

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* _____

No. GI325871

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.

<input type="checkbox"/> GI Focus 1: E. coli Panel *By PCR (Copan Fecal Swab) SOURCE: _____		
BACTERIAL TARGETS	Enterohemorrhagic E. coli (EHEC); 0157	Shiga-like toxin-producing E. coli (STEC) stx1/stx2
Enterococci (EPEC)	Enteropathogenic E. coli (EPEC)	Shiga-like toxin-producing E. coli (STEC) stx1/stx2; 0157
Enterohemorrhagic E. coli (EHEC)	Enterotoxigenic E. coli (ETEC)	Shigella / EIEC
<input type="checkbox"/> GI Focus 2 : Foodborne Bacteria Pane *By PCR (Copan Fecal Swab) SOURCE: _____		
BACTERIAL TARGETS	Listeria monocytogenes	Salmonella
Campylobacter (coli, jejuni, upsaliensis)	Plesiomonas shigelloides	Yersinia enterocolitica
<input type="checkbox"/> GI Focus 3: Parasite Panel *By PCR (Copan Fecal Swab) SOURCE: _____		
PARASITE TARGETS	Cyclospora cayetanensis	Giardia lamblia
Cryptosporidium	Entamoeba histolytica	
<input type="checkbox"/> GI Focus 4: Common Viral Panel *By PCR (Copan Fecal Swab) SOURCE: _____		
VIRAL TARGETS	Norovirus GII	Sapovirus 1 of 2
Norovirus GI	Rotavirus A	Sapovirus 2 of 2
<input type="checkbox"/> GI Focus 5: Common Bacterial Panel *By PCR (Copan Fecal Swab) SOURCE: _____		
BACTERIAL TARGETS	Enterococci (EPEC)	Salmonella
Clostridium difficile (toxin A/B)	Enteropathogenic E. coli (EPEC)	

This Area
For Laboratory
Use Only

11"

LABEL SIZE 8" X 1 1/4" W/SLIT - 4 LABELS @ 2" X 1 1/4" - LABELS ON PT 1 ONLY

PGL PCL No. GI325871 Label 1	PGL PCL No. GI325871 Label 2	PGL PCL No. GI325871 Label 3	PGL PCL No. GI325871 Label 4
Last Name:	Last Name:	Last Name:	Last Name:
First Name:	First Name:	First Name:	First Name:
Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:

PERF 2 1/2" FROM BOTTOM

3/8"

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.

GASTROINTESTINAL ICD-10 Codes

Immunosuppression diagnosis secondary codes required for the Full Panel and Parasite Panels

PRIMARY CODES

- A09 *Infectious gastroenteritis and colitis, unspecified*
- A08.4 *Viral intestinal infection, unspecified*
- K52.89 *Other specified non-infective gastroenteritis and colitis*
- K52.9 *Non-infective gastroenteritis and colitis, unspecified*
- K59.1 *Functional diarrhea*
- K92.1 *Melena*
- R10.84 *Generalized abdominal pain*
- R10.9 *Unspecified abdominal pain*
- R11.10 *Vomiting, unspecified*
- R11.2 *Nausea with vomiting, unspecified*
- R19.4 *Change in bowel habit*
- R19.5 *Other fecal abnormalities*
- R19.7 *Diarrhea, unspecified*

DUAL CODES

- K56.0 *Paralytic ileus with R10.84 Generalized abdominal pain
Dual Diagnosis Requirement
- K56.0 *K56.0 - Paralytic ileus with R11.2 Nausea with vomiting, unspecified
Dual Diagnosis Requirement