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GI Pathology 12 lag | 12 lag | 15 lag |

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

D	ianon	Syste	ems, In	C.				
1	Forest	Parl	kway •	Sh	elton	, CT	0648	4
_	000	200	2000	-	202	000	7100	

1 Forest Parkway • Shelton, CT 06484 T: 800-328-2666 • T: 203-926-7100			2440 So		d, Ste 181 • Los An 2-7788, Ext 4126 •	
ACCOUNT INFORMATION		PATIEN	NT INFORMATIO		, 123	2. 037
ACCOUNT NO. TELEPHONE NO. ACCOUNT NAME AND ADDRESS		PATIENT I	CHART NUMBER LAST NAME	FIRST NAMI	PATIENT D.O. E M.I.	В.
REQUESTING PHYSICIAN (PLEASE PRINT) PHYSICIAN/AUTHORI; REQUESTING PHYSICIAN NPI REFERRING PHYSICIAN		CITY	F MRN/PAT	TIENT ID#	STATE ZIP COD () PATIENT TELEPHO	
	BILLING IN			DEOLUBED		
Diagnosis/Signs/Symptoms in ICD	-CM format in effect at Da	te of Service (H	lighest Specificity Require	ed) REQUIRED ICD-CM COI	DE(S):	
BILL: PRACTICE/FACILITY PATIENT MEDICARE MEDICAID						
POLICY/ID# GROUP						
INSURANCE CARRIER						
CITY STATE ZIP						
PATIENT HOSPITAL STATUS ☐ INPATIENT ☐ OUTPATIENT ☐ NON-PATI	ENIT	INSURED'S	NAME	IN	ISURED'S DOB	
TAILEN HOSHIAL STATES CHAMIEN CONTAINEN CHOMPAN	LIVI	PATIENT'S	relationship to insu	JRED: SPOUSE	CHILD 🗌 OTHER	
COLLECTION DATE: MM / DD / YYYY	ENDOSCOPIC	CODES				
☐ Histology (Gross & Microscopic)	Please write the appl	licable number	r(s) for each correspond	ling specimen in the ap	opropriate section below.	
☐ Biopsy ☐ Polypectomy ☐ Other	DO NOT CIRCLE CO					
☐ Histology (Gross & Microscopic) ☐ Biopsy ☐ Polypectomy ☐ Other ☐ Cytology		Nodularity Normal	9 Pseudomembrane 10 Stricture	e 13 Hiatal Hernia 14 Duodenitis	17 H. <i>pylori</i> 18 Ileitis	
☐ Brushing ☐ Washing Type: ☐ Consultation: Referred slides (Send pathology report)	· · · · · · · · · · · · · · · · · · ·	Polyp	11 Ulcer	15 Esophagitis	19 Random Biopsy	
		Polyposis	12 Barrett's Mucosa	16 Gastritis	20 Other:	
☐ Consultation: Referred material (Send pathology report)	UPPER GI					
☐ R/O Barrett's Esophagus ☐ R/O Malignancy ☐ R/O Celiac Disease ☐ R/O Mastocytic Enterocolitis ☐ R/O Colitis Surveillance ☐ R/O Microscopic Colitis ☐ R/O Crohn's Disease ☐ R/O Parasites	SPECIMEN		BODY SITE/DE	lb) I Bowel	ss. /	ENDOSCOPIC
☐ R/O Dysplasia ☐ Polyp/Neoplasm Surveillance ☐ R/O Eosinophilic Esophagitis ☐ R/O Reflux Esophagitis	# From	$\begin{bmatrix} E_{SO} P_{PO_X} \\ \end{bmatrix} E_{SO} Mid$	$egin{array}{l} egin{array}{l} egin{array}$	Ansition $Antrum$ $Duodenum(s)$ $Anastomosis$	Liver	FINDINGS (See codes above)
☐ R/O Fungi ☐ R/O Ulcerative Colitis	cm					
☐ R/O Fungi ☐ R/O Ulcerative Colitis☐ R/O Gastritis/H. <i>pylori</i> ☐ R/O Viral Inclusions☐ R/O Idiopathic IBD	cm					
	cm					
☐ Other: Check all that apply: Personal Family	cm					
☐ History of Barrett's Esophagus ☐ ☐	cm					
☐ History of Cancer ☐ ☐	cm					
Type:	cm					
☐ History of Lymphoma ☐ ☐	cm					
History of Colon Polyps	am.				I	
	LOWER GI					
☐ Bleeding (type)	LOWER GI		BODY SIT	ΓE	DESCRIPTOR	
Z □ Diarrhea (Chronic) □ Diarrhea (Watery)						
□ Dyspepsia □ Dysphagia		Illeum Illeocecal Valve	Cecum Ascenting Right Hepatic Flexure Transverse Splenic 25	" Ferure Descending Leg Sigmoid Reclum Anasomos:	s "090	
☐ Heartburn ☐ Heme Positive Stool	SPECIMEN	r, m	Cecum Ascending/Right Hepatic Flexure Transverse Splenic 2.	"c Fexun. Descending/Le Sigmoid Rectum Anastomoes.	Random Colon Proximal Mid Distal	ENDOSCOPIC FINDINGS
☐ Iron Deficient Anemia ☐ Microscopic Colitis ☐ Nausea ☐ NSAID Usage	# From	Illeum Illeo _{Cec}	Cecum Ascendi, Hepatic Transve, Spleni,	Dess Sign Rec	Randon Proxim, Mid Distal	(See codes above)
☐ Pain (type) ☐ Reflux	cm					
□ Screening (type) □ Weight Loss	cm					
Other:	cm					
☐ Histology † (Gross & Microscopic Exam) w/Reflex to Lynch Syndrome Comprehensive Tumor Evaluation* if meets Revised Bethesda criteria ◆	cm					
Syndrome Comprehensive Tumor Evaluation* if meets Revised Bethesda criteria • Histology † (Gross & Microscopic Exam) w/Reflex to Lynch Syndrome Comprehensive Tumor Evaluation* if carcinoma or tubular adenoma at <40	cm					
*Includes MLH1/MSH2/MSH6/PMS2 by IHC and/or MSI by PCR. If MLH1 is deficient, reflex to BRAF Gene Mutation; if negative, reflex to MLH1 Promoter Methylation#	cm					

