

To find the nearest patient service center, visit Labcorp.com or call 888-Labcorp (888-522-2677).

Patient's Legal Name (Last, First, MI)		Sex	Date of Birth MO DAY YR	Collection Time AM <input type="checkbox"/> Yes PM <input type="checkbox"/> No	Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No	Collection Date MO DAY YR	Urine hrs/vol hrs _____ vol _____
NPI	Physician's ID #	Patient's ID #		Hospital Patient Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient			
Physician's Name (Last, First)		Physician/Authorized Signature <b>X</b>		Patient's Address		Phone	
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service <b>Highest Specificity REQUIRED</b>				City		State	ZIP
PRIMARY BILLING PARTY		SECONDARY BILLING PARTY					
Insurance Carrier *	Insurance Carrier *	Name of Policy Holder (if different from patient)		Address of Policy Holder			
ID #	ID #	Address of Policy Holder		APT #			
Group #	Group #	City		State		ZIP	
Insurance Address	Insurance Address	I hereby authorize the release of medical information related to the service described herein and authorize payment directly to Labcorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.					
Name of Insured Person	Name of Insured Person	Patient's Signature		Date			
Relationship to Patient	Relationship to Patient	<b>MEDICARE ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)</b>					
Employer Name	Employer Name	Refer to Determining Necessity of ABN Completion on reverse.					
*If Medicaid State	Physician's Provider #	Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OTHER TESTS/INDIVIDUAL PROFILE COMPONENTS</b>				

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED TO THE RIGHT.

GENERAL HEALTH		
005009	CBC w diff w plt	85025 (LAV)
028142	CBC w/o diff w plt	85027 (LAV)
322755	Hepatic Function Panel (7)	80076 (GEL)
303756	Lipid Panel	80061 (GEL)
322758	Basic Metabolic Panel (8)	80048 (GEL)
322000	Comp. Metabolic Panel (14)	80053 (GEL)
005215	Sed. Rate, Westergren	85652 (LAV)
003038	Urinalysis, Routine	81003 (URN)

REPRODUCTIVE ENDOCRINOLOGY		
070085	17-OHP by MS	83498 (GEL)
004705	Androstenedione by MS	82157 (RED)
500183	Antimullerian Hormone (AMH)	82397 (GEL)
500161	DHEA-S by MS	82627 (GEL)
004515	Estradiol by ECLIA	82670 (GEL)
004309	FSH	83001 (GEL)
004416	hCG Beta Subunit, Quant.	84702 (GEL)
146795	Inhibin B	83520 (GEL)
004283	LH	83002 (GEL)
028480	LH/FSH	83001 (GEL) 83002 (GEL)
004317	Progesterone	84144 (GEL)
004465	Prolactin	84146 (GEL)
504295	ReproSURE™ (Ovarian Reserve Profile)	See reverse (GEL)
004226	Testosterone, Total by ECLIA	84403 (GEL)
070001	Testosterone Women/Children	84403 (GEL)
500726	Testosterone, Free (w Total) by MS	84403 (GEL) 84402 (GEL)
330015	Thyroid Cascade Panel	See reverse (GEL)
006684	Thyroid Antibodies	86376 (GEL) 86377 (GEL) 86800 (GEL)
006676	Thyroid Peroxidase (TPO) Ab.	86376 (GEL)
001149	Thyroxine (T4)	84436 (GEL)
001974	Thyroxine (T4), Free	84439 (GEL)

REPRODUCTIVE ENDOCRINOLOGY Con't		
002188	Triiodothyronine (T3)	84480 (GEL)
010389	Triiodothyronine (T3), Free	84481 (GEL)
004259	TSH, 3 <sup>rd</sup> generation	84443 (GEL)
081950	Vitamin D, 25 OH by ICMA	82306 (GEL)

GENETICS (Physician acknowledgement of informed consent required - see below)		
Carrier Screening		
481893	Inheritest 500 PLUS Panel	(YLW)
481874	Inheritest 300 PLUS Panel	(YLW)
481855	Inheritest 100 PLUS Panel	(YLW)
481816	Inheritest High Frequency Panel	(YLW)
481797	Inheritest 14-gene Panel	(YLW)
481776	Inheritest Core (Includes SMA, Cystic Fibrosis & Fragile X)	(YLW)
481758	Inheritest CF/SMA Panel	(YLW)
481025	Cystic Fibrosis (CF), 97 Variants	81220 (LAV)
482632	Cystic Fibrosis (CF) Full-gene Carrier Screen	81220 (LAV)
481630	Spinal Muscular Atrophy (SMA)	81329 (YLW)
481684	Fragile X Syndrome, Carrier	See reverse (LAV)
Additional Testing:		
121363	Hemoglobinopathy+Fer w/A Thal Rtx	82728 (GEL) 83020 (GEL) 85027 (GEL)
511246	Tay Sachs Leukocytes	83080 (YLW)
482884	GeneSeq® PLUS, HEXA	(YLW)
511035	Chromosome Analysis, blood	See reverse (GRN)
482370	GeneSeq® PLUS <input type="checkbox"/> VUS opt out for gene(s): _____	(YLW)
482449	GeneSeq® PLUS, CFTR	(YLW)
512116	Y Chromosome Microdeletion	See reverse (LAV)
510110	Reveal® POC/Tissue Microarray	See reverse (POC)

