

ACCOUNT INFORMATION	ACCOUNT NO. _____ TELEPHONE NO. _____	CHART NUMBER _____		PATIENT D.O.B. _____	
	ACCOUNT NAME AND ADDRESS _____	PATIENT INFORMATION			
BILLING INFORMATION	REQUESTING PHYSICIAN (please print) _____ PHYSICIAN / AUTHORIZED SIGNATURE _____	PATIENT LAST NAME _____ FIRST NAME _____ M.I. _____		STREET ADDRESS _____	
	REQUESTING PHYSICIAN NPI _____ REFERRING PHYSICIAN (PLEASE PRINT) _____	CITY _____ STATE _____ ZIP CODE _____		CITY _____ STATE _____ ZIP CODE _____	
	DIAGNOSIS/SIGNS/SYMPTOMS IN ICD-CM FORMAT IN EFFECT AT DATE OF SERVICE (HIGHEST SPECIFICITY REQUIRED) _____	SEX M <input type="checkbox"/> F <input type="checkbox"/>		RACE _____ MRN / PATIENT ID # _____ PATIENT TELEPHONE NO. _____	
	BILL: <input type="checkbox"/> PRACTICE/FACILITY <input type="checkbox"/> PATIENT <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> INSURANCE <input type="checkbox"/> REFERRAL # _____	POLICY/ID# _____ GROUP # _____ 2 ND INS POLICY/ID# _____ GROUP # _____		INSURANCE CARRIER _____ INSURANCE CARRIER _____	
	CLAIM ADDRESS _____	CLAIM ADDRESS _____		INSURED'S NAME _____ INSURED'S DOB _____	
	CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____		PATIENT'S RELATIONSHIP TO INSURED: <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	

Collection Date: _____

Collection Time: _____ AM PM

Specimen Type _____

CLINICAL DATA

PSA _____ ng/ml Free PSA _____ %

Digital Rectal Exam
 Suspicious Non-Suspicious

Hypochoic Lesion
 Suspicious Non-Suspicious

Previous Biopsy?
 None Negative
 Suspicious Positive

Other _____

THERAPY
 TURP Prostatectomy
 Hormone Therapy Cryosurgery
 Chemotherapy Radiation Therapy

NUMBER OF JARS _____
NUMBER OF CORES SUBMITTED _____

TEST REQUEST
 Prostate Histology

Prostate Histology, Reflex to ProMark® Prognostic Test®
 Gleason 6 Gleason 7 (3+4) Gleason 6 or 7 (3+4)
ProMark® only available to CTR Certified physicians.

Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:
 PTEN IHC PTEN/ERG IHC

Prostate Histology, Reflex to ConfirmMDx® on negative/HGPIN
ConfirmMDx only available to CTR certified physicians.

Bladder Histology

Vas Deferens (Sterilization) Histology

Consultation (Send Path Report): _____

Other Histology: _____

BIOMARKERS/HORMONES

489160 PCA3 Assay 81313

168 PSA (Total) @% 84153

167 PSA/Reflex Free PSA F/T ratio for TPSA 2-10 ng/mL @% 84153, reflex adds 84154

X6859 PSA and Free PSA F/T ratio @% 84153, 84154

2173 PSA (Total) Annual Screen @% 84153/G0103

120 AFP @ 82105

133 Beta HCG @% 84702

146 FSH (Follicle Stimulating Hormone) 83001

144 LH (Luteinizing Hormone) 83002

143 Prolactin 84146

004515 Estradiol 82670

177 Testosterone (Total) 84403

178 Testosterone (Free) 84402

X2030 AFP @ and Beta HCG @% 82105, 84702

H7743 Testosterone and Prolactin 84403, 84146

H4446 FSH and LH 83001, 83002

H7643 Testosterone, FSH, LH, and Prolactin 84403, 83001, 83002, 84146

X7877 Testosterone, Total, Free, and Percent Free 84403, 84402

CLINICAL DATA (MUST BE COMPLETED IN ORDER TO RUN MicrocytePLUS® URINE CYTOLOGY PROFILES)

TCC, Current
 TCC, History
 Hematuria
 Cystitis
 Other _____

Dx Date: _____

Proteinuria
 Dysuria
 Diabetes
 UTI

THERAPY
 TURB BCG Thiotepa
 Mitomycin Medication: _____

SPECIMEN COLLECTION TYPE
 Voided Urine Catheterized Urine
 Bladder Wash Ileal Conduit/Pouch
 Renal Wash-Left Renal Wash-Right
 Other _____