† Separately billable stains may be added by pathologist when medically necessary to render a diagnosis.

When ordering tests for which Medicare or Medicaid reimbursements 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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Labeling Instructions	Site	- Jar 1 Site	- Jar 5 Site	- Jar 9 Site	Jar 13 Site	- Jar 17 Site
1. Complete all requested	Name	Name	Name	Name	Name	Name
information on requisition form.	Site	Jar 2 Site	Jar 6 Site	Jar 10 Site	Jar 14 Site	Jar 18 Site
corresponding specimen jar.	Name	Name	Name	Name	Name	Name
Use one label per specimen.	Site	Jar 3 Site	Jar 7 Site		Jar 15 Site	Jar 19 Site
O. Discald all dilused labels.	Name	Name	Name	Name	Name	Name
For Questions, Contact Client Services at	Site	Jar 4 Site	Jar 8 Site	- Jar 12 Site	Jar 16 Site	_ Jar 20 Site
1-800-328-2666.	Name	Name	Name	Name	Name_	Name

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.

♦ Revised Bethesda guidelines for testing colorectal tumors for MSI: Colorectal cancer diagnosed in a patient who is <50 years of age, or Colorectal cancer with the MSI-H histology diagnosed in a patient who is <60 years of age.

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 <u>does not</u> 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 <u>and</u> dated by the beneficiary or his/her representative <u>prior to</u> the service being rendered

Symbols used to designate Medicare medical review as of 04/01/2023.

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

