labcorp

ACCOUNT NO.

Testing will be performed at a Labcorp laboratory, including formerly branded Dianon Pathology. Dianon Systems, Inc. 1 Forest Parkway Shelton, CT 06484 800-328-2666 203-926-7100

TELEPHONE NO.

UROLOGY TEST REQUISITION

Connecticut License # CL-0356

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RMATIC	ACCOUNT NAME AND ADDRESS
IT INFO	
CCOUN	REQUESTING PHYSICIAN (please print) PHYSICIAN
⋖	REQUESTING PHYSICIAN NPI REFERRING
7	Diagnosis/Signs/Symptoms
IATIO	BILL: PRACTICE/FACILITY PATIENT MEDICA POLICY/ID#
FORM	INSURANCE CARRIER
<u> </u>	CLAIM ADDRESS STATE
BILLIN	PATIENT HOSPITAL STATUS INPATIENT OUTPA
C	Collection Date:
	Collection Time: AM PM
S	pecimen Type
	CLINICAL DATA
	PSA ng/ml Free PSA %
	DRE Finding ☐ Normal (T1c) ☐ ABNL, Bilateral (T2c)
	☐ Suspicious ☐ ABNL, Unilat ≤ 50% lobe (T2a) ☐ Multi Nodules ☐ ABNL, Unilat >50% lobe (T2b)
	Previous Biopsy ☐ None ☐ Negative
	☐ Suspicious ☐ Positive
	Imaging Method □ Ultrasound □ MRI Imaging Results □ Normal □ Abnormal □ Suspiciou
xam	Other:
pic E	THERAPY
losco	☐ TURP ☐ Prostatectomy ☐ Hormone Therapy ☐ Cryosurgery ☐ Chemotherapy ☐ Radiatior
Micr	Number of Jars Number of Cores
% S	TEST REQUEST
Gro	☐ Prostate Histology
+ HISTOLOGY = Gross &	Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to: ☐ PTEN IHC ☐ PTEN/ERG IHC
001	☐ Prostate Histology, Rflx to ConfirmMDx® on Non-Cancer
ISTO	Prostate Histology, Reflex to Genomic Prostate Score® on
Ŧ	Gleason: ☐ All ☐ 3+3 or 3+4 ☐ 4+3 or higher (excluding GG5)
	Patient has Life Expectancy of \geq 10 years? \square Yes \square No
	☐ Bladder Histology Biopsy
	☐ Bladder Histology TUR
	☐ Vas Deferens (Sterilization) Histology
	Consultation (Send Path Report):
	Other Histology:
	168 PSA (Total) @% 84153
	167 PSA/Reflex Free PSA F/T ratio for TPSA 2-10 ng/mL
	@% 84153, reflex adds 84154
S	X6859 PSA and Free PSA F/T ratio @% 84153, 84154 2173 PSA (Total) Annual Screen @% 84153/G0103
Ö	120 AFP @ 82105
ORM P	133 Beta HCG @% 84702
S/HC	146 ☐ FSH (Follicle Stimulating Hormone) 83001
BIOMARKERS/HORMONES	144
MAK	143 Prolactin 84146
BIO	004515 ☐ Estradiol 82670
	177 Testosterone (Total) 84403
	178 Testosterone (Free) 84402
	X7877 Testosterone, Total, Free, and Percent Free

