

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 X		Patient's Address		Phone	
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service Highest Specificity Required				City		State ZIP	
				Name of Policy Holder (if different from patient)			
				Address of Policy Holder		APT #	
				City		State ZIP	
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.							
				Patient's Signature		Date	
MEDICARE ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)							
Refer to Determining Necessity of ABN Completion on reverse.							

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
*If Medicaid State	Physician's Provider # Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

GENERAL HEALTH PROFILES		
005009	CBC w Diff w Platelet	85025 (LAV)
028142	CBC w/o Diff w Platelet	85027 (LAV)
322755	Hepatic Function Panel (7)	80076 (GEL)
303756	Lipid Panel	80061 (GEL)
361946	Lipid Cascade	See Reverse (NMR)
322758	Metabolic Panel, Basic (8)	80048 (GEL)
322000	Metabolic Panel, Comp (14)	80053 (GEL)

GENERAL HEALTH		
006049	ABO Group & Rh Type	86900 (LAV)
006015	Antibody Screen	86850 (LAV)
164855	Antinuclear Antibodies	86038 (GEL)
001040	BUN	84520 (GEL)
120766	C-Reactive Protein, Cardiac	86141 (GEL)
001016	Calcium	82310 (GEL)
002303	Cancer Antigen 125	86304 (GEL)
002139	Carcinoembryonic Antigen (CEA)	82378 (GEL)
004051	Cortisol	82533 (GEL)
003004	Creatinine Clearance	82575 (GEL)
004100	DHEA	82626 (GEL)
004549	Estrogens, Total	82672 (GEL)
004598	Ferritin	82728 (GEL)
102277	Gestational Diabetes GTT Screen (1hr, 50g)	82950 (GRY)
101000	Gestational Diabetes GTT (2hr, 75g)	82951 (GRY)
102004	Gestational Diabetes GTT Diagnostic (3 hr, 100g)	82951 (GRY)
001818	Glucose (fasting)	82947 (GRY)
001453	Hemoglobin A1c	83036 (LAV)
121690	Hgb Fractionation Cascade	83020 (LAV)
005223	Hgb Solubility	85660 (LAV)
081700	Human Epididymis Protein 4	86305 (GEL)
001321	Iron & Total Iron Binding Capacity	83540 (GEL)
001115	Lactic Acid Dehydrogenase (LDH)	83615 (GEL)
140045	Ovarian Malignancy Risk-ROMA®	81500 (GEL)

GENERAL HEALTH CONT'		
144053	Pregnancy, Initial Screening Profile	See Reverse
003277	Protein, Total (24 hr urine)	84156 (URN)
005199	Prothrombin Time (PT)	85610 (BLU)
020321	PT and PTT	85610 (BLU)
005207	PTT, Activated (aPTT)	85730 (BLU)
005215	Sed Rate, Westergren	85652 (LAV)
003038	Urinalysis, Routine	81003 (URN)
000810	Vitamin B12 & Folate	82607 (GEL)

ENDOCRINOLOGY		
070085	17-OH Progesterone	83498 (GEL)
500183	Antimullerian Hormone (AMH)	82397 (GEL)
004020	DHEA Sulfate (DHEA-S)	82627 (GEL)
004515	Estradiol	82670 (GEL)
004309	Follicle-stim Hormone (FSH)	83001 (GEL)
004416	hCG Beta subunit, Quantitative	84702 (GEL)
004283	Luteinizing Hormone (LH)	83002 (GEL)
004317	Progesterone	84144 (GEL)
004465	Prolactin	84146 (GEL)
504295	ReproSURE™ (Ovarian Reserve Profile)	See Reverse
144980	Testosterone, Free	84402 (GEL)
500726	Testosterone, Free (w/ Total) by MS	84402 (GEL)
070001	Testosterone, Women/Children	84403 (GEL)
330015	Thyroid Cascade Panel	See Reverse
001149	Thyroxine (T4)	84436 (GEL)
001974	Thyroxine (T4), Free	84439 (GEL)
501902	Thyroxine(T4), Free, Dialysis/MS	84439 (RED)
006676	TPO Antibodies	86376 (GEL)
002188	Triiodothyronine (T3)	84480 (GEL)
010389	Triiodothyronine (T3), Free	84481 (GEL)
004259	TSH	84443 (GEL)
001057	Uric Acid, Microscopic on Positives	84550 (GEL)
081950	Vitamin D, 25-Hydroxy	82306 (GEL)

