13 HIATAL HERNIA				
		ARRETT'S MUCOSA				
	LINICAL DATA (Check all that apply)	UPPER GI TEST REQUEST /	Site _	Name	Site _	Name Site
	BLEEDING ANOREXIA REFLUX DYSPHAGIA NAUSEA WEIGHT LOSS	HISTOLOGY (Gross & Microscopic) CYTOLOGY	5 2		0 N	
	HEARTBURN NSAID USAGE DYSPEPSIA HEME POSITIVE STOOL DIARRHEA	CONSULTATION: On referred slides (Send pathology report)	Jar 5		Jar (Jar 7
] PAIN] IRON DEFICIENT ANEMIA	CONSULTATION: On referred material requiring slide prep (Send pathology report) <i>t</i> Separately billable stains may be added by pathologist when medically necessary to render a diagnosis.	-		-	
] personal history of cancer] personal history of lymphoma	ESOPHAGUS				
U 🗆] HISTORY OF <i>H. pylori</i>] HISTORY OF BARRETT'S ESOPHAGUS	TYPE BODY SITE/ ENDOSCOPIC / DESCRIPTOR FINDINGS				
P s	Other:	SPECIMEN Solution Superior				
	Rule Out Barrett's Esophagus Rule Out Fungi Rule Out Dysplasia Rule Out Viral Inclusions	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	Site_	Name	Site _	Name. Site
R 🗆	Rule Out H. <i>pylori</i> Rule Out Reflux Esophagitis				20	∠ 0. m
	Rule Out Celiac Disease Rule Out Eosinophilic Esophagitis Rule Out Giardia Rule Out Eosinophilic Esophagitis		Jar		Jar	lar
1		STOMACH / DUODENUM				
	THER TESTS (see reverse for CPT Codes Billed) 180836 H. pylori Urea Breath Test 1-hour Fast? Yes No	TYPE BODY SITE/ DESCRIPTOR January Security of the security of the	I		ī	
] 180764 H. <i>pylori</i> Stool Antigen] 511345 Hereditary Hemochromatosis, DNA Analysis	SPECIMEN Solution Speciment				
] 550123 HCV FibroSure® @%] 550960 NASH FibroSure® Plus @%*	Sbecimen 81.05 # 1.00 1.10 1.10				
	* Required for ASH/NASH:		Site _	Name	Site	Name
	Fasting at least 8 hours? Yes No Height (ins) Weight (0)	2 (0)	2 0.
	Other: LINICAL DATA (Check all that apply)			E.	torm. on the	en.
		HISTOLOGY (Gross & Microscopic)	ous			specimen jar. per specimen
	DIARRHEA (BLOODY)		uct	questo	on requisition idicated label	pecim er sp
	DIARRHEA (WATERY) PERSONAL HISTORY OF CANCER (TYPE) WEIGHT LOSS	□ CYTOLOGY – WASHING □ CYTOLOGY – OTHER	nstr	all rec		bel
	Personal history of colon pol PAIN PERSONAL HISTORY OF IDIOPATHIC	Consolition. On relenced sides (send patiology report)	Labeling Instructions	lete 8	Information Place the in	spond ne la
	HEME POSITIVE STOOL INFLAMMATORY BOWEL DISEASE	☐ Histology ⁺ (Gross & Microscopic Exam) with Reflex to Lynch Syndrome Tumor Evaluation*	Delir	Complete a	Information Place the i	corresponding s Use one label p
-		if colorectal carcinoma (any age) or tubular adenoma (<40 years old)	Lat	-		
0		*Includes MLH1/MSH2/MSH6/PMS2 by IHC. If MLH1 is deficient, reflex to BRAF Gene Mutation; if negative, reflex to MLH1 Promoter Methylation				
	□ COLITIS SURVEILLANCE □ RULE OUT IDIOPATHIC □ COLONOSCOPY INFLAMMATORY BOWEL DISEASE □ POLYP/NEOPLASM □ RULE OUT CROHN'S	BODY SITE DESCRIPTOR ENDOSCOPIC \mathfrak{L} \mathfrak{L} \mathfrak{L} \mathfrak{L} FINDINGS				
	SURVEILLANCE COLONOSCOPY I RULE OUT ULCERATIVE COLITIS RULE OUT VIRAL INCLUSIONS I RULE OUT DYSPLASIA	الله الله الله الله الله الله الله الله				
G 🗆	RULE OUT PARASITES RULE OUT MALIGNANCY RULE OUT MICROSCOPIC COLITIS	(See codes apoint of the field				
] OTHER:	$\begin{array}{c c c c c c c c c c c c c c c c c c c $				
	IOPSY/EXCISION DATA] ANAL FISSURE					
] ANAL FISTULA] ANAL FISTULA] ANAL TAG					
	APPENDECTOMY (NON-INCIDENTAL)	cm □ □ □ □ □ □ □ □ □ □ □ □ ,				
	CHOLECYSTECTOMY HEMORRHOIDS	cm				

 Subject to Medicare medical necessity guid
 Subject to Medicare frequency guidelines
 # = Medicare deems investigational + | |

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 © 2024 Laboratory Corporation of America® Holdings

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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.

H. pylori Urea Breath Test CPT Code: 83013		Test No. 180836	<i>H. pylori</i> Stool Antigen CPT Code: 87338	Test No. 180764
HCV FibroSure® CPT Codes: 81596		Test No. 550123	Hereditary Hemochromatosis, DNA Analysis CPT Code: 81256	Test No. 511345
When ordered Individually use Test No.	Components	CPT Code(s)		
122135	Alpha-2 Macroglobulin	83883		
001628	Haptoglobin	83010		
016873	Apolipoprotein A-1	82172		
001099	Bilirubin, Total	82247		
001958	GGT %@	82977		
001545	ALT (SGPT)	84460		

Test No. 550960 ASH FibroSure® Test No. 550180 NASH FibroSure® CPT Codes: 83883, 83010, 82172, 82247, 82977, 84460, 82465, 84478, 82947, 84450 CPT Codes: 83883, 83010, 82172, 82247, 82977, 84460, 82465, 84478, 82947, 84450

When ordered Individually use Test No.	Components	CPT Code(s)	When ordered Individually use Test No.	Components	CPT Code(s)
122135	Alpha-2 Macroglobulin	83883	122135	Alpha-2 Macroglobulin	83883
001628	Haptoglobin	83010	001628	Haptoglobin	83010
016873	Apolipoprotein A-1	82172	016873	Apolipoprotein A-1	82172
001099	Bilirubin, Total	82247	001099	Bilirubin, Total	82247
001958	GGT %@	82977	001958	GGT %@	82977
001545	ALT (SGPT)	84460	001545	ALT (SGPT)	84460
001065	Cholesterol, Total %@	82465	001065	Cholesterol, Total %@	82465
001172	Triglycerides %@	84478	001172	Triglycerides %@	84478
001032	Glucose %@	82947	001032	Glucose %@	82947
001123	AST (SGOT)	84450	001123	AST (SGOT)	84450

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
- Have 'Option 1', 'Option 2', or 'Option 3' designated by the beneficiary 5.
- 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 guideli
- # = Medicare deems investigational. Medicare does not pay for services it deems investigational.



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