

GI PATHOLOGY SERVICES TEST REQUISITION

ACCOUNT INFORMATION, PATIENT INFORMATION. Includes fields for account no., telephone no., chart number, patient D.O.B., last name, first name, M.I., street address, city, state, zip code, sex, race, MRN/Patient ID#, patient telephone no., and physician signatures.

BILLING INFORMATION. Includes fields for diagnosis/signs/symptoms, ICD-CM code(s), bill type (practice/facility, patient, Medicare, Medicaid, insurance, referral), policy/group numbers, insurance carrier, claim address, city/state/zip, patient hospital status, insured's name/DOB, and relationship to insured.

SPECIMEN COLLECTION. Includes fields for method/specimen (biopsy, washing, brushing, polypectomy, other), collection date, and checkboxes for various specimen types.

ENDOSCOPIC CODES. Includes instructions to write applicable numbers for biopsy specimens and a list of codes: 1 Erosion, 2 Erythema, 3 Granularity, 4 Mass, 5 Nodularity, 6 Normal, 7 Polyp, 8 Polyposis, 9 Pseudomembrane, 10 Stricture, 11 Ulcer, 12 Barrett's Mucosa, 13 Hiatal Hernia, 14 Other.

UPPER GI. Includes Clinical Data (bleeding, dysphagia, heartburn, etc.), Special Indications (rule out Barrett's, dysplasia, etc.), Other Tests (H. pylori, FibroSure, etc.), Upper GI Test Request (histology, cytology, consultation), Esophagus table, and Stomach/Duodenum table.

LOWER GI. Includes Clinical Data (bleeding, diarrhea, weight loss, etc.), Special Indications (colitis surveillance, rule out Crohn's, etc.), Biopsy/Excision Data (anal fissure, fistula, etc.), Other Tests, Lower GI Test Request (histology, cytology, consultation), and Lower GI Table.

Labeling Instructions. A vertical column of fields for labeling specimens, including Site, Name, and Site for dates from Jan 1 to Jan 24.

Labeling Instructions. 1. Complete all requested information on requisition form. 2. Place the indicated label on the corresponding specimen jar. Use one label per specimen. 3. Discard all unused labels. For Questions, Contact Client Services at 1-800-328-2666.

Refer to Determining Necessity of ABN Completion on reverse. @ = Subject to Medicare medical necessity guidelines. % = Subject to Medicare frequency guidelines. # = Medicare deems investigational.

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.

Lynch Syndrome Eval performed and billed by Labcorp Oncology. © 2024 Laboratory Corporation of America® Holdings

## 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.

|   |  |  |                        |  |   |  |                        |
|---|--|--|------------------------|--|---|--|------------------------|
| <b>H. pylori Urea Breath Test</b><br>CPT Code: 83013  |  |  | <b>Test No. 180836</b> | <b>H. pylori Stool Antigen</b><br>CPT Code: 87338  |   |  | <b>Test No. 180764</b> |
| <b>HCV FibroSure®</b><br>CPT Codes: 81596   |  |  | <b>Test No. 550123</b> | <b>Hereditary Hemochromatosis, DNA Analysis</b><br>CPT Code: 81256                                       |   |  | <b>Test No. 511345</b> |
| <b>When ordered Individually use Test No.</b>   |  |  | <b>Components</b>      | <b>CPT Code(s)</b>   |   |  |                        |
| 122135  |  |  | Alpha-2 Macroglobulin  | 83883  |   |  |                        |
| 001628  |  |  | Haptoglobin            | 83010  |   |  |                        |
| 016873  |  |  | Apolipoprotein A-1     | 82172  |   |  |                        |
| 001099  |  |  | Bilirubin, Total       | 82247  |   |  |                        |
| 001958  |  |  | GGT %@                 | 82977  |   |  |                        |
| 001545  |  |  | ALT (SGPT)             | 84460  |   |  |                        |
| <b>NASH FibroSure®</b><br>CPT Codes: 83883, 83010, 82172, 82247, 82977, 84460, 82465, 84478, 82947, 84450 |  |  | <b>Test No. 550960</b> | <b>ASH FibroSure®</b><br>CPT Codes: 83883, 83010, 82172, 82247, 82977, 84460, 82465, 84478, 82947, 84450 |   |  | <b>Test No. 550180</b> |
| <b>When ordered Individually use Test No.</b>   |  |  | <b>Components</b>      | <b>CPT Code(s)</b>   | <b>When ordered Individually use Test No.</b> |  |                        |
| 122135  |  |  | Alpha-2 Macroglobulin  | 83883  | 122135  |  |                        |
| 001628  |  |  | Haptoglobin            | 83010  | 001628  |  |                        |
| 016873  |  |  | Apolipoprotein A-1     | 82172  | 016873  |  |                        |
| 001099  |  |  | Bilirubin, Total       | 82247  | 001099  |  |                        |
| 001958  |  |  | GGT %@                 | 82977  | 001958  |  |                        |
| 001545  |  |  | ALT (SGPT)             | 84460  | 001545  |  |                        |
| 001065  |  |  | Cholesterol, Total %@  | 82465  | 001065  |  |                        |
| 001172  |  |  | Triglycerides %@       | 84478  | 001172  |  |                        |
| 001032  |  |  | Glucose %@             | 82947  | 001032  |  |                        |
| 001123  |  |  | AST (SGOT)             | 84450  | 001123  |  |                        |

### 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.

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