		STREET ADDRESS						
IAN / A	STATE ZIP CODE STATE ZIP CODE SEX M							
ING PH	IYSIC					TIENT TELEPHONE	NO.	
		CM format in effect at Date of Service (Highest Specificity Re MEDICAID						
		GROUP #				CPOLIP #		
		INSURANCE CARRIER						
		CLAIM ADDRESS						
		ZIP CITY						
		INSURED'S NAME			INSL			
IPAII	EINI	LI NON-PATIENT			INSURED: ☐ SPOUSE ☐			
		CLINICAL DATA (MUST BE COMPLETED IN ORDER			REQUIRED			
-		TO RUN MicrocytePLUS® URINE CYTOLOGY PROFILES)			24 Hour Urine Total Volu	ıme		
v1		☐ TCC, Current ☐ TCC, History Dx Date:			Collection Co	ollection	□AM	
=		☐ Hematuria ☐ Proteinuria ☐ Dysuria			Specimen Type		LI F/M	
٦ l		☐ Cystitis ☐ Diabetes ☐ UTI			Dianon 24hr Urine Kit REQU			
%		Other			Urine Chemistry Profiles (Tes	*	,	
(c)		THERAPY			☐ UroStone®Max24 * (Ar Citrate, Creatinine, Magne			
T2a)		☐ TURB ☐ BCG ☐ Thiotepa ☐ Mitomycin			Phosphorus, Potassium, C Sulfate, Uric Acid)	,		
Г2b)		Medication:		<u>ISK</u>	☐ UroStone®24 * (Calciur Magnesium, Oxalate, pH,	m, Citrate, Creatin	ine,	
		SPECIMEN COLLECTION TYPE		~ 뿌	Cystine*, Sodium, Uric A	cid)		
		☐ Voided Urine (Bladder) ☐ Catheterized Urine	Н	STONE RISK	☐ UroStone® Uric Acid (UD) UroStone® Calcium (C)	Calcium, Creatinin	e, pH,	
cious		☐ Post-Cysto Void ☐ Bladder Wash☐ Ileal Conduit/NeoBladder ☐ Urethral Wash			Sodium) UroStone® Citrate (Cit			
-					☐ UroStone® Cystine* (C☐ Creatinine Clearance)			
erapy		□ Renal Wash - Left □ Renal Wash - Right □ Ureter Wash - Left □ Ureter Wash - Right			Creatinine) requires serum & urine	e specimens and		
ation		Other			Patient Height		ghtlbs	
_	CCY	MicrocytePLUS® URINE CYTOLOGY PROFILES			Indicate patient diet: ☐ Randon	n diet □ Ca/Na Re	stricted Diet	
	101	□ 994 Hematuria Profile ❖			Serum Chemistry Profiles (Te.	•	,	
	<u>ر</u> ح	Cytodiagnostic Urinalysis Correlating Cytology (by concentration technique, includes Pap and Feulgen			Hypercalciuria Profile Acid, Sodium, Potassium,			
	Z Z	stains), Urine Dipstick Chemistry, ß2 Microglobulin, Microalbumin, and Total Protein			☐ Stone Serum Profile (C			
ncer	MicrocytePLUS®/URI		H		Sodium, Potassium, Chlor Specimen Obtained:	nde, CO ₂ , Creatin	iine)	
on	SOT.	☐ VU1D Bladder Cancer FISH/Cytology Pathodiagnostic Profile ‡		SIS,	. ,	Lithotripsy		
	cytel	Bladder Cancer FISH Assay and Cytology (Pap and Feulgen	Ш	Ą	☐ Surgically Removed			
No	icro	stains); including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD)	Ш	STONE ANALYSIS	Specimen Type: ☐ Bladder ☐ Kidney ☐	Other:		
	Σ	, ,, ,		2	TEST REQUEST:	<u> </u>		
		☐ VU3 Cytology Plus Monitoring Profile ‡ Cytology (Pap and Feulgen stains)		S	☐ Stone Analysis, Urinary Tra	act Calculus 82355	5/82365	
		UVIAD Pladdor Cancor FISH Pofloy/Cutalogy			24 Hour Urine Chemistric	· _	Y)	
_		☐ VU4D Bladder Cancer FISH Reflex/Cytology Pathodiagnostic Profile ‡			☐ Ammonia 82140 ☐ Calcium 82340	□ pH 83986 □ Phosphoru	s 84105	
_		Cytology (Pap and Feulgen stains), reflex to Bladder Cancer FISH (Pathologist review) on			☐ Chloride 82436 ☐ Citrate 82507	☐ Potassium ☐ Sodium 84		
		atypical cytology results			☐ Creatinine 82570 ☐ Cystine, Qual* 82127	☐ Sulfate 843 ☐ Total Prote		
		INDIVIDUAL TESTS:			☐ Magnesium 83735 ☐ Oxalate 83945	☐ Uric Acid	84560	
mL		K600D Bladder Cancer FISH (Pathologist review) ‡			Chemistries			
		☐ VU6 Pap Stain (only) Cytology ‡			Albumin 82040	□ CO2 8237		
		□ 974 ß2 Microglobulin ❖ □ 976 Total Protein ❖		_	☐ Alk Phosphatase 84075 ☐ ALT-SGPT 84460	☐ Creatinine ☐ Glucose @	% 82947	
		☐ 976 lotal Floreili ❖		_	☐ AST-SGOT 84450 ☐ Bilirubin, Total 82247	☐ HDL @% : ☐ Magnesiur		
		☐ FNA (Fine Needle Aspiration) Site:		HEMISI	☐ BUN 84520 ☐ BUN/Creatinine	☐ Phosphoru ☐ Potassium		
		Bladder Cancer FISH/Urine Cytology Kit (Alcohol Fixative)		ᇰ	84520, 82565 □ Calcium 82310	☐ PTH 8397 ☐ Sodium 84	0	
		Urine Cytopathology Kit (Tablet Preservative)			☐ CBC/Plt @ 85027	☐ Total Prote	in 84155	
		See reverse for collection methods and CPT codes			☐ CBC/Plt & Diff @ 85025 ☐ Chloride 82435	☐ Triglycerid☐ Uric Acid		
					Cholesterol @% 82465 Panels (components on ba	ack)		
	TEST				☐ Basic Metabolic Panel	,		
	ONAL				☐ Comprehensive Metabolic☐ Electrolyte Panel	: Panel		
	DITIC				☐ Hepatic Function Panel			
	AD				☐ Lipid Panel @% ☐ Renal Function Panel			
n medic	ally	necessary to render a diagnosis. *Quantitative Cystine ((821	31)	performed on positive Qualita	ative Cystine at ad	ditional charge	

