

PATIENT INFORMATION							*Denotes Required Field
Last Name*		First Name*		SSN	DOB*		BIOLOGICAL SEX* <input type="checkbox"/> M <input type="checkbox"/> F
Street Address*			APT#	City*		State*	ZIP*
Phone*							
▼ RESPONSIBLE PARTY ▼							
Last Name		First Name		Relation*		DOB	Phone
Street Address			APT#	City		State	ZIP
INSURANCE INFORMATION				ORDERING INFORMATION			
Primary Insurance*		Secondary Insurance		Ordering Facility*		Ordering Physician*	
Primary Insurance ID #*		Secondary Insurance ID #		Billing Type* <input type="checkbox"/> Client Bill <input type="checkbox"/> Bill Insurance <input type="checkbox"/> Bill Patient			
Primary Insurance Group #*		Secondary Insurance Group #		Collection Date* and Time*			

I HEREBY ATTEST TO THE FOLLOWING: I am the licensed medical professional treating the patient listed above. Based on my examination of the patient and assessment of the patient's symptoms and condition, I have determined each component included in the panel test ordered below to be medically necessary in order to obtain diagnostic information needed for the management and treatment of the patient's medical condition. I am responsible for documenting the medical necessity of the ordered test and will provide such documentation upon authorized request. I understand that tests ordered by someone other than the treating provider are not reimbursable and that Medicare does not generally cover routine tests.

Provider's Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

ICD-10 CODES*							SEE REVERSE SIDE FOR SAMPLE ICD-10 CODES. SELECT ALL THAT APPLY.

**MULTIPLEX PANELS**

It is solely the treating practitioner's responsibility to order only those panel tests listed below after the practitioner determines that each component of the test is medically necessary for the diagnosis and treatment of the patient.

\*ALL PANELS By PCR (Nylon Swab with Liquid Amies media or BD Viral Transport Nasal Swab)

<input type="checkbox"/> <b>RESPIRATORY PANEL 1: PHARYNGITIS / LARYNGITIS**</b> SOURCE: _____ <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;"><b>BACTERIAL TARGETS</b> Bordetella pertussis, parapertussis Chlamydomphila pneumoniae Klebsiella pneumoniae Staphylococcus aureus Streptococcus pyogenes</td> <td style="width: 33%; border: none;"><b>VIRAL TARGETS</b> Coronavirus NL63 Coronavirus 229E Coronavirus HKU1 COVID/SARS-COV-2 Enterovirus (A, B, C)</td> <td style="width: 33%; border: none;"><b>VIRAL TARGETS</b> Influenza A Panel Influenza B Panel Rhinovirus 1 Rhinovirus 2 RSV</td> </tr> </table>	<b>BACTERIAL TARGETS</b> Bordetella pertussis, parapertussis Chlamydomphila pneumoniae Klebsiella pneumoniae Staphylococcus aureus Streptococcus pyogenes	<b>VIRAL TARGETS</b> Coronavirus NL63 Coronavirus 229E Coronavirus HKU1 COVID/SARS-COV-2 Enterovirus (A, B, C)	<b>VIRAL TARGETS</b> Influenza A Panel Influenza B Panel Rhinovirus 1 Rhinovirus 2 RSV	This Area For Laboratory Use Only		
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**\*\* ANTIBIOTIC RESISTANCE**  
Antibiotic Resistance Target will be tested if positive results occur on applicable pathogens  
Aminoglycoside  
Carbapenemase  
Class A beta-lactamase  
Class C beta-lactamase  
Class D oxacillinases  
Fluoroquinolone  
Macrolide  
Methicillin  
Tetracycline  
Trimethoprim/Sulfonamide  
Vancomycin

PGL   PCL	Label 1	PGL   PCL	Label 2	PGL   PCL	Label 3	PGL   PCL	Label 4
_____	_____	_____	_____	_____	_____	_____	_____
Last Name:	Last Name:	Last Name:	Last Name:	Last Name:	Last Name:	Last Name:	Last Name:
_____	_____	_____	_____	_____	_____	_____	_____
First Name:	First Name:	First Name:	First Name:	First Name:	First Name:	First Name:	First Name:
_____	_____	_____	_____	_____	_____	_____	_____
Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:

37816 PCL PGL RESPIENT 12/19/24

**MEDICAL NECESSITY MULTIPLEX PANELS**

It is solely the treating practitioner's responsibility to document the medical necessity of the ordered test based on the patient's clinical symptoms. The following ICD-10 codes are only a sample of possible ICD-10 codes the treating practitioner may select to describe the patient's clinical symptoms supporting the medical necessity of the ordered test. All Tests require documentation of Primary Codes. Please also provide Secondary Codes where warranted.

**RESPIRATORY ENT ICD-10 Codes****PRIMARY CODES**

R05.1 Acute cough  
R05.2 Subacute cough  
R05.3 Chronic cough  
R50.81 Fever presenting with conditions classified elsewhere  
R50.9 Fever, unspecified  
I10 Essential (primary) hypertension  
J00 Acute nasopharyngitis (common cold)  
J21.9 Acute bronchiolitis, unspecified  
J01.00 Acute maxillary sinusitis, unspecified  
J32.8 Other chronic sinusitis  
J05.0 Acute obstructive laryngitis (croup)  
J18.9 Pneumonia, unspecified organism  
J31.0 Chronic rhinitis  
J01.40 Acute pansinusitis, unspecified  
J03.90 Acute tonsillitis, unspecified  
B08.4 Enteroviral vesicular stomatitis with exanthem  
B09 Unspecified viral infection characterized by skin and mucous membrane lesions  
B34.9 Viral infection, unspecified  
H10.9 Unspecified conjunctivitis  
J01.80 Other acute sinusitis  
J01.90 Acute sinusitis, unspecified  
J02.9 Acute pharyngitis, unspecified  
J06.0 Acute laryngopharyngitis  
J11.1 Influenza due to unidentified influenza virus with other respiratory manifestations  
J20.8 Acute bronchitis due to other specified organisms  
J20.9 Acute bronchitis, unspecified  
J30.2 Other seasonal allergic rhinitis  
J30.9 Allergic rhinitis, unspecified  
J32.9 Chronic sinusitis, unspecified  
J34.3 Hypertrophy of nasal turbinates  
J34.89 Other specified disorders of nose and nasal sinuses  
J45.21 Mild intermittent asthma with (acute) exacerbation  
J45.909 Unspecified asthma, uncomplicated  
J98.8 Other specified respiratory disorder  
L20.9 Atopic dermatitis, unspecified  
P28.89 Other specified respiratory conditions of newborn  
R06.02 Shortness of breath  
R06.2 Wheezing  
R07.0 Pain in throat  
R09.81 Nasal congestion  
R09.82 Postnasal drip  
R09.89 Other specified symptoms and signs involving the circulatory and respiratory systems  
R11.0 Nausea and vomiting  
R53.83 Other fatigue

**SECONDARY CODES**

R05.9 Cough, unspecified  
J06.9 Acute upper respiratory infection, unspecified  
Z00.129 Encounter for routine child health examination without abnormal findings  
Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out  
Z11.59 Encounter for screening for other viral diseases  
Z20.828 Contact with and (suspected) exposure to other viral communicable diseases