

1A
1B
1C
1D
Form # 260N.40
Item# 0050659

1A
1B
1C
1D

Physician/Authorized Signature
Copy To:
Name
Address
City State Zip
Requesting Physician & NPI
Name (Last, First) MI MRN DOB
Address City State Zip
Home # Work # Male Female Race: Black White Hispanic Other
Bill: Medicare Medicaid Insurance Patient Ordering Physician Facility (Account) Authorization #
Policy/ID # Group # 2nd Insurance Policy/ID # Group #
Insurance Carrier Attach secondary billing info. Insured's Name
Claim Address (if not patient check one - spouse child other) 2nd Insurance Carrier
City State Zip Phone # Claim Address
Patient Status Hospital Inpatient Hospital Outpatient Hospital Non-Patient Insured's DOB
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required) Billing Information Attached
ICD-CM+ Collection Date Collection Time AM PM
Specimen Type
Number of Vials Submitted
(UroScore requires a sextant (6+ vials) biopsy & a PSA Value)
Prostate Histology Prostate Histology w/UroScore
Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:
PTEN IHC PTEN/ERG IHC
Prostate Histology, Reflex to ConfirmMDx on Non-Cancer
Prostate Histology, Reflex to Genomic Prostate Score on Gleason:
All 3+3 or 3+4 4+3 or higher (excluding GG5)
Patient has Life Expectancy of >= 10 years? Yes No
Bladder Histology Biopsy Bladder Histology TUR
Vas Deferens (Sterilization) Histology
Other Histology:
Consultation:
PSA Date PSA ng/mL
DRE Finding Normal (T1c) ABNL, Bilateral (T2c)
Suspicious ABNL, Unilat <= 50% lobe (T2a)
Multi Nodules ABNL, Unilat > 50% lobe (T2b)
Previous Bx Positive Negative PIN Suspicious
Therapy Chemo Cryo Hormone Radiation
ICD-CM+ REQUIRED
Total Volume mls Specimen Type
Collection Date Collection Time AM PM
24 Hr Urine Chemistry Profiles (Dianon 24hr Urine Kit REQUIRED)
Select Profile below or individual tests available in Chemistry section.
UroStone 24 Uric Acid (Uric Acid/Creatinine/Sulfate)
UroStone 24 Cystine (Creatinine/Qualitative Cystine)
UroStone 24 Calcium (Creatinine/Calcium/Sodium/pH)
UroStone 24 Citrate (Citrate/Creatinine)
Creatinine Clearance (Serum Creatinine/Urine Creatinine)
requires serum & urine specimens and
Patient Height: Inches & Weight: lbs.
UroStone 24 (Calcium/Citrate/Creatinine/Magnesium/
Oxalate/pH/Phosphorus/Qualitative Cystine/Sodium/Uric Acid)
UroStone Max24 (Ammonia/Calcium/Chloride/Citrate/Creatinine/
Magnesium/Oxalate/pH/Phosphorus/Potassium/Sodium/Sulfate
Uric Acid/Qualitative Cystine)
ICD-CM+
Specimen Type
Collection Date Collection Time AM PM
Stone Analysis - Urinary Tract Calculus (Stone Analysis Kit)
Spontaneously Passed
Lithotripsy
Surgically Removed
ICD-CM+
Specimen Type
Collection Date Collection Time AM PM
Fastening? Yes No Frozen
S = Serum U = 24 Hr. Urine
Endocrinology Individual Serum/ 24 Hr. Urine Chemistry
Total PSA@% Alkaline Phosphatase
Total PSA@%/Rflx Free PSA with free/total PSA ratio Albumin (S)
ALT
Total PSA@% and Free PSA with free/total PSA ratio Ammonia (U)
AST
Testosterone BUN
Unbound Testosterone Calcium (S, U)
Testosterone/Unbound Chloride (S, U)
Testosterone with % Free Cholesterol@%
FSH Citrate (U)
LH CO2
Prolactin Creatinine (S, U)
AFP@ Cystine (U)
Beta HCG@% Direct Bilirubin
TSH@% Glucose@%
HDL@%
Magnesium (S, U)
Oxalate (U)
pH (U)
Electrolyte Panel Phosphorus (S, U)
Lipid Panel@% Potassium (S, U)
Hepatic Function Panel PTH
Basic Metabolic Panel Sodium (S, U)
Renal Function Panel Sulfate (U)
Comp. Metabolic Panel Total Bilirubin
Panel components on back Total Protein (S, U)
Triglyceride@%
Uric Acid (S, U)
Other:
Labcorp performed venipuncture & PST Initials
Indicate previous Urinary Tract/Systemic Disorders, Biopsy or Therapy Results, and current Medications:

\* Quantitative Cystine performed on positive Qualitative Cystine at additional charge.
When ordering tests for which Medicare or Medicaid reimbursement will be sought, physicians should only order 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.
(260N) Rev 03/05/2025
Dianon Systems, Inc. is a subsidiary of Laboratory Corporation of America Holdings, using the brand Labcorp.