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.

MEDICARE ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

Refer to Determining Necessity of ABN Completion on reverse Symbols Legend

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.

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

*Quantitative Cystine (82131) performed on positive Qualitative Cystine at addition 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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Dianon Systems, Inc., is a subsidiary of Laboratory Corporation of America Holdings, using the brand Labcorp. (1376) REV. 01/12/2024

WHITE-DIANON CANARY-PHYSICIAN

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Dianon Systems, Inc. 1 Forest Parkway Shelton, CT 06484 800-328-2666 203-926-7100

UROLOGY TEST REQUISITION

Connecticut License # CL-0356

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Item#: 0050170 Form#: 1376 Dianon Urology w/ Bar Codes	
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z	ACCOUNT NO. TELEPHONE NO.		_	
1	ACCOUNT NAME AND ADDRESS		CHART NUME	BER PATIENT D.O.B.
₹ X	ACCOUNT NAME AND ADDRESS		PATIENT LAST NAME	FIRST NAME M.I.
S S			PATIENT LAST NAME	FIRST NAME M.I.
É			STREET ADDRESS	
			Z	STATE ZIP CODE
$ \mathcal{C} $	REQUESTING PHYSICIAN (please print) PHYSICIAN / AU	JTHORIZED SIGNATURE	SEX M F	SIAIL ZII CODE
A	REQUESTING PHYSICIAN NPI REFERRING PH	VSICIANI (DI EASE DDINIT)	RACE	() - ARN / PATIENT ID # PATIENT TELEPHONE NO.
	Diagnosis/Signs/Symptoms in I	CD-CM format in effect at Date	e of Service (Highest Specificity	
0	BILL: PRACTICE/FACILITY PATIENT MEDICARE	☐ MEDICAID ☐ INSURA	NCE REFERRAL #	CODE(S):
MAT	POLICY/ID#	GROUP #	2 ND INS POLICY/ID#	# GROUP #
FOR	Insurance carrier		INSURANCE CARRIEF	R
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Ĭ	CITY STATE	ZIP		STATE ZIP ZIP
	PATIENT HOSPITAL STATUS 🗖 INPATIENT 🗖 OUTPATIE	ENT 🗖 NON-PATIENT		INSURED'S DOB SHIP TO INSURED: □ SPOUSE □ CHILD □ OTHER
		CUNICAL DATA (AALIST	BE COMPLETED IN ORDER	
1	Collection Date:		BE COMPLETED IN ORDER S® URINE CYTOLOGY PROFILES	WE COMED
	Collection Time: AM DPM	☐ TCC, Current		Collection Collection
S	pecimen Type	☐ TCC, History ☐ Hematuria ☐	Dx Date: Dysuria	
	CLINICAL DATA	Cystitis	Diabetes UTI	Specimen Type
	PSA ng/ml Free PSA %	☐ Other		Urine Chemistry Profiles (Tests may be ordered individually
	DRE Finding Normal (T1c) ABNL, Bilateral (T2c)	THERAPY		☐ UroStone®Max24 * (Ammonia, Calcium, Chloride, Citrate, Creatinine, Magnesium, Oxalate, pH,
	☐ Suspicious ☐ ABNL, Unilat ≤ 50% lobe (T2a)		□ BCG	Phosphorus, Potassium, Qualitative Cystine*, Sodium, Sulfate, Uric Acid)
	☐ Multi Nodules ☐ ABNL, Unilat >50% lobe (T2b) Previous Biopsy ☐ None ☐ Negative	☐ Thiotepa [☐ Medication:	□ Milomycin	Urośtone®24* (Calcium, Citrate, Creatinine, Magnesium, Oxalate, pH, Phosphorus, Qualitative
	Suspicious Positive	SPECIMEN COLLECTION	N TYPE	Cystine*, Sodium, Uric Acid) UroStone* Uric Acid (Uric Acid, Creatinine, Sulfate)
	Imaging Method Ultrasound MRI	☐ Voided Urine (Blade	der) 🔲 Catheterized Urine	e P UroStone® Calcium (Calcium, Creatinine, pH,
Ξ	Imaging Results ☐ Normal ☐ Abnormal ☐ Suspicious Other:		☐ Bladder Wash ladder ☐ Urethral Wash	UroStone® Citrate (Citrate, Creatinine)
Exam	THERAPY		☐ Renal Wash - Right	UroStone® Cystine* (Creatinine, Qualitative Cystine* □ Creatinine Clearance (Serum Creatinine/Urine
oscopic	☐ TURP ☐ Prostatectomy ☐ Hormone Therapy	☐ Ureter Wash - Left		ht Creatinine) requires serum & urine specimens <u>and</u>
	3, 7, 8, 7			Patient Height inches & Weight it
Gross & Mic	Number of Jars Number of Cores TEST REQUEST		CYTOLOGY PROFILES	Indicate patient diet: ☐ Random diet ☐ Ca/Na Restricted Diet