COAGULATION		
500070	Lupus Anticoagulant Profile	See reverse (GEL) (BLU) (CAP)
161802	Anticardiolipin Ab. IgG/M	86147 (X2) (GEL)
117994	Antiphosphatidylserine IgG/M/A	86148 (X3) (GEL)
015040	Antithrombin Activity	85300 (BLU)
511162	Factor II (G20210A) Mutation	See reverse (LAV)
511154	Factor V Leiden Mutation	See reverse (LAV)
706994	Homocysteine	83090 (LAV)
511238	MTHFR A1298C & C677T Mutations	See reverse (LAV)
117705	Protein C, Functional	85303 (BLU)
164525	Protein S, Functional	85306 (BLU)
020321	PT and APTT	85610 (BLU) 85730 (BLU)

CLINICAL INFECTIOUS DISEASE		
221085	CMV, IgG/IgM	86644 (GEL) 86645 (GEL)
006718	Hep B Core Ab, Total	86704 (GEL)
006395	Hep B Surface Ab.	86706 (GEL)
006510	Hep B Surface Ag	87340 (GEL)
144050	HCV Ab w/ Rfx to Quant. RT-PCR	86803 (GEL)
083935	HIV-1/0/2, 4th Generation	87389 (GEL)
164922	HSV 1/2, IgG	86695 (GEL) 86696 (GEL)
164277	HTLV I/II Ab w Conf.	86790 (GEL)
012005	RPR, Rfx On RPR & Conf.TP-PA <sup>5</sup>	86592 (GEL)
006197	Rubella, IgG	86762 (GEL)
096206	Varicella-Zoster Virus, IgG	86787 (GEL)

MICROBIOLOGY <sup>6</sup>		
Indicate Source:		
008649	Aerobic Bacterial Culture	87070 (GEL) (BACT) (TRNSP)
183194	Chlamydia/GC by Nucleic Acid Amplification	87491 (GEL) (OPTIM) (TRNSP)
008334	Genital Culture, Routine	87070 (GEL) (BACT) (TRNSP)
180089	Mycoplasma Profile, NAA Swab	87788 (X2) (GEL) (OPTIM) (TRNSP)

MICROBIOLOGY <sup>4</sup> Con't		
188132	Group B Strep Detect, NAA	87081 (BACT) (TRNSP) 87150 (BACT) (TRNSP)
180093	Chlamydia/Gonococcus/Genital Mycoplasma Profile, NAA, Swab	87798 (X2) (GEL) (SWAB) 87491 (GEL) (SWAB) 87563 (GEL) (SWAB)
008847	Urine Culture, Routine <sup>4</sup>	87086 (GEL) (UR) (CL) (TRNSP)

NuSwab <sup>®</sup> Tests (check only one)		
180039	NuSwab <sup>®</sup> Vaginitis (VG)	See Reverse (GEL)
180021	NuSwab <sup>®</sup> Vaginitis Plus (VG+)	See Reverse (GEL)
180042	NuSwab <sup>®</sup> (VG) w/ Candida (Gsp)	See Reverse (GEL)
180068	NuSwab <sup>®</sup> Plus (VG+) w/ Candida (Gsp)	See Reverse (GEL)

OTHER		
006049	ABO and Rh	86900 (LAV) 86901 (LAV)
006015	Antibody Screen	86850 (LAV)
002303	CA 125	86304 (GEL)
001370	Creatinine	82565 (GEL)
001032	Glucose, serum	82947 (GEL)
001453	Hemoglobin A1c	83036 (LAV)
121690	Hgb Fractionation w/rfx <sup>5</sup>	83020 (LAV)
004333	Insulin, Fasting	83525 (GEL)
001321	Iron & IBC	83540 (GEL) 83550 (GEL)
794388	7 Drug Profile (w. confirm)	80307 (URN)
794370	9 Drug Profile (w. confirm)	80307 (URN)
716555	Nicotine Metabolite	80307 (URN)

1. Testing also available by buccal swab  
 2. See DOS for specialized specimen handling  
 3. Not for use with FDA donor eligibility screening  
 4. ID/susceptibility billed at additional charge/CPT codes  
 5. Confirmation billed at additional charge/CPT codes  
 6. Reflex to path. consult if any result outside normal/expected range. Reflex should be considered for the meaning of results for new/unfamiliar tests or when test reveals unanticipated results.