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. Medicare does not pay for services it deems investigational.

PLEASE ENSURE REQUESTING PHYSICIAN IS INDICATED AND THE TEST REQUESTED IS MARKED.

Specimen Label Instructions . . .

- 1. Complete the requisition with all requested information.
2. Remove the required number of labels from the front of this sheet.
3. Place one (1) label on each specimen container (not on lid).

Any Questions?
Please Call Client Services at 1-800-411-1839

SITE, IF APPLICABLE
Dianon Systems, Inc
L TRANSITION ZONE
R TRANSITION ZONE
LEFT
RIGHT

LLAT BASE
Dianon Systems, Inc
LEFT BASE
Dianon Systems, Inc
LLAT MID
Dianon Systems, Inc
LEFT MID
Dianon Systems, Inc
LLAT APEX
Dianon Systems, Inc
LEFT APEX
Dianon Systems, Inc
RLAT BASE
Dianon Systems, Inc
RIGHT BASE
Dianon Systems, Inc
RLAT MID
Dianon Systems, Inc
RIGHT MID
Dianon Systems, Inc
RLAT APEX
Dianon Systems, Inc
RIGHT APEX
Dianon Systems, Inc

2A 2B 2C Item# 0050659 Form # 260N.40

2A 2B 2C

PHYSICIAN Physician/Authorized Signature: Copy To: Name Address City State Zip Requesting Physician & NPI

PATIENT Name (Last, First) MI MRN DOB Address City State Zip Home # Work # Male Female Race: Black White Hispanic Other

BILLING Bill: Medicare Medicaid Insurance Patient Ordering Physician Facility (Account) Authorization # Policy/ID # Group # 2nd Insurance Policy/ID # Group # Insurance Carrier Attach secondary billing info. Insured's Name Claim Address (if not patient check one - spouse child other) 2nd Insurance Carrier City State Zip Phone # Claim Address Patient Status Hospital Inpatient Hospital Outpatient Hospital Non-Patient Insured's DOB

HISTOLOGY = Gross & Microscopic Exam ICD-CM Collection Date Collection Time Specimen Type Number of Vials Submitted (UroScore requires a sextant (6+ vials) biopsy & a PSA Value) Prostate Histology Prostate Histology w/UroScore Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to: PTEN IHC PTEN/ERG IHC Prostate Histology, Reflex to ConfirmMDx on Non-Cancer Prostate Histology, Reflex to Genomic Prostate Score on Gleason: All 3+3 or 3+4 4+3 or higher (excluding GG5) Patient has Life Expectancy of >= 10 years? Yes No Bladder Histology Biopsy Bladder Histology TUR Vas Deferens (Sterilization) Histology Other Histology: Consultation: PSA Date PSA ng/mL DRE Finding Normal (T1c) ABNL, Bilateral (T2c) Suspicious ABNL, Unilat <= 50% lobe (T2a) Multi Nodules ABNL, Unilat > 50% lobe (T2b) Previous Bx Positive Negative PIN Suspicious Therapy Chemo Cryo Hormone Radiation

MICROCYTEPLUS/URINE CYTOLOGY ICD-CM Collection Date Collection Time AM PM Clinical Data Hematuria TCC, Current TCC, History Dx Date: Other: Specimen Type (REQUIRED) Voided Urine (Bladder) Catheterized Urine Post-Cysto Void Bladder Wash Ileal Conduit/NeoBladder Urethral Wash Renal Wash - Left Renal Wash - Right Ureter Wash - Left Ureter Wash - Right Other: INDIVIDUAL TESTS: (May be ordered or added to profile) VU6 Pap Stain (only) Urine Cytology FNA (Fine Needle Aspiration) Site: K600D Bladder Cancer FISH (Pathologist Review) B2 Microglobulin Microalbumin Total Protein 994 Hematuria Profile Cyodiagnostic Urinalysis Correlating Cytology (by concentration technique, with Pap and Feulgen stain), Urine Dipstick, Microalbumin, B2 Microglobulin, Total Protein, 994 only on void, catheterized, or post-cysto void; other collection methods processed as VU3 cytology. VU3 Cytology Plus Monitoring Profile Urine Cytology (Pap stain) VU1D Bladder Cancer FISH/Cytology Pathodiagnostic Profile Bladder Cancer FISH Assay and Cytology (Pap Stain) including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD) VU4D Bladder Cancer FISH Reflex/Cytology Pathodiagnostic Profile Cytology (Pap stain); reflex to Bladder Cancer FISH (Pathologist review) on atypical cytology results Bladder Cancer FISH/Urine Cytology Kit (Alcohol Fixative) Urine Cytopathology Kit (Tablet Preservative) See reverse for collection method requirements and CPT codes