MicrocytePLUS® URINE CYTOLOGY PROFILES
See reverse for collection methods and CPT codes

994 Hematuria Profile ✦
Cytodiagnostic Urinalysis Correlating Cytology (by concentration technique, includes Pap and Feulgen stains), Urine Dipstick Chemistry, B2 Microglobulin, Microalbumin, and Total Protein

VU1D UroVysion®/Cytology Pathodiagnostic Profile ✦
UroVysion® FISH Assay and Cytology (Pap and Feulgen stains); including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD)

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

VU4D UroVysion® Reflex/Cytology Pathodiagnostic Profile ✦
Cytology (Pap and Feulgen stains), reflex to UroVysion® FISH (Pathologist review) on atypical cytology results

INDIVIDUAL TESTS:
 K600D UroVysion® FISH (Pathologist review) ✦
 VU6 Pap Stain (only) Cytology ✦
 974 B2 Microglobulin ✦
 976 Total Protein ✦
 977 Microalbumin ✦
 FNA (Fine Needle Aspiration) Site: _____

✦ **TCC Monitoring Kit (Alcohol Fixative)**
✦ **Urine Cytopathology Kit (Tablet Preservative)**

MICROBIOLOGY

AUCLT Urine Culture, Routine@/ID & Susceptibility@ (>10,000 CFU/ml) 87086

AUCUS Urine Culture, Comprehensive@/ID & Susceptibility@ (>100 CFU/ml) 87086

KM0126 Aerobic Culture, 87070
Source: _____
 Yeast Culture, 87101

ID and Susceptibility at additional charges per organism if indicated

ADDITIONAL TESTS

REQUIRED

24 Hour Urine Total Volume _____

Collection _____ Collection _____ AM
Date: _____ Time: _____ PM

Specimen Type _____

Dianon 24hr Urine Kit REQUIRED

Urine Chemistry Profiles (Tests may be ordered individually)

UroStone®Max24 * (Ammonia, Calcium, Chloride, Citrate, Creatinine, Magnesium, Oxalate, pH, Phosphorus, Potassium, Qualitative Cystine*, Sodium, Sulfate, Uric Acid)

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

UroStone® Uric Acid (Uric Acid, Creatinine, Sulfate)

UroStone® Calcium (Calcium, Creatinine, pH, Sodium)

UroStone® Citrate (Citrate, Creatinine)

UroStone® Cystine* (Creatinine, Qualitative Cystine*)

Creatinine Clearance (Serum Creatinine/Urine Creatinine)
requires serum & urine specimens and Patient Height _____ inches & Weight _____ lbs

Indicate patient diet: Random diet Ca/Na Restricted Diet

Serum Chemistry Profiles (Tests may be ordered individually)

Hypercalciuria Profile (Calcium, Phosphorus, Uric Acid, Sodium, Potassium, Chloride, CO₂, Creatinine, PTH)

Stone Serum Profile (Calcium, Phosphorus, Uric Acid, Sodium, Potassium, Chloride, CO₂, Creatinine)

STONE RISK

Specimen Obtained:
 Spontaneously Passed Lithotripsy
 Surgically Removed

Specimen Type:
 Bladder Kidney Other: _____

TEST REQUEST:
 Stone Analysis, Urinary Tract Calculus 82365

STONE ANALYSIS

24 Hour Urine Chemistries (URINE ONLY)

<input type="checkbox"/> Ammonia 82140	<input type="checkbox"/> pH 83986
<input type="checkbox"/> Calcium 82340	<input type="checkbox"/> Phosphorus 84105
<input type="checkbox"/> Chloride 82436	<input type="checkbox"/> Potassium 84133
<input type="checkbox"/> Citrate 82507	<input type="checkbox"/> Sodium 84300
<input type="checkbox"/> Creatinine 82570	<input type="checkbox"/> Sulfate 84392
<input type="checkbox"/> Cystine, Qual* 82127	<input type="checkbox"/> Total Protein 84156
<input type="checkbox"/> Magnesium 83735	<input type="checkbox"/> Uric Acid 84560
<input type="checkbox"/> Oxalate 83945	