ross	□ Prostate Histology	☐ 994 Hematuria Pro Cytodiagnostic Urinaly	ofile ❖ ysis Correlating Cytology (by	Serum Chemistry Profiles (Tests may be ordered individually Hypercalciuria Profile (Calcium, Phosphorus, Uric
-11	Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:	concentration techniq	ue, includes Pap and Feulgen	Acid, Sodium, Potassium, Chloride, CO ₂ , Creatinine, PTH
CY	☐ PTEN IHC ☐ PTEN/ERG IHC	Microalbumin, and To	k Chemistry, ß2 Microglobulin, otal Protein	Stone Serum Profile (Calcium, Phosphorus, Uric Acid Sodium, Potassium, Chloride, CO ₂ , Creatinine)
† HISTOLOGY	☐ Prostate Histology, Rflx to ConfirmMDx® on Non-Cancer	stains), Urine Dipstick Microalbumin, and To VUID Bladder Cancer Pathodiagnostic Profile Bladder Cancer FISH Ass. stains); including integrate interpretation with clinica	r FISH/Cytology	Specimen Obtained:
HIS	Prostate Histology, Reflex to Genomic Prostate Score® on Gleason: ☐ All ☐ 3+3 or 3+4	Pathodiagnostic Profile	e ‡	Spontaneously Passed Lithotripsy Surgically Removed Specimen Type:
+	4+3 or higher (excluding GG5)	Bladder Cancer FISH Assa stains); including integrate	ay and Cytology (Pap and Feulgen ed cytomolecular diagnostic	Specimen Type:
		interpretation with clinica	al correlation by pathologist (MD)	Bladder Kidney Other:
	☐ Bladder Histology Biopsy	□ VU3 Cytology Plus	Monitoring Profile #	
	☐ Bladder Histology TUR	Cytology (Pap and Fe	ulgen stains)	Stone Analysis, Urinary Tract Calculus 82355/82365 24 Hour Urine Chemistries (URINE ONLY)
	☐ Vas Deferens (Sterilization) Histology ☐ Consultation (Send Path Report):		ncer FISH Reflex/Cytology	✓ ☐ Ammonia 82140 ☐ pH 83986
	☐ Other Histology:	Pathodiagnostic Pro Cytology (Pap and Fel	r ofile ‡ ulgen stains), reflex to	☐ Calcium 82340 ☐ Phosphorus 84105 ☐ Chloride 82436 ☐ Potassium 84133
		Bladder Cancer FISH	(Pathologist review) on	☐ Citrate 82507 ☐ Sodium 84300 ☐ Creatinine 82570 ☐ Sulfate 84392
		atypical cytology resu	ilts	☐ Cystine, Qual* 82127 ☐ Total Protein 84156 ☐ Magnesium 83735 ☐ Uric Acid 84560
	168 PSA (Total) @% 84153	INDIVIDUAL TESTS:		Oxalate 83945
	167 PSA/Reflex Free PSA F/T ratio for TPSA 2-10 ng/mL	☐ VU6 Pap Stain (only) C	er FISH (Pathologist review) ‡ Cytology ‡	Chemistries ☐ Albumin 82040 ☐ CO2 82374
	@% 84153, reflex adds 84154 X6859 PSA and Free PSA F/T ratio @% 84153, 84154	☐ 974 ß2 Microglobulin	: =:	☐ Alk Phosphatase 84075 ☐ Creatinine 82565 ☐ ALT-SGPT 84460 ☐ Glucose @% 82947
ES	2173 PSA (Total) Annual Screen @% 84153/G0103	☐ 976 Total Protein ❖ ☐ 977 Microalbumin ❖		☐ AST-SGOT 84450 ☐ HDL @% 83718 ☐ Bilirubin, Total 82247 ☐ Magnesium 83735
40N	120 AFP @ 82105	☐ FNA (Fine Needle Aspi	iration) Site:	■ BUN 84520 □ Phosphorus 84100
ORA	133 ☐ Beta HCG @% 84702	± Bladder Cancer FISH/Lli	rine Cytology Kit (Alcohol Fixativ	84520, 82565 □ PTH 83970
RS/H	146 ☐ FSH (Follicle Stimulating Hormone) 83001	❖ Urine Cytopathology K	, 0,	☐ CBC/Plt @ 85027 ☐ Total Protein 84155
RKE	144 LH (Luteinizing Hormone) 83002	See reverse for collection	n methods and CPT codes	☐ CBC/Plt & Diff @ 85025 ☐ Triglyceride @% 84478 ☐ Chloride 82435 ☐ Uric Acid 84550
AMC	143 Prolactin 84146	S		☐ Cholesterol @% 82465 Panels (components on back)
BIC	004515	TEST		☐ Basic Metabolic Panel
	177 ☐ Testosterone (Total) 84403 178 ☐ Testosterone (Free) 84402	ONA		☐ Comprehensive Metabolic Panel☐ Electrolyte Panel
	X7877 Testosterone, Total, Free, and Percent Free	HIGO		Hepatic Function Panel Lipid Panel @%
	84403, 84402	JA AI		Renal Function Panel
† S	eparately billable stains may be added by pathologist when medic	ally necessary to render a diagno	osis. *Quantitative Cystin	ne (82131) performed on positive Qualitative Cystine at additional char