CHEMISTRY ICD-CM Specimen Type Collection Date Collection Time AM PM Fasting? Yes No Frozen S = Serum U = 24 Hr. Urine Endocrinology Individual Serum/ 24 Hr. Urine Chemistry Total PSA% Alkaline Phosphatase Total PSA%/Rflx Free PSA Albumin (S) with free/total PSA ratio ALT Total PSA% and Free PSA Ammonia (U) with free/total PSA ratio AST Testosterone BUN Unbound Testosterone Calcium (S, U) Testosterone/Unbound Chloride (S, U) Testosterone with % Free Cholesterol@% FSH Citrate (U) LH CO2 Prolactin Creatinine (S, U) AFP@ Cystine (U) Beta HCG@% Direct Bilirubin TSH@% Glucose@% HDL@% Magnesium (S, U) Oxalate (U) pH (U) Electrolyte Panel Phosphorus (S, U) Lipid Panel@% Potassium (S, U) Hepatic Function Panel PTH Basic Metabolic Panel Renal Function Panel Renal Function Panel Sodium (S, U) Comp. Metabolic Panel Sulfate (U) Panel components on back Total Bilirubin Total Protein (S, U) Triglyceride@% Uric Acid (S, U) Other: Labcorp performed venipuncture & PST Initials

24 HR URINE ICD-CM REQUIRED Total Volume mls Specimen Type Collection Date Collection Time AM PM 24 Hr Urine Chemistry Profiles (Dianon 24hr Urine Kit REQUIRED) Select Profile below or individual tests available in Chemistry section. UroStone 24 Uric Acid (Uric Acid/Creatinine/Sulfate) UroStone 24 Cystine (Creatinine/Qualitative Cystine) UroStone 24 Calcium (Creatinine/Calcium/Sodium/pH) UroStone 24 Citrate (Citrate/Creatinine) Creatinine Clearance (Serum Creatinine/Urine Creatinine) requires serum & urine specimens and Patient Height: Inches & Weight: lbs. UroStone 24 (Calcium/Citrate/Creatinine/Magnesium/Oxalate/pH/Phosphorus/Qualitative Cystine/Sodium/Uric Acid) UroStone Max24 (Ammonia/Calcium/Chloride/Citrate/Creatinine/Magnesium/Oxalate/pH/Phosphorus/Potassium/Sodium/Sulfate/Uric Acid/Qualitative Cystine)

STONES ICD-CM Specimen Type Collection Date Collection Time AM PM Stone Analysis - Urinary Tract Calculus (Stone Analysis Kit) Spontaneously Passed Lithotripsy Surgically Removed

HISTORY Indicate previous Urinary Tract/Systemic Disorders, Biopsy or Therapy Results, and current Medications:

\* Quantitative Cystine performed on positive Qualitative Cystine at additional charge. When ordering tests for which Medicare or Medicaid reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. PHYSICIAN'S COPY (260N) Rev 03/05/2025 Separately billable stains may be added by pathologist when medically necessary to render a diagnosis. Dianon Systems, Inc. is a subsidiary of Laboratory Corporation of America Holdings, using the brand Labcorp.

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. Medicare does not pay for services it deems investigational.

PLEASE ENSURE REQUESTING PHYSICIAN IS INDICATED AND THE TEST REQUESTED IS MARKED.

Specimen Label Instructions . . . 1. Complete the requisition with all requested information. 2. Remove the required number of labels from the front of this sheet. 3. Place one (1) label on each specimen container (not on lid). Any Questions? Please Call Client Services at 1-800-411-1839



**Medical Necessity**

**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 the Medicare carrier or the test(s) is/are being performed more frequently than the carrier allows, an ABN should be completed.
- \*An ABN should be completed for all tests that are considered research or investigational 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 local/national medical review as of 01/01/2025**

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

**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 <sub>2</sub>	(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**

Test	Urine Collection Method	CPT
994 Hematuria Profile-Urine Cytology	Voided, Catheterized, Post-Cysto Void	88108, 88313, 81003, 82232, 82043, 84156
K600D Bladder Cancer FISH Pathodiagnostic	Voided, Catheterized, Post-Cysto Void, Wash (Bladder, Renal, Ureter)	88120
VU1D Bladder Cancer FISH/Cytology Pathodiagnostic Profile	Voided, Catheterized, Post-Cysto Void, Wash (Bladder, Renal, Ureter)	88112, 88120
VU4D Bladder Cancer FISH Reflex/Cytology Pathodiagnostic	Voided, Catheterized, Post-Cysto Void, Wash (Bladder, Renal, Ureter)	88112, if reflexed, 88120
VU3 Cytology Plus Monitoring Profile	Voided, Catheterized, Post-Cysto Void, Wash (Bladder, Renal, Ureter), Ileal Conduit/Neobladder	88112
VU6 Cytology Pap Stain Only	Voided, Catheterized, Post-Cysto Void, Wash (Bladder, Renal, Ureter), Ileal Conduit/Neobladder	88112

**EXPLANATION OF MicroCytePLUS®/URINE CYTOLOGY TESTING**

Hematuria Profile I - Urine Cytology for directing further evaluations of patients currently not monitored for TCC who present with hematuria or other signs of urinary tract or renal disease. Feulgen performed on Hematuria Profile.