GENETICS		
(Physician acknowledgement of informed consent required - see below)		
481758	Inheritest CF/SMA Panel	
481776	Inheritest Core Panel	
481797	Inheritest 14-gene Panel	
481816	Inheritest High Frequency Panel	
481855	Inheritest 100 PLUS Panel	
481874	Inheritest 300 PLUS Panel	
481893	Inheritest 500 PLUS Panel	
482370	GeneSeq PLUS <input type="checkbox"/> VUS opt out	

481025	Cystic Fibrosis (CF), 97 Variants	81220 (LAV)
482632	Cystic Fibrosis (CF) Full-gene Carrier Screen	
481684	Fragile X Syndrome, Carrier	81243 (LAV)
481630	SMA ** Reflex testing will cause additional CPT codes to be billed.	See Reverse (YLV)
511172	alpha Thalassemia	81257 (LAV)
252823	beta Thalassemia	81364 (LAV)

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

Physician Signature _____

INFECTIOUS DISEASE		
006494	Cytomegalovirus IgG	86644 (GEL)
144000	Acute Viral Hepatitis (HAV, HBV, HCV)	80074 (GEL)
006510	Hep B Surface Antigen	87340 (GEL)
144050	HCV Antibody with RFX to Quant PCR	86803 (GEL)
083935	HIV-1/0/2, 4th Generation	87389 (GEL)
164099	Herpes Simplex Virus (HSV) Types 1 and 2-Specific Antibodies, IgG	86695 (GEL)
163303	Parvovirus B19 (Human) IgG, IgM	86747(x2) (GEL)
006072	RPR, Qualitative	86592 (GEL)
012005	RPR w reflex to TP & Quant RPR	86592 (GEL)
082345	T. Pallidum Screening Cascade	See Reverse (GEL)
006197	Rubella IgG	86762 (GEL)
006478	Toxoplasmosis IgG	86777 (GEL)
096206	Varicella Zoster IgG	86787 (GEL)

MICROBIOLOGY		
Source: _____		
008649	Aerobic Bacterial Culture †	87070 (Bact Trnspt)
188132	Group B Strep Detect, NAA	87081 (Bact Trnspt)
188139	Group B Strep Detect, NAA Rfx to 'suscept	87150 (Bact Trnspt)
507800	HPV Aptima	87624 (ThinPrep)
008250	HSV Culture & Typing	87255 (Viral Trnspt)
008847	Urine Culture, Routine †	87086 (Urn Cult Transp)
180026	Vaginitis/Vaginosis, DNA probe	See Reverse (Affirm VPii)
182776	Yeast, Culture with Spp ID	87101 (Bact Trnspt)

NuSwab® Tests (check only one)		
180039	NuSwab® Vaginitis (VG)	See Reverse
180021	NuSwab® Vaginitis Plus (VG+)	See Reverse
180042	NuSwab® (VG) w/ Candida (6sp)	See Reverse
180068	NuSwab® Plus (VG+) w/ Candida (6sp)	See Reverse
183160	Ct/Ng/Tv†	See Reverse
188070	Ct/Ng/Tv/HSV	See Reverse
180060	Bacterial Vaginosis, NAA	87798(x3)
180055	C. albicans & C. glabrata, NAA	87801
180010	Candida Six-species Profile, NAA	87801
183194	Chlamydia/Gonococcus, NAA†	87491 (GEL)
180089	Genital Mycoplasma Profile, NAA	87591 (GEL)
188056	HSV 1 & 2, NAA	87529(x2)
188052	Trichomonas vaginalis, NAA†	87661

† = ID / Susceptibility at Additional Charge
* = Confirmation at Additional Charge
** = Reflex testing will cause additional CPT codes to be billed
1 = Aptima® also available for urine testing
OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS
TEST # TEST NAMES