Chemistries

<input type="checkbox"/> Albumin 82040	<input type="checkbox"/> CO2 82374
<input type="checkbox"/> Alk Phosphatase 84075	<input type="checkbox"/> Creatinine 82565
<input type="checkbox"/> ALT-SGPT 84460	<input type="checkbox"/> Glucose @% 82947
<input type="checkbox"/> AST-SGOT 84450	<input type="checkbox"/> HDL @% 83718
<input type="checkbox"/> Bilirubin, Total 82247	<input type="checkbox"/> Magnesium 83735
<input type="checkbox"/> BUN 84520	<input type="checkbox"/> Phosphorus 84100
<input type="checkbox"/> BUN/Creatinine 84520, 82565	<input type="checkbox"/> Potassium 84132
<input type="checkbox"/> Calcium 82310	<input type="checkbox"/> PTH 83970
<input type="checkbox"/> CBC/Plt @ 85027	<input type="checkbox"/> Sodium 84295
<input type="checkbox"/> CBC/Plt & Diff @ 85025	<input type="checkbox"/> Total Protein 84155
<input type="checkbox"/> Chloride 82435	<input type="checkbox"/> Triglyceride @% 84478
<input type="checkbox"/> Cholesterol @% 82465	<input type="checkbox"/> Uric Acid 84550

Panels (components on back)

Basic Metabolic Panel
 Comprehensive Metabolic Panel
 Electrolyte Panel
 Hepatic Function Panel
 Lipid Panel @%
 Renal Function Panel

- 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 NONCOVERAGE (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. Medicare does not pay for services it deems investigational.

ACCOUNT INFORMATION	ACCOUNT NO. _____ TELEPHONE NO. _____	PATIENT INFORMATION	CHART NUMBER _____	PATIENT D.O.B. _____
	ACCOUNT NAME AND ADDRESS _____		PATIENT LAST NAME _____ FIRST NAME _____ M.I. _____	
	REQUESTING PHYSICIAN (please print) _____ PHYSICIAN / AUTHORIZED SIGNATURE _____		STREET ADDRESS _____	
	REQUESTING PHYSICIAN NPI _____ REFERRING PHYSICIAN (PLEASE PRINT) _____		CITY _____ STATE _____ ZIP CODE _____	
			SEX M <input type="checkbox"/> F <input type="checkbox"/>	
			RACE _____ MRN / PATIENT ID # _____ PATIENT TELEPHONE NO. _____	

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required) **ICD-CM CODE(S):** _____

BILLING INFORMATION

BILL: PRACTICE/FACILITY PATIENT MEDICARE MEDICAID INSURANCE REFERRAL # _____

POLICY/ID# _____ GROUP # _____ 2ND INS POLICY/ID# _____ GROUP # _____

INSURANCE CARRIER _____ INSURANCE CARRIER _____

CLAIM ADDRESS _____ CLAIM ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PATIENT HOSPITAL STATUS INPATIENT OUTPATIENT NON-PATIENT

INSURED'S NAME _____ INSURED'S DOB _____

PATIENT'S RELATIONSHIP TO INSURED: SPOUSE CHILD OTHER

Collection Date: _____

Collection Time: _____ AM PM

Specimen Type _____

CLINICAL DATA

PSA _____ ng/ml Free PSA _____ %

Digital Rectal Exam
 Suspicious Non-Suspicious

Hypochoic Lesion
 Suspicious Non-Suspicious

Previous Biopsy?
 None Negative
 Suspicious Positive

Other _____

THERAPY

TURP Prostatectomy
 Hormone Therapy Cryosurgery
 Chemotherapy Radiation Therapy

NUMBER OF JARS _____

NUMBER OF CORES SUBMITTED _____

TEST REQUEST

Prostate Histology

Prostate Histology, Reflex to ProMark® Prognostic Test®
 Gleason 6 Gleason 7 (3+4) Gleason 6 or 7 (3+4)
ProMark® only available to CTR Certified physicians.

Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:
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Prostate Histology, Reflex to ConfirmMDx® on negative/HGPIN
ConfirmMDx only available to CTR certified physicians.