Urine Volume – Provide a minimum of 50mL urine for optimum cellularity.  
Urine Viability – Bladder Cancer FISH to 7 days, Cytology or Hematuria to 8 days.

Bladder Cancer FISH Cytology Pathodiagnostic Profile for therapeutic monitoring of patients with a history of TCC and for initial diagnosis of patients presenting with hematuria with suspicions of TCC.  
Bladder Cancer FISH Pathodiagnostic Test is Bladder Cancer FISH Assay, including diagnostic interpretation with clinical correlation by pathologist (MD).  
Bladder Cancer FISH results are intended for use as a method for monitoring for tumor recurrence in patients previously diagnosed with bladder cancer.  
Bladder Cancer FISH will not be performed on Ileal Conduit/Neobladder urine specimens.

**EXPLANATION OF REFLEX TESTING**

**Reflex Free PSA Testing**

Free PSA will be performed and billed if "Reflex Free PSA" is requested and the total PSA results fall within the requesting physician's previously defined parameters. The default range is 2-10 ng/ml.

**Quantitative Cystine**

When a qualitative cystine is positive, a quantitative cystine will be performed at an additional charge.

**Specimen Collection Information**

- \*Avoid submitting tissue specimens on fibrous materials such as gauze.
- \*After tissue has been obtained, place biopsy into 10% Formalin immediately. Do Not allow to air dry.
- \*All Urine Cytologies, FNA's and Fluid Aspirates must be submitted in the cytology alcohol fixative provided.
- \*Hematuria Profile Specimens must be collected in a preservative tablet kit.
- \*All 24 Hour Urine Specimens must be collected in a Dianon 24 Hour Urine Specimen Collection Kit (orange collection container) and submitted in the two vials provided with the kit.

**HELPFUL HINTS**

**24 Hour Urine Specimens** - Do Not Collect First Morning Void

**Ordering Kits**

Kit Orders may be placed through our Client Relations Department at 800-411-1839.

Please do not return unused histology vials or fixative bottles to our lab. Please dispose of unused histology vials in accordance with local laws and regulations regarding formalin disposal.

**DESCRIPTION OF PRIMARY LAB TESTING**

**AMA PANELS**

**Electrolyte Panel** 80051 - Sodium, Potassium, Chloride, Carbon Dioxide

**Lipid Panel** 80061@% - Chol@%, HDL@%, LDL (calculated)@%, Triglycerides@%

**Hepatic Function Panel** 80076 - Total Protein, Albumin, Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, SGOT (AST), SGPT (ALT)

**Basic Metabolic Panel** 80048 - Calcium, CO<sub>2</sub> (Carbon Dioxide), Chloride, Creatinine, Glucose@%, Potassium, Sodium, Urea Nitrogen (BUN)

**Renal Function Panel** 80069 - Albumin, Calcium, CO<sub>2</sub> (Carbon Dioxide), Chloride, Creatinine, Glucose@%, Phosphorus Serum, Potassium, Sodium, Urea Nitrogen (BUN)

**Comprehensive Metabolic Panel** 80053 - SGPT (ALT), Albumin, Total Bilirubin, Calcium, Chloride, Creatinine, Glucose@%, Alkaline Phosphatase, Potassium, Total Protein, Sodium, SGOT (AST), Urea Nitrogen (BUN), CO<sub>2</sub> (Carbon Dioxide)

**PROFILES**

**Hematology** 85027@ / 85025@ - CBC with PLT@, CBC with PLT and Diff@

**24 Hr Urine CPT Codes**

Ammonia 82140, Calcium 82340, Chloride 82436, Citrate 82507, Creatinine 82570, Magnesium 83735, Oxalate 83945, pH 83986, Phosphorus 84105, Potassium 84133, Qualitative Cystine 82127, Quantitative Cystine 82131, Sodium 84300, Sulfate 84392, Total Protein 84156, Uric Acid 84560

ConfirmMDx and GPS testing performed and billed by MDxHealth® at Irvine, CA. ConfirmMDx® and Genomic Prostate Score® are registered trademarks of MDxHealth SA.

**Test Combination/Panel Policy**

Labcorp's policy is to provide physicians, in each instance, with flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/panels do not distance physicians who wish to order a test combination/panel 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 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 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.