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

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

ABO and Rh When ordered as a profile CPT Codes used: 86900, 86901 When ordered individually use Test No. 006056 006064 Components ABO Blood Grouping Rh Typing 86900 86901	Test No. 006049 When ordered as a profile CPT Codes used: 86900, 86901 When ordered and billed individually CPT Code used 86900 86901	Ct/Ng/Tv When ordered as a profile CPT Codes used 87491, 87591, 87661 When ordered individually use Test No. 188078 188086 188052 Components Chlamydia trachomatis, NAA Neisseria gonorrhoeae, NAA Trichomonas vaginalis, NAA 87491 87591 87661	Test No. 183160 When ordered and billed individually CPT Code used 87491 87591 87661	Lipid Cascade When ordered as a profile CPT Codes used: 80061 Reflex testing may add one or more of the following at an additional charge: 361959 884280 001065 001172 001925 - - 884318 Components LDL Cholesterol, Direct Lipoprotein analysis by NMR Cholesterol, Total Triglycerides HDL Cholesterol LDL Cholesterol Calc LDL/HDL Ratio Non-HDL Cholesterol Calc Lipoprotein analysis by NMR 83721 83704 82465 84478 83718 NA NA NA 83704	Test No. 361946 When ordered and billed individually CPT Code used 83721 83704	Pregnancy, Initial Screening Test No. 144053 Guideline-driven profile intended to evaluate health status at the first prenatal visit When ordered as a profile, CPT Codes used: 81001; 85025; 86592; 86762; 86803; 86850; 86900; 86901; 87086; 87340; 87389; 87491; 87591 *Reflex testing may add one or more of the following at an additional charge: Test includes: CBC with platelet count and differential; ABO grouping and Rh typing; antibody screen (includes ID and tier of all irregular antibodies detected); urinalysis, complete with microscopic examination; urine culture, comprehensive; HBsAg screen; rubella antibodies, IgG; syphilis* serology (if RPR positive, Treponema pallidum-specific test is performed); HIV* p24 antigen/antibody screen with reflex; HCV* antibody with reflex to quantitative real-time PCR; Chlamydia trachomatis and Neisseria gonorrhoeae NAAT To order components individually, refer to page 1.
B₁₂ and Folate When ordered as a profile CPT Codes used: 82607, 82746 When ordered individually use Test No. 001503 002014 Components Vitamin B ₁₂ Folate (Folic Acid) 82607 82746	Test No. 000810 When ordered and billed individually CPT Code used 82607 82746	Ct/Ng/Tv/HSV When ordered as a profile CPT Codes used 87491, 87661, 87591, 87529(x2) When ordered individually use Test No. 188078 188056 188086 188052 Components Chlamydia trachomatis, NAA HSV 1 & 2, NAA Neisseria gonorrhoeae, NAA Trichomonas vaginalis, NAA 87491 87529(x2) 87591 87661	Test No. 188070 When ordered and billed individually CPT Code used 87491 87529(x2) 87591 87661	Lipid Panel When ordered as a panel CPT Codes used: 80061 When ordered individually use Test No. 001065 001172 001925 - - 884318 Components Cholesterol, Total Triglycerides HDL Cholesterol VLDL Cholesterol Calc LDL Cholesterol Calc 82465 84478 83718 NA NA	Test No. 303756 When ordered and billed individually CPT Code used 82465 84478 83718 NA NA	ReproSURE Ovarian Reserve Profile Test No. 504295 Includes: AMH, Estradiol and FSH CPT Codes Used: 82397; 82670; 83001
Basic Metabolic Panel (8) When ordered as a profile CPT Codes used: 80048 When ordered individually use Test No. 001040 001016 001206 001578 001370 001032 001180 001198 Components BUN Calcium Chloride CO ₂ Creatinine Glucose Potassium Sodium 84520 82310 82435 82374 82565 82947 84132 84295	Test No. 322758 When ordered and billed individually CPT Code used 80048	Hepatic Function Panel (7) When ordered as a profile CPT Codes used: 80076 When ordered individually use Test No. 001081 001107 001545 001123 001222 001099 001073 Components Albumin Alkaline Phosphatase ALT (SGPT) AST (SGOT) Bilirubin, Direct Bilirubin, Total Protein, Total 82040 84075 84460 84450 82248 82247 84155	Test No. 322755 When ordered and billed individually CPT Code used 80076	NuSwab® Vaginits Plus (VG+) Test No. 180021 When ordered as a profile CPT Codes used 87798 (x3), 87801, 87491, 87591, 87661 When ordered individually use Test No. 180060 180055 188052 188078 188086 Components Bacterial Vaginosis, NAA C. albicans & C. glabrata, NAA Trichomonas vaginalis, NAA Chlamydia trachomatis, NAA Neisseria gonorrhoeae, NAA 87798(x3) 87801 87661 87491 87591	Test No. 180039 When ordered as a profile CPT Codes used 87801, 87661, 87798 (x3) When ordered individually use Test No. 180060 180055 188052 188078 188086 Components Bacterial Vaginosis, NAA C. albicans & C. glabrata, NAA Trichomonas vaginalis, NAA Chlamydia trachomatis, NAA Neisseria gonorrhoeae, NAA 87798(x3) 87801 87661 87491 87591	Spinal Muscular Atrophy (SMA) Test No. 481630 * Reflex testing will cause additional CPT codes to be billed. CPT Codes used: 81329
