labcorp

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

Dianon Systems, Inc
840 Research Parkway
Oklahoma City, OK 73104
Phone: (800) 411-1839 or (405) 290-4000
Fax: (800) 334-5590 or (405) 290-4046

Patient Support Services

Order Number:

Patient and Billing Information

REQUIRED

Patient Name _____ MRN _____

Shipping Address _____ Home Phone ( ) _____
(cannot be shipped to a PO box)

City, State, Zip _____ Work Phone ( ) _____

Sex ❑ M ❑ F Date of Birth _____ Race _____

Bill: ❑ Practice/Facility ❑ Medicare ❑ Medicaid ❑ Insurance ❑ Patient

Insurance Carrier _____ Phone Number ( ) _____

Claim Address _____ Policy # _____

City, State, Zip _____ Group # _____

NOTE: We bill Primary and Secondary Insurance - PLEASE ATTACH COPIES OF BOTH CARDS, FRONT AND BACK ☐ Billing Information Attached

Requesting Physician/NPI	*Physician/Authorized Signature*	*Kit To Be Sent (within 3 months)*
		Month/Yr: _____ /_____

UroStone® Metabolic Management System

ICD-CM Code▲ _____ **Ending Collection Date** _____

Collection Kit Request

Number of 24-hour Urine Collection Kits requested: ❑ One kit ❑ Two kits

❑ Patient has increased urinary output (>4 L/day)

TEST REQUEST

Monitoring Profiles

❑ **UroStone® 24 Calcium** (*Creatinine, Calcium Sodium, pH*)

❑ **UroStone® 24 Cystine** *(*Creatinine, Qual Cystine*)*

❑ **Creatinine Clearance** (*serum creatinine urine creatinine*)
Requires serum within 48 hrs of urine collection
Required: **Ht**_____ **Wt**_____**lbs**

❑ **UroStone® 24 Citrate** (*Citrate Creatinine*)

❑ **UroStone® 24 UricAcid** (*Creatinine, Sulfate, Uric Acid*)

❑ **UroStone® 24 *** *Calcium, Citrate, Creatinine, Magnesium, Oxalate, pH, Phosphorus, Qualitative Cystine*, Sodium, Uric Acid*

❑ **UroStone® Max24 *** *UroStone® 24 + Ammonia, Chloride, Potassium, Sulfate*

Individual Tests

❑ Ammonia ❑ Citrate ❑ Magnesium ❑ Phosphorus ❑ Sodium
❑ Calcium ❑ Creatinine ❑ Oxalate ❑ Potassium ❑ Sulfate
❑ Chloride ❑ Cystine, Qualitative* ❑ pH ❑ Total Protein ❑ Uric Acid

***Quantitative Cystine performed on positive Qualitative Cystine at additional charge.**

Bladder Cytology

ICD-CM Code▲ _____

Collection Date _____

Specimen Type:
❑ Voided Urine ❑ Post Cysto Void Date of last cysto _____

INDIVIDUAL TESTS:

❑ VU6 Pap Stain (only) Cytology
Require Monitoring Kits

❑ K600D Bladder Cancer FISH Assay including diagnostic interpretation by Pathologist (MD)
Require Tablet Preservative Kits

❑ β2 Microglobulin ❑ Microalbumin ❑ Total Protein

MicrocytePLUS®/Urine Cytology Profiles

❑ **994 Hematuria Profile** (Tablet Preservative Kit)
Cytodiagnostic Urinalysis Correlating Cytology (by concentration technique, includes Pap and Feulgen stain), Urine Dipstick Chemistry, β2 Microglobulin, Microalbumin, and Total Protein

❑ **VU3 Cytology Plus Monitoring Profile**
Cytology* (Pap and Feulgen stain)

❑ **VU1D Bladder Cancer FISH/Cytology Pathodiagnostic Profile**
Bladder Cancer FISH Assay and Cytology* (Pap and Feulgen Stain); including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD)

❑ **VU4D Bladder Cancer FISH Reflex/Cytology Pathodiagnostic Profile**
Cytology* (Pap and Feulgen stain), reflex to Bladder Cancer FISH (Pathologist review) on atypical cytology results

*Selective cellular enhancement, see reverse for CPT codes

▲ Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required) Refer to Determining Necessity of ABN Completion on reverse.

When ordering tests for which Medicare or Medicaid reimbursement will be sought, physician should only order tests that are medically necessary for the diagnosis or treatment of the patient.

Any Questions? Call 1-800-280-8484 **Fax Form to 1-800-334-5590** 261N Rev 09/16/2021

Dear Patient,

In an effort to identify the cause of your medical condition your physician has requested that a sample of your urine be analyzed. Your doctor has chosen Labcorp's laboratory specializing in urology, to perform this testing. You will be asked to provide a urine specimen. Labcorp will be shipping a urine collection kit with instructions to your home.

At this time, you do not need to do anything. Your physician's office will fax the request to Labcorp. Your collection container and instructions will be shipped to you automatically. If you should have any questions please feel free to contact Patient Support Services at 1-800-280-8484.

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 combination/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 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.

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 or the test(s) is/are being performed more frequently than Medicare allows, an ABN should be completed.

*An ABN should be completed for all tests that are considered research or 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 07/01/2021

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

UroStone® Testing CPT Codes

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

MicrocytePLUS®/Urine Cytology CPT Codes

994 Hematuria Profile - Urine Cytology	88108, 88313, 81003, 82232, 82043, 84156
K600D Bladder Cancer FISH Pathodiagnostic	88120
VU1D Bladder Cancer FISH / Cytology Pathodiagnostic Profile	88112, 88120
VU4D Bladder Cancer FISH Reflex/Cytology Pathodiagnostic	88112, if reflexed 88120
VU3 Cytology Plus Monitoring Profile	88112
VU6 Cytology Pap Stain Only	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 all urine CYTOLOGY PROFILES.

Urine Volume – Provide a minimum of 50mL urine for optimum cellularity.

Urine Viability – Hematuria to 5 days, Bladder Cancer FISH to 7 days, Cytology 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 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.

Explanation of Reflex Testing

Quantitative Cystine

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

Specimen Collection Information

- All Urine Cytologies, FNA's, and Fluid Aspirates must be submitted in the cytology alcohol fixative provided.
- Hematuria Specimens must be collected in a preservative tablet kit.
- Do not collect first morning void for 24-hour urine specimens.