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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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, CO2 (Carbon Dioxide), Creatinine, Glucose, Potassium, Sodiu

Comprehensive Metabolic 80053 - Albumin, Alkaline Phosphatase, ALT-SGPT, AST-SGOT, Bilirubin (Total), BUN, Calcium, Chloride, CO2 (Carbon Dioxide), Creatinine, Glucose, Potassium, Sodium, Total Prote

Electrolyte 80051 - Chloride, CO2 (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, CO2 (Carbon Dioxide), Creatinine, Glucose, Phosphorus, Potassium, So

			TUBE AN	ND SPECIMEN TRAN	SPORT	ATION	REQUIREM	IENTS			
TEST	TUBE	CPT	SPECIMEN	TEST	TUBE	CPT	SPECIMEN	TEST	TUBE	CPT	SPECIMEN
AFP	(SST)	82105	(S,R)	Comprehensive Metabolic Pane	(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)				

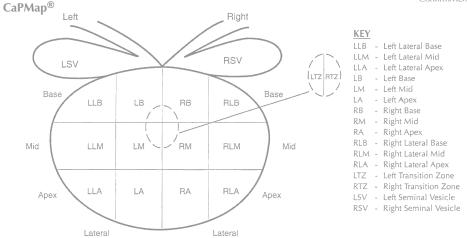
TUBE REQUIREMENTS: SST-Serum Separator Tube LT-Lavender Top

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

Microcy	tePLUS®/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	β2 Microglobulin	Voided, Catheterized, Post-Cysto Void	82232					
976	Total Protein	Voided, Catheterized, Post-Cysto Void	84156					
977	Microalbumin	Voided, Catheterized, Post-Cysto Void	82043					
VU1D	Bladder Cancer FISH/Cytology Pathodiagnostic Profile	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88112, 88120					
	Bladder Cancer FISH, including integrated cytomolec	ular 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					
		CC and for initial diagnosis of patients presenting with hematuria with sus egrated cytomolecular diagnostic interpretation with clinical correlation.	spicion of TCC: Bladder Cancer FISH and Cytology (Pap and Feulgen stains),					
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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Determining Necessity of Advance Beneficiary Notice of Non-coverage (ABN) Completion*

- Diagnose. Determine your patient's diagnosis.
 Document. Write the diagnosis code(s) on the front of the requisition
- 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.
 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)

to Complete an Advance Beneficiary Notice of Non-coverage (ABN) care 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 <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 <u>01/01/2024</u>

- Subject to Medicare medical necessity guidelines.
 Subject to Medicare frequency guidelines.
 Subject to Medicare frequency guidelines.
 Subject to Medicare frequency guidelines.