Bladder Histology

Vas Deferens (Sterilization) Histology

Consultation (Send Path Report): _____

Other Histology: _____

Biomarkers/Hormones

489160 PCA3 Assay 81313

168 PSA (Total) @% 84153

167 PSA/Reflex Free PSA F/T ratio for TPSA 2-10 ng/mL @% 84153, reflex adds 84154

X6859 PSA and Free PSA F/T ratio @% 84153, 84154

2173 PSA (Total) Annual Screen @% 84153/G0103

120 AFP @ 82105

133 Beta HCG @% 84702

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143 Prolactin 84146

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177 Testosterone (Total) 84403

178 Testosterone (Free) 84402

X2030 AFP @ and Beta HCG @% 82105, 84702

H7743 Testosterone and Prolactin 84403, 84146

H4446 FSH and LH 83001, 83002

H7643 Testosterone, FSH, LH, and Prolactin 84403, 83001, 83002, 84146

X7877 Testosterone, Total, Free, and Percent Free 84403, 84402

CLINICAL DATA (MUST BE COMPLETED IN ORDER TO RUN MicrocytePLUS® URINE CYTOLOGY PROFILES)

TCC, Current
 TCC, History Dx Date: _____
 Hematuria Proteinuria Dysuria
 Cystitis Diabetes UTI
 Other _____

THERAPY

TURB BCG Thiotepa
 Mitomycin Medication: _____

SPECIMEN COLLECTION TYPE

Voided Urine Catheterized Urine
 Bladder Wash Ileal Conduit/Pouch
 Renal Wash-Left Renal Wash-Right
 Other _____

MicrocytePLUS® URINE CYTOLOGY PROFILES
See reverse for collection methods and CPT codes

994 Hematuria Profile ♦
Cytodiagnostic Urinalysis Correlating Cytology (by concentration technique, includes Pap and Feulgen stains), Urine Dipstick Chemistry, β2 Microglobulin, Microalbumin, and Total Protein

VU1D UroVysion®/Cytology Pathodiagnostic Profile ‡
UroVysion® FISH Assay and Cytology (Pap and Feulgen stains); including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD)

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

VU4D UroVysion® Reflex/Cytology Pathodiagnostic Profile ‡
Cytology (Pap and Feulgen stains), reflex to UroVysion® FISH (Pathologist review) on atypical cytology results

INDIVIDUAL TESTS:

K600D UroVysion® FISH (Pathologist review) ‡
 VU6 Pap Stain (only) Cytology ‡
 974 β2 Microglobulin ♦
 976 Total Protein ♦
 977 Microalbumin ♦
 FNA (Fine Needle Aspiration) Site: _____

‡ TCC Monitoring Kit (Alcohol Fixative)
♦ Urine Cytopathology Kit (Tablet Preservative)

MICROBIOLOGY

AUCLT Urine Culture, Routine@/ID & Susceptibility@ (>10,000 CFU/ml) 87086

AUCUS Urine Culture, Comprehensive@/ID & Susceptibility@ (>100 CFU/ml) 87086

KM0126 Aerobic Culture, 87070
Source: _____
 Yeast Culture, 87101

ID and Susceptibility at additional charges per organism if indicated

ADDITIONAL TESTS

REQUIRED

24 Hour Urine Total Volume _____

Collection _____ Collection _____ AM
Date: _____ Time: _____ PM

Specimen Type _____

Dianon 24hr Urine Kit REQUIRED

Urine Chemistry Profiles (Tests may be ordered individually)

UroStone®Max24 * (Ammonia, Calcium, Chloride, Citrate, Creatinine, Magnesium, Oxalate, pH, Phosphorus, Potassium, Qualitative Cystine*, Sodium, Sulfate, Uric Acid)

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

UroStone® Uric Acid (Uric Acid, Creatinine, Sulfate)

UroStone® Calcium (Calcium, Creatinine, pH, Sodium)

UroStone® Citrate (Citrate, Creatinine)

UroStone® Cystine* (Creatinine, Qualitative Cystine*)

Creatinine Clearance (Serum Creatinine/Urine Creatinine)
requires serum & urine specimens and Patient Height _____ inches & Weight _____ lbs

Indicate patient diet: Random diet Ca/Na Restricted Diet

Serum Chemistry Profiles (Tests may be ordered individually)

Hypercalciuria Profile (Calcium, Phosphorus, Uric Acid, Sodium, Potassium, Chloride, CO₂, Creatinine, PTH)

Stone Serum Profile (Calcium, Phosphorus, Uric Acid, Sodium, Potassium, Chloride, CO₂, Creatinine)