Comprehensive Metabolic Panel (14) When ordered as a profile CPT Codes used: 80053 When ordered individually use Test No. 001081 001107 001545 001123 001099 001040 001016 001206 001578 001370 001032 001180 001073 001198 Components Albumin Alkaline Phosphatase ALT (SGPT) AST (SGOT) Bilirubin, Total BUN Calcium Chloride CO ₂ Creatinine Glucose Potassium Protein, Total Sodium 82040 84075 84460 84450 82247 84520 82310 82435 82374 82565 82947 84132 84155 84295	Test No. 322000 When ordered and billed individually CPT Code used 80053	Iron and IBC Test No. 001321 When ordered as a profile CPT Codes used: 83540, 83550 When ordered individually use Test No. 001339 001348 Components Percent of Saturation Serum Iron Total Iron Binding Capacity Unsaturated Iron Binding Capacity NA 83540 NA 83550	Test No. 001321 When ordered and billed individually CPT Code used NA 83540 NA 83550	NuSwab® Vaginits (VG) Test No. 180039 When ordered as a profile CPT Codes used 87801, 87661, 87798 (x3) When ordered individually use Test No. 180060 180055 188052 188078 188086 Components Bacterial Vaginosis, NAA C. albicans & C. glabrata, NAA Trichomonas vaginalis, NAA Chlamydia trachomatis, NAA Neisseria gonorrhoeae, NAA 87798(x3) 87801 87661 87491 87591	Test No. 180039 When ordered as a profile CPT Codes used 87801, 87661, 87798 (x3) When ordered individually use Test No. 180060 180055 188052 188078 188086 Components Bacterial Vaginosis, NAA C. albicans & C. glabrata, NAA Trichomonas vaginalis, NAA Chlamydia trachomatis, NAA Neisseria gonorrhoeae, NAA 87798(x3) 87801 87661 87491 87591	Thyroid Cascade Profile Test No. 330015 CPT Code TSH 84443 Reflex testing may add one or more of the following (at additional charge): When ordered individually use Test No. 001974 010389 006676 Components Thyroxine, Free, Direct Triiodothyronine (T ₃) Free Thyroid Peroxidase (TPO) Ab 84439 84481 86376
For all Inheritest panels and CPT coding visit https://www.labcorp.com/test-menu/search or call CPT coding 1-800-222-7566, Ext. 68400	Test No. 322755 When ordered and billed individually CPT Code used 80076	NuSwab® Vaginits Plus (VG+) Test No. 180021 When ordered as a profile CPT Codes used 87798 (x3), 87801, 87491, 87591, 87661 When ordered individually use Test No. 180060 180055 188052 188078 188086 Components Bacterial Vaginosis, NAA C. albicans & C. glabrata, NAA Trichomonas vaginalis, NAA Chlamydia trachomatis, NAA Neisseria gonorrhoeae, NAA 87798(x3) 87801 87661 87491 87591	Test No. 180021 When ordered as a profile CPT Codes used 87798 (x3), 87801, 87491, 87591, 87661 When ordered individually use Test No. 180060 180055 188052 188078 188086 Components Bacterial Vaginosis, NAA C. albicans & C. glabrata, NAA Trichomonas vaginalis, NAA Chlamydia trachomatis, NAA Neisseria gonorrhoeae, NAA 87798(x3) 87801 87661 87491 87591	Thyroid Cascade Profile Test No. 330015 CPT Code TSH 84443 Reflex testing may add one or more of the following (at additional charge): When ordered individually use Test No. 001974 010389 006676 Components Thyroxine, Free, Direct Triiodothyronine (T ₃) Free Thyroid Peroxidase (TPO) Ab 84439 84481 86376		
Comprehensive Metabolic Panel (14) When ordered as a profile CPT Codes used: 80053 When ordered individually use Test No. 001081 001107 001545 001123 001099 001040 001016 001206 001578 001370 001032 001180 001073 001198 Components Albumin Alkaline Phosphatase ALT (SGPT) AST (SGOT) Bilirubin, Total BUN Calcium Chloride CO ₂ Creatinine Glucose Potassium Protein, Total Sodium 82040 84075 84460 84450 82247 84520 82310 82435 82374 82565 82947 84132 84155 84295	Test No. 322000 When ordered and billed individually CPT Code used 80053	Iron and IBC Test No. 001321 When ordered as a profile CPT Codes used: 83540, 83550 When ordered individually use Test No. 001339 001348 Components Percent of Saturation Serum Iron Total Iron Binding Capacity