

CLIENT INFORMATION

REQUESTING PHYSICIAN	NPI#
REFERRING PHYSICIAN	NPI#

BILLING INFORMATION (face sheet & front and back of insurance card must be attached)

Bill: My Account Insurance Medicare Medicaid Patient Workers Comp

Patient Status: Hospital Inpatient Hospital Outpatient Non-Hospital Patient

Insurance Information: See attached

Insured Information: Name _____
Relationship to Patient (circle one) Self Spouse Child Other: _____

Primary Insurance Co: _____ Authorization # _____

Billing Address _____ Insured # _____

Billing City, State, Zip _____ Group # _____

Secondary Insurance Co: _____ Authorization # _____

Billing Address _____ Insured # _____

Billing City, State, Zip _____ Group # _____

PATIENT INFORMATION

Name (LAST, FIRST, MIDDLE) _____

Address _____

City, State, Zip _____

Date of Birth: MM / DD / YYYY Sex M F

Phone Number _____ Race: _____

MRN / Patient ID # _____ Chart # _____

HISTOLOGY — (GROSS & MICROSCOPIC EXAM)

CLINICAL DATA

PSA [] [] [] . [] [] ng/ml Date: _____ Free PSA [] [] . [] %

Digital Rectal Exam: Suspicious Non-Suspicious
Hypoechoic Lesion: Suspicious Non-Suspicious
Previous Biopsy: None PIN Negative Suspicious Positive

THERAPY

TURP Prostatectomy Hormone Therapy
 Cryosurgery Chemotherapy Radiation Therapy

TEST REQUEST

Prostate Histology Bladder Histology
 Prostate Histology w/UroScore® Vas Deferens (Sterilization) Histology

Prostate Histology, Reflex to ProMark® Prognostic Test@ on:
 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

Consultation: _____

Other Histology: _____

UroScore® requires a sextant (6+ vials) biopsy & a PSA value (OK only)
Separately billable stains may be added by pathologist when medically necessary to render a diagnosis.

Collection Date: _____ Collection Time: _____ AM PM

NUMBER OF CORES _____ NUMBER OF JARS _____

MOLECULAR

489160 PCA3 Assay 81313

ADDITIONAL PROFILES/TESTS

All diagnoses should be provided by the ordering physician or his or her authorized designee. Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

ICD-CM	ICD-CM	ICD-CM
ICD-CM	ICD-CM	ICD-CM

MicrocytePLUS® URINE CYTOLOGY

CLINICAL DATA (Please complete if requesting urine cytology testing)

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

THERAPY

TURB BCG Medication: _____
 Thiotepa Mitomycin _____

SPECIMEN COLLECTION

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

Collection Date: _____ Collection Time: _____ AM PM

HEMATURIA EVALUATION ORANGE URINE CYTOPATHOLOGY KIT

994 Hematuria Profile (Cytodiagnostic Urinalysis Correlating Cytology [Pap and Feulgen stain], Urine Dipstick Chemistry, β2 Microglobulin, Microalbumin, and Total Protein)
 974 β2 Microglobulin 976 Total Protein 977 Microalbumin

TCC MONITORING NAVY BLUE URINE CYTOPATHOLOGY KIT

VU1D UroVysion® FISH/Cytology Profile — Pathologist Review and Correlation
 VU3 Urine Cytology Plus Profile (Pap and Feulgen stain)
 VU6 Urine Cytology (Pap stain)
 K600D UroVysion® FISH — (Pathologist review)
 VU4D Urine Cytology Plus Profile with UroVysion® reflex (if atypical)-Pathologist Review

HISTOLOGY - TECHNICAL COMPONENT

P6A Prostate Histology L5D Vas Deferens (Sterilization) Histology
 L5A Bladder Histology Other _____

Collection Date: _____ Collection Time: _____ AM PM

CYTOLOGY - TECHNICAL COMPONENT

VU3TC Urine Cytology (Pap stain only)
 VU3TC & 972 Urine Cytology Plus (Pap and Feulgen stain)
Reflex to: K600D UroVysion® (Pathologist review; global)

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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Physician/Authorized Signature

Patient, Client and Billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

Refer to policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity when ordering tests that are subject to ABN guidelines.

Symbols Legend
@ = Subject to Medicare medical necessity guidelines
% = Subject to Medicare frequency guidelines
= Medicare deems investigational. Medicare does not pay for service it deems investigational.

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 the lid).
- PLEASE DISPOSE OF UNUSED LABELS.

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 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 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.

MicrocytePLUS® Urine Cytology CPT Codes		
994	Urine Cytology Hematuria Profile	88108, 88313, 81003, 82232, 84156, 82043
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 stain], Urine Dipstick Chemistry, β 2 Microglobulin, Microalbumin, and Total Protein)		
974	β 2 Microglobulin	82232
976	Total Protein	84156
977	Microalbumin	82043
VUID	UroVysion®/Cytology Pathodiagnostic Profile	88112, if automated 88121, if manual 88120
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 stain), FISH and cytology read by pathologist (MD). Includes integrated cytomolecular diagnostic interpretation with clinical correlation		
VU3	Cytology Plus Monitoring Profile Cytology (Pap and Feulgen stain)	88112
K600D	UroVysion® Pathodiagnostic Test UroVysion® FISH, including diagnostic interpretation with clinical correlation by pathologist (MD)	If automated 88121, if manual 88120
VU4D	Cytology Plus Profile/UroVysion® Reflex-Pathologist	88112; If reflexed; automated 88121/manual 88120
VU3TC	Cytology Urine Technical Component	88112-TC
972	Feulgen Stain	88313-TC

