LabGenomics

GASTROINTESTINAL PATHOGEN PANEL

CLIA ID# 31D2026917

PATIENT INFORMATION *(REQUIRED)*

Date of Collection: _____ Time of Collection: _____

Last Name: _____ First Name: _____ MI: _____

Cell #: _____ Email: _____

Street Address: _____

Apt: _____ City: _____ State: _____ Zip: _____

DOB (MM/DD/YYYY): _____ / _____ / _____ SSN #: _____
(SSN # required for uninsured patients only)

Gender Identity and Sexual Orientation

- ☐ Male
- ☐ Female
- ☐ Non-Binary/Genderqueer
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Bisexual
- ☐ Straight or Heterosexual
- ☐ Lesbian, Gay or Homosexual
- ☐ Choose not to disclose:

Race and Ethnicity — Select all that apply

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ White
- ☐ Choose not to disclose
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino
- ☐ Other: _____

Guidelines for patient demographics are provided by NJDOH/CLIS (NJSA 45:9-42.46 to -42.49)

REFERRING PHYSICIAN INFORMATION *(REQUIRED)*

INSURANCE INFORMATION *(REQUIRED)*

Policyholder Name: _____

Insurance Name: _____

Policy #: _____

Group #: _____

For patients using Medicare, please complete and sign the ABN form on the reverse side of this test requisition.

- ☐ Bill Insurance
- ☐ Bill Client
- ☐ Self Pay

CLINICAL BASED GPP (GI Pathogen Panel), SINGLE PATHOGEN TEST & MULTI-PATHOGEN GPP

ACUTE DIARRHEA GPP

☐ **Bloody Diarrhea/Dysentery (Adult/Pediatric) – 5 Pathogens****
**STEC, Shigella/EIEC, Salmonella spp., Campylobacter spp., Yersinia enterocolitica (*Positive STEC will reflex to E. coli O157)*

☐ **Non-Bloody Diarrhea/Watery Diarrhea (Adult) – 5 Pathogens****
**Non-STEC Enteroaggregative E. coli, Vibrio spp., Norovirus GI/GII, Rotavirus A, Plesiomonas shigelloides (*Positive Non-STEC Diarrheagenic E. coli will reflex to EPEC, ETEC & EAEC)*

☐ **Non-Bloody Diarrhea/Watery Diarrhea (Pediatric) – 5 Pathogens****
**Non-STEC Diarrheagenic E. coli, Vibrio spp., Norovirus GI/GII, Rotavirus A, Adenovirus F40/41 (*Positive Non-STEC Diarrheagenic E. coli will reflex to EPEC, ETEC & EAEC)*

CHRONIC/PERSISTENT DIARRHEA GPP

☐ **Immunocompetent Patient/Parasite Rule-Out – 5 Pathogens****
Giardia lamblia, Cryptosporidium, Entamoeba histolytica, Cyclospora cayetanensis, Yersinia enterocolitica

SINGLE PATHOGEN TEST

☐ **Post Antibiotic Diarrhea**** *(Positive C. difficile will reflex to Toxin A/B)*

☐ **Giardia lamblia**** ☐ **Entamoeba histolytica****

MULTI-PATHOGEN GPP

☐ **GPP – 11 Pathogens****
See reverse side for panel pathogens.

☐ **GPP – 22 Pathogens**
See reverse side for panel pathogens.
MUST select One Primary/Secondary diagnosis codes & One Immunosuppression codes.
Failure to select these codes may result in test cancellation or the test will default to GPP – 11 Pathogens.

******MUST*** *select at least One Primary or One Primary/Secondary diagnosis codes.*

DURATION OF DIARRHEA

- ☐ Acute diarrhea (<14 days)
- ☐ Chronic/Persistent diarrhea (>21 days)
- ☐ Other (please specify duration):

_____

ADDITIONAL STOOL ASSAYS

- ☐ ASCA
- ☐ Pancreatic Elastase
- ☐ Fecal Fat
- ☐ Fecal WBC
- ☐ Calprotectin
- ☐ Lactoferrin
- ☐ Bile Acid
- ☐ Stool pH
- ☐ GDH

Positive C. difficile will reflex to Toxin A/B. Order ONLY if Multi-Pathogen GPP or Post Antibiotic Diarrhea is not ordered.

☐ ***H. pylori*** *Select Gastritis unspecified without bleeding, H. pylori* (**K29.70/B96.81**)

Special Requests

- ☐ Ova & Parasites
- ☐ Cryptosporidium
- ☐ Cyclospora cayetanensi
- ☐ Pinworm*
  Call lab ahead of time for pinworm container.
- ☐ Isospora
- ☐ Microsporidia

When ordering additional Stool Assays, provider acknowledges that LabGenomics may cancel add-on tests ordered with Clinical Based GPP and Multi-Pathogen GPP that are not medically necessary based on initial panel results.