**Clinical Information/Comments**

I have obtained informed consent for the above ordered genetic test(s). (Required)

Physician Signature \_\_\_\_\_

# 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 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.

## PANELS & PROFILES

<b>7 Drug Profile (w. confirm) Test No. 794388</b> When ordered as a profile CPT Codes listed below are used: <b>Components</b> Amphetamines, barbiturates, benzodiazepines, cannabinoids (marijuana), cocaine, opiates (codeine, morphine only), phenacycline (PCP) 80307 each When ordered and billed Individually CPT Code used	<b>Fragile X Syndrome, Carrier Test No. 481684</b> CPT Codes used: 81243 Reflex testing would add CPT 81244 <b>FSH and LH Test No. 028480</b> When ordered as a profile CPT Codes used: 83001, 83002 When ordered and billed Individually use Test No. Components 004309 Follicle-stimulating Hormone (FSH) 83001 004283 Luteinizing Hormone (LH) 83002	<b>Inheritest Carrier Screen:</b> For CPT codes, please contact the CPT coding department at telephone number 800-222-7566 ext 6-8400 or www.labcorp.com. <b>Iron and IBC Test No. 001321</b> When ordered as a profile CPT Codes used: 83540, 83550 When ordered and billed Individually use Test No. Components CPT Code used 001339 Percent of Saturation 83540 001348 Total Iron Binding Capacity 83550 001348 Unsaturated Iron Binding Capacity 83550	<b>NuSwab® Vaginitis Plus (VG+) Test No. 180021</b> When ordered as a profile CPT Codes used 87798 (x3), 87801, 87491, 87591, 87611 When ordered and billed Individually use Test No. Components CPT Code used 180060 Bacterial Vaginosis, NAA 87798(x3) 180055 C. albicans & C. glabrata, NAA 87801 188052 Trichomonas vaginalis, NAA 87611 188078 Chlamydia trachomatis, NAA 87491 188086 Neisseria gonorrhoeae, NAA 87591
<b>9 Drug Profile (w. confirm) Test No. 794370</b> When ordered as a profile CPT Codes listed below are used: <b>Components</b> Amphetamines, barbiturates, benzodiazepines, cannabinoids (marijuana), cocaine, methadone (Dolophine®), opiates (codeine, morphine only), phenacycline (PCP), propoxyphene 80307 each When ordered and billed Individually CPT Code used	<b>Hemoglobinopathy Frac Casc w/ rfx to A-Thal DNA Test No. 121363</b> When ordered as a profile CPT Codes used: 82728; 83020; 85027 If reflexed, additional CPT codes used: 81257 When ordered and billed Individually use Test No. Components CPT Code used 028142 CBC w/lo diff w/pt 85027 004598 Ferritin, Serum 82728 121690 Hemoglobinopathy Fraction Cascade 82030 If reflexed: 511172 Alpha-Thalassemia DNA 81257	<b>Factor II (G20210A) Mutation Test No. 511162</b> CPT Codes used: 81240 <b>Factor V Leiden Mutation Test No. 511154</b> CPT Codes used: 81241	<b>NuSwab® (VG) w/ Candida (6sp) Test No. 180042</b> When ordered as a profile CPT Codes used: 87801; 87661; 87798(x3) <b>NuSwab® Plus (VG+) w/ Candida (6sp) Test No. 180068</b> When ordered as a profile CPT Codes used: 87801; 87491; 87591; 87661; 87798(x3)
<b>ABO and Rh Test No. 006049</b> When ordered as a profile CPT Codes used: 86900, 86901 When ordered and billed Individually use Test No. Components CPT Code used 006056 ABO Blood Grouping 86900 006064 Rh Typing 86901	<b>Hepatic Function Panel (7) Test No. 322755</b> When ordered as a profile CPT Codes used: 80076 When ordered and billed Individually use Test No. Components CPT Code used 001081 Albumin 82040 001107 Alkaline Phosphatase 84075 001545 ALT (SGPT) 84460 001123 AST (SGOT) 84450 001222 Bilirubin, Direct 82248 001099 Bilirubin, Total 82247 001073 Protein, Total 84155	<b>Lipid Panel Test No. 303756</b> When ordered as a profile CPT code used: 80061 When ordered and billed Individually use Test No. Components CPT Code used 001065 Cholesterol, Total 82465 001172 Triglycerides 84478 001925 HDL Cholesterol 83718 - LDL Cholesterol Calc NA - LDL Cholesterol Calc NA <b>Lipid Panel w/ LDL/HDL Ratio Test No. 235010</b> When ordered as a panel CPT Codes used: 80061 When ordered and billed Individually use Test No. Components CPT Code used 001065 Cholesterol, Total 82465 001172 Triglycerides 84478 001925 HDL Cholesterol 83718 - VLDL Cholesterol Calc NA - LDL Cholesterol Calc NA - LDL/HDL Ratio NA	<b>Y Chromosome Microdeletion Analysis Test No. 512116</b> CPT Codes used: 81479 <b>MTHFR A1298C &amp; C677T Mutations Test No. 511238</b> CPT Codes used: 81291
<b>Chromosome Analysis, Whole Blood (Constitutional) Test No. 511035</b> CPT: Contact CPT coding department at 800-222-7566, ext 6-8400.	<b>Comprehensive Metabolic Panel (14) Test No. 322000</b> When ordered as a profile CPT Codes used: 80053 When ordered and billed Individually use Test No. Components CPT Code used 001081 Albumin 82040 001107 Alkaline Phosphatase 84075 001545 ALT (SGPT) 84460 001123 AST (SGOT) 84450 001099 Bilirubin, Total 82247 001040 BUN 84520 001016 Calcium 82310 001208 Chloride 82435 001578 CO <sub>2</sub> 82374 001370 Creatinine 82565 001032 Glucose 82947 001180 Potassium 84132 001073 Protein, Total 84155 001198 Sodium 84295	<b>NuSwab® Vaginitis (VG) Test No. 180039</b> When ordered as a profile CPT Codes used 87801, 87661, 87798 (x3) When ordered and billed Individually use Test No. Components CPT Code used 180060 Bacterial Vaginosis, NAA 87798(x3) 180055 C. albicans & C. glabrata, NAA 87801 188052 Trichomonas vaginalis, NAA 87661	<b>ReproSURE™ (Ovarian Reserve Profile) Test No. 504295</b> When ordered as a profile CPT Codes used: 82397; 82670; 83001 ReproSURE is a blood test comprised of AMH, FSH and Estradiol hormones designed to provide information about ovarian reserve. <b>Thyroid Cascade Profile Test No. 330015</b> CPT code TSH 84443. Reflex testing may add one or more of the following (at additional charge): 001974 Thyroxine (T4), Free, Direct 84439 010389 Triiodothyronine (T3), Free 84481 006676 Thyroid Peroxidase (TPO) Ab. 86376
			<b>Lupus Anticoagulant Profile Test No. 500070</b> When ordered as a profile CPT Codes listed below are used: When ordered and billed Individually use Test No. Components CPT Code used 500730 APTT 85730 500594 Prothrombin Time/INR 85610 501721 Anticardiolipin Ab, IgG/M 86147(x2) 500584 Dilute Russell's Viper Venom Test 85613(x2) 500590 Beta-2 GPI IgA/G/M 86146(x3) 501687 Thrombin Time 85670 500566 Hexagonal Phospholipid Neutralization 85598 500050 Platelet Neutralization Procedure 85597 Note: Reflex to immediate APTT mixing studies if APTT is abnormal, adding CPT codes 85732(x2)

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## ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

### 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](http://www.Labcorp.com/MedicareMedicalNecessity). For your convenience, the National Coverage Determinations are listed below.

#### National Coverage Determinations as of 10/01/2023

Alpha-Fetoprotein: 82105  
 Blood Counts: 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049  
 Blood Glucose Testing: 82947, 82948, 82962  
 Carcinoembryonic Antigen (CEA): 82378  
 Cardiovascular Disease Screening: 80061, 82465, 83718, 84478  
 Collagen Cross Links, Any Method: 82523  
 Colorectal Cancer Screening: 81528, 82270, G0328  
 Cytogenetic Studies: 88230-88299  
 Diabetes Screening Tests: 82947, 82950, 82951  
 Digoxin Therapeutic Assay: 80162  
 Fecal Occult Blood: 82272  
 Gamma Glutamyltransferase (GGT): 82977  
 Glycated Hemoglobin: 83036  
 Glycated Protein: 82985  
 Hepatitis Panel / Acute Hepatitis Panel: 80074  
 Histocompatibility Studies: 86812, 86813, 86816, 86817, 86821, 86825, 86826  
 Human Chorionic Gonadotropin (hCG): 84702  
 Human Immunodeficiency Virus (HIV) Infection Screening: G0432, G0433, G0435, G0475

- 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)

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:

- 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 **and** dated by the beneficiary or his/her representative **prior to** the service being rendered

\*If sending DNA, the lab only accepts isolated or extracted nucleic acids for which extraction or isolation is performed in an appropriately qualified CLIA or CAP/CMS equivalent laboratory.