STONE RISK

Specimen Obtained:

Spontaneously Passed Lithotripsy
 Surgically Removed

Specimen Type:

Bladder Kidney Other: _____

TEST REQUEST:

Stone Analysis, Urinary Tract Calculus 82365

STONE ANALYSIS

24 Hour Urine Chemistries (URINE ONLY)

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

Chemistries

Albumin 82040 CO2 82374
 Alk Phosphatase 84075 Creatinine 82565
 ALT-SGPT 84460 Glucose @% 82947
 AST-SGOT 84450 HDL @% 83718
 Bilirubin, Total 82247 Magnesium 83735
 BUN 84520 Phosphorus 84100
 BUN/Creatinine 84520, 82565 Potassium 84132
 Calcium 82310 PTH 83970
 CBC/Pt @ 85027 Sodium 84295
 CBC/Pt & Diff @ 85025 Total Protein 84155
 Chloride 82435 Triglyceride @% 84478
 Cholesterol @% 82465 Uric Acid 84550

Panels (components on back)

Basic Metabolic Panel
 Comprehensive Metabolic Panel
 Electrolyte Panel
 Hepatic Function Panel
 Lipid Panel @%
 Renal Function Panel

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

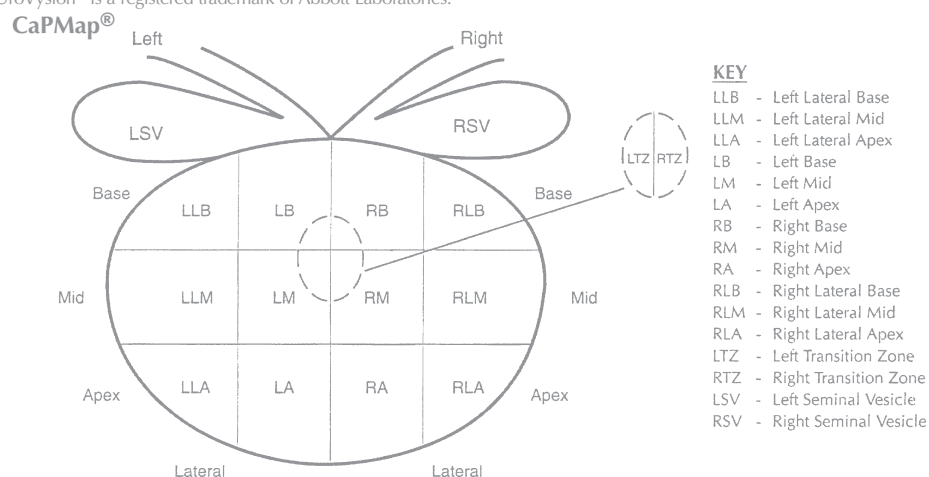
MicrocytePLUS®/Urine Cytology Urine Collection Method and CPT Codes	
994 Hematuria Profile – Urine Cytology Voided, Catheterized, Post–Cysto Void 88108, 88313, 81003, 82232, 82043, 84156	
For directing further evaluation of patients currently not monitored for TCC who present with hematuria or other 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	
VU1D UroVysion®/Cytology Pathodiagnostic Profile Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash 88112; if automated 88121, if manual 88120	
UroVysion® FISH, including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD).	
VU4D UroVysion® Reflex/Cytology Pathodiagnostic Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash 88112; if reflexed, automated 88121, if manual 88121	
For therapeutic monitoring of patients with a history of TCC and for initial diagnosis of patients presenting with hematuria with suspicion of TCC: UroVysion® 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 UroVysion® Pathodiagnostic Voided, Catheterized, Post–Cysto Void, Bladder Wash, Renal Wash, Ureter Wash If automated 88121, if manual 88120	

UroVysion® will not be performed on Ileal Conduit/Neobladder urine specimens.

UroVysion® is a registered trademark of Abbott Laboratories.

ProMark® is a registered trademark and service mark of Metamark Genetics, Inc.

ConfirmMDx test performed and billed by MDxHealth® at Irvine, CA.



(1376) REV. 05/18/2018

Determining Necessity of Advance Beneficiary Notice of Noncoverage (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 Noncoverage (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 06/01/2018

@ = Subject to Medicare medical necessity guidelines.

% = Subject to Medicare frequency guidelines.

= Medicare deems investigational. Medicare does not pay for services it deems investigational.