ICD-10 CODES

PRIMARY/SECONDARY DIAGNOSIS CODES:

- ☐ (R19.7) **Diarrhea** unspecified
- ☐ (R19.7/R50.9) **Diarrhea**, Unspecified with **Fever**
- ☐ (R19.7/K92.1) **Diarrhea**, Unspecified with **Hematochezia**
- ☐ (R19.7/R10.9) **Diarrhea**, Unspecified with **Abdominal pain**, unspecified
- ☐ (R19.7/E87.8) **Diarrhea**, Unspecified with other disorders of **Electrolyte and fluid balance**
- ☐ (R19.7/R19.5) **Diarrhea**, Unspecified without **Fecal abnormalities**
- ☐ (R19.7/R10.13) **Diarrhea**, Unspecified with **Epigastric pain**
- ☐ **Gastritis**, Unspecified without bleeding, ***H. pylori*** (**K29.70/B96.81**)

SECONDARY DIAGNOSIS CODES:

- ☐ (A09) Infectious gastroenteritis and colitis, unspecified
- ☐ (K90.3) Pancreatic steatorrhea
- ☐ (A04.71) Enterocolitis due to Clostridium difficile, recurrent
- ☐ (A04.72) Enterocolitis due to Clostridium difficile, not specified as recurrent
- ☐ Other: _____

IMMUNOSUPPRESSION CODES:

- ☐ (D84.81) Immunodeficiency due to conditions classified elsewhere
- ☐ (D84.821) Immunodeficiency due to drugs
- ☐ (D84.89) Other immunodeficiencies
- ☐ (D83.8) Other common variable immunodeficiencies
- ☐ (B20) Human Immunodeficiency Virus (HIV) disease
- ☐ (D80.2) Selective deficiency of immunoglobulin A (IgA)
- ☐ (D80.0) Hereditary hypogammaglobulinemia
- ☐ (Z94.83) Pancreas transplant status
- ☐ (Z94.84) Stem cells transplant status
- ☐ Other: _____

PROVIDER MUST SIGN TO APPROVE TESTING

Provider Signature: _____

CMS requires physician signature on all requisitions. LabGenomics is responsible for verifying signature prior to performing testing.

Patient Signature: _____

I authorize the release of medical information related to services provided herein to my health plan/ insurance carrier and authorize payment directly to LabGenomics and/or lab services provider. I assume responsibility for payment of charges not covered by my healthcare insurer.

300 Columbus Circle, Suite A, Edison, NJ 08837 | Tel: (866) 909-PATH | Fax: (908) 272-1478 | www.labgusa.com

LabGenomics

GPP-11 PATHOGENS

Bacteria

Campylobacter spp. (C. jejuni, C. coli)
Clostridium difficile
(Positive result will reflex to Toxin A/B)
Salmonell a spp.
Vibrio spp.(V. vulnificus/V. cholera, V. parahaemolytcius)
Yersinia enter ocolitica
Diarrheagenic E. coli/Shigella (E. coli 0157, EAEC, ETEC, EIEC, STEC)

Parasites

Giardia lamblia
Entamoeba histolytica

Viruses

Adenovirus F40/41
Norovirus GI/GII
Rotavirus A

GPP-22 ADDITIONAL PATHOGENS (Including the 11 above)

Bacteria

Plesiomonas shigelloides
EPEC

Parasites

Cryptosporidium
Cyclospora cayetanensis

Viruses

Astrovirus
Sapovirus (I, II, IV, V)

The below ABN Form must only be submitted by patients using Medicare

A. LabGenomics, 300 Columbus Circle, Suite A, Edison, NJ 08837, 1 (866) 845-6842

B. Patient Name: **C.** Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. lab tests below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the lab tests below.

D. Checked Lab Test(s) Only:	☐ GPP (3–5 targets) ..... $89.80 ☐ GPP (6–11 targets) ..... $184.09 ☐ GPP (12–22 targets) ..... $291.75 ☐ Calprotectin ..... $13.74 ☐ Lactoferrin ..... $13.74 ☐ ASCA ..... $12.09 ☐ H. pylori ..... $10.07 ☐ Fecal Fat ..... $3.57 ☐ Fecal WBC ..... $2.99 ☐ Pancreatic Elastase ..... $8.07 ☐ Bile Acid ..... $12.09 ☐ GDH $8.39	☐ C. diff PCR/NAAT ..... $26.09 ☐ C. diff Toxins A & B ..... $8.39 ☐ Ova & Parasites ..... $12.59 ☐ Microsporidia ..... $4.68 ☐ Cryptosporidium ..... $4.68 ☐ Cyclospora cayetanensis ..... $4.68 ☐ Isospora ..... $4.68 ☐ Pinworm ..... $3.00 ☐ Giardia lamblia ..... $24.56 ☐ Entamoeba histolytica ..... $24.56 ☐ Stool pH $2.51
F. Reason Medicare May Not Pay:	Medicare may not cover this test if it is not considered medically necessary for your condition.	
F. Estimated Cost		

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. lab tests listed above.

Note: If you choose Option 1 or 2, we may help to use other insurance you might have, but Medicare cannot require us to do this.

G. OPTIONS: (Check only one box. We cannot choose a box for you.)

☐ **OPTION 1:** I want the D. lab tests listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2:** I want the D. lab tests listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

☐ **OPTION 3:** I don't want the D. lab tests listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Pa ent please sign and complete

I. Signature: _____	**J. Date:** _____

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Form CMS-R-131 (Exp. 06/30/2023) Form Approved OMB No. 0938-0566