

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

ACCOUNT INFORMATION, PATIENT INFORMATION, BILLING INFORMATION. Includes fields for account name, address, patient name, insurance, and diagnosis.

Collection Date, Collection Time, Specimen Type

CLINICAL DATA, THERAPY, TEST REQUEST. Includes PSA, DRE Finding, and various test request checkboxes.

BIOMARKERS/HORMONES. Lists various lab tests like PSA, AFP, Beta HCG, etc.

CLINICAL DATA (MUST BE COMPLETED IN ORDER TO RUN MicrocytePLUS URINE CYTOLOGY PROFILES). Includes TCC, Hematuria, Cystitis, etc.

THERAPY. Includes TURB, Thiotepa, Medication, etc.

SPECIMEN COLLECTION TYPE. Includes Voided Urine, Post-Cysto Void, etc.

MicrocytePLUS URINE CYTOLOGY PROFILES. Includes 994 Hematuria Profile, etc.

994 Hematuria Profile. Cytodiagnostic Urinalysis Correlating Cytology.

VU1D Bladder Cancer FISH/Cytology Pathodiagnostic Profile. Bladder Cancer FISH Assay.

VU3 Cytology Plus Monitoring Profile. Cytology (Pap and Feulgen stains).

VU4D Bladder Cancer FISH Reflex/Cytology Pathodiagnostic Profile. Cytology (Pap and Feulgen stains).

INDIVIDUAL TESTS. Includes K600D Bladder Cancer FISH, etc.

ADDITIONAL TESTS. Includes Bladder Cancer FISH/Urine Cytology Kit, etc.

REQUIRED. 24 Hour Urine Total Volume, Collection Date/Time, Specimen Type.

STONE RISK. UroStones, UroStones 24, UroStones Uric Acid, etc.

Serum Chemistry Profiles. Hypercalcaemia Profile, Stone Serum Profile.

Specimen Obtained, Specimen Type, TEST REQUEST.

24 Hour Urine Chemistries (URINE ONLY). Ammonia, Calcium, Chloride, etc.

CHEMISTRY. Albumin, Alk Phosphatase, ALT-SGPT, etc.

Panels (components on back). Basic Metabolic Panel, Comprehensive Metabolic Panel, etc.

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

MEDICARE ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)
Refer to Determining Necessity of ABN Completion on reverse.
Symbols Legend
@ = Subject to Medicare medical necessity guidelines
% = Subject to Medicare frequency guidelines
= Medicare deems investigational.

* Separately billable stains may be added by pathologist when medically necessary to render a diagnosis.
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.
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(1376) REV. 12/18/2024 WHITE-DIANON CANARY-PHYSICIAN

Item#: 0050170 Form#: 1376 Dianon Urology w/ Bar Codes

8610035305

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

ACCOUNT INFORMATION, PATIENT INFORMATION, BILLING INFORMATION. Includes fields for account name, address, patient name, insurance, and diagnosis.

Collection Date, Collection Time, Specimen Type

CLINICAL DATA, THERAPY, TEST REQUEST. Includes PSA, DRE Finding, and various test request checkboxes.

BIOMARKERS/HORMONES. Lists various lab tests such as PSA, AFP, and Testosterone.

CLINICAL DATA (MUST BE COMPLETED IN ORDER TO RUN MicrocytePLUS URINE CYTOLOGY PROFILES). Includes TCC, Hematuria, and Cystitis checkboxes.

THERAPY. Includes TURB, Thiotepa, and Medication checkboxes.

SPECIMEN COLLECTION TYPE. Includes Voided Urine, Post-Cysto Void, and Renal Wash checkboxes.

MicrocytePLUS URINE CYTOLOGY PROFILES. Lists profiles like 994 Hematuria Profile, VU1D Bladder Cancer FISH, etc.

INDIVIDUAL TESTS. Lists specific tests like K600D Bladder Cancer FISH, VU6 Pap Stain, etc.

ADDITIONAL TESTS. Includes Bladder Cancer FISH/Urine Cytology Kit and Urine Cytopathology Kit.

REQUIRED, STONE RISK, STONE ANALYSIS. Includes 24 Hour Urine Total Volume, UroStones, and Serum Chemistry Profiles.

Specimen Obtained, Specimen Type, TEST REQUEST. Includes checkboxes for specimen collection and test requests.

24 Hour Urine Chemistries (URINE ONLY), CHEMISTRY. Lists various chemistry tests like Ammonia, Calcium, Creatinine, etc.

* Separately billable stains may be added by pathologist when medically necessary to render a diagnosis. *Quantitative Cystine (82131) performed on positive Qualitative Cystine at additional charge.
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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 here are in accordance with the current edition of Physicians' Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here 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 appropriate 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.

AMA PANEL COMPONENTS
Basic Metabolic 80048 - BUN, Calcium, Chloride, CO ₂ (Carbon Dioxide), Creatinine, Glucose, Potassium, Sodium
Comprehensive Metabolic 80053 - Albumin, Alkaline Phosphatase, ALT-SGPT, AST-SGOT, Bilirubin (Total), BUN, Calcium, Chloride, CO ₂ (Carbon Dioxide), Creatinine, Glucose, Potassium, Sodium, Total Protein
Electrolyte 80051 - Chloride, CO ₂ (Carbon Dioxide), Potassium, Sodium
Hepatic Function 80076 - Albumin, Alkaline Phosphatase, ALT-SGPT, AST-SGOT, Bilirubin (Direct), Bilirubin (Total), Total Protein
Lipid 80061 - Cholesterol, HDL, LDL (Calculated), Triglyceride
Renal Function 80069 - Albumin, BUN, Calcium, Chloride, CO ₂ (Carbon Dioxide), Creatinine, Glucose, Phosphorus, Potassium, Sodium

TUBE AND SPECIMEN TRANSPORTATION REQUIREMENTS											
TEST	TUBE	CPT	SPECIMEN	TEST	TUBE	CPT	SPECIMEN	TEST	TUBE	CPT	SPECIMEN
AFP	(SST)	82105	(S,R)	Comprehensive Metabolic Panel	(SST)	80053	(S,R)	Prolactin	(SST)	84146	(S,R)
Albumin	(SST)	82040	(S,R)	Creatinine	(SST)	82565	(S,R)	PSA	(SST)	84153	(S,R)
ALT	(SST)	84460	(S,R)	Creatinine Clearance	(Urine+SST)	82575	(U,S,R)	PSA, Free	(SST)	84154	(S,R)
Alkaline Phosphatase	(SST)	84075	(S,R)	Direct Bilirubin	(SST)	82248	(S,R)	PTH ♦	(SST)	83970	(S,R)
AST	(SST)	84450	(S,R)	Electrolyte Panel	(SST)	80051	(S,R)	Renal Function Panel	(SST)	80069	(S,R)
Basic Metabolic Panel	(SST)	80048	(S,R)	FSH	(SST)	83001	(S,R)	Sodium	(SST)	84295	(S,R)
Beta HCG	(SST)	84702	(S,R)	Glucose	(SST)	82947	(S,R)	Testosterone	(SST)	84403	(S,R)
BUN	(SST)	84520	(S,R)	Hepatic Function Panel	(SST)	80076	(S,R)	Total Bilirubin	(SST)	82247	(S,R)
Calcium	(SST)	82310	(S,R)	HDL	(SST)	83718	(S,R)	Total Protein	(SST)	84155	(S,R)
CBC with Plt	(LT)	85027	(WB,R)	LH	(SST)	83002	(S,R)	Triglycerides	(SST)	84478	(S,R)
CBC with Plt & Diff	(LT)	85025	(WB,R)	Lipid Panel	(SST)	80061	(S,R)	TSH	(SST)	84443	(S,R)
Chloride	(SST)	82435	(S,R)	Magnesium	(SST)	83735	(S,R)	Unbound Testosterone	(SST)	84402	(S,R)
Cholesterol	(SST)	82465	(S,R)	Phosphorus	(SST)	84100	(S,R)	Uric Acid	(SST)	84550	(S,R)
CO ₂	(SST)	82374	(S,R)	Potassium	(SST)	84132	(S,R)				

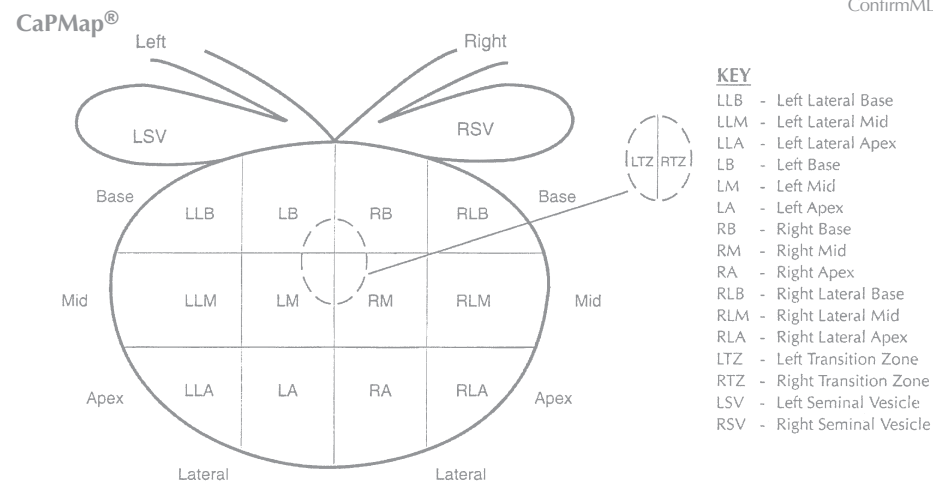
TUBE REQUIREMENTS: SST-Serum Separator Tube LT-Lavender Top

SPECIMEN REQUIREMENTS: F-Frozen S-Serum R-Refrigerate U-Urine WB-Whole Blood
♦ Must be processed within 48 hours of collection if not received frozen

MicrocytePLUS®/Urine Cytology Urine Collection Method and CPT Codes			
994	Hematuria Profile – Urine Cytology	Voided, Catheterized, Post–Cysto Void	88108, 88313, 81003, 82232, 82043, 84156
For directing further evaluation of patients currently not monitored for TCC who present with hematuria or other signs of urinary tract or renal disease. (Cytodiagnostic Urinalysis Correlating Cytology [by concentration technique, includes Pap and Feulgen stains], Urine Dipstick Chemistry, B-2 Microglobulin, Microalbumin, and Total Protein).			
974	β ₂ Microglobulin	Voided, Catheterized, Post–Cysto Void	82232
976	Total Protein	Voided, Catheterized, Post–Cysto Void	84156
977	Microalbumin	Voided, Catheterized, Post–Cysto Void	82043
VUID	Bladder Cancer FISH/Cytology Pathodiagnostic Profile	Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88112, 88120
Bladder Cancer FISH, including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD).			
VU4D	Bladder Cancer FISH Reflex/Cytology Pathodiagnostic	Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88112; if reflexed, 88120
For therapeutic monitoring of patients with a history of TCC and for initial diagnosis of patients presenting with hematuria with suspicion of TCC: Bladder Cancer FISH and Cytology (Pap and Feulgen stains), FISH and cytology read by pathologist (MD). Includes integrated cytomolecular diagnostic interpretation with clinical correlation.			
VU3	Cytology Plus Monitoring Profile (Pap and Feulgen stains)	Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash, Ileal Conduit/Neobladder	88112
VU6	Cytology Pap Stain Only	Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash, Ileal Conduit/Neobladder	88112
K600D	Bladder Cancer FISH Pathodiagnostic	Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88120

Bladder Cancer FISH will not be performed on Ileal Conduit/Neobladder urine specimens.

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(1376) REV. 12/18/2024

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 the 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:

- Be executed on the CMS approved ABN form (CMS-R-131).
- Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white and blue Medicare card.
- Indicate the test(s)/procedure(s) which may be denied within the relevant reason column.
- 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.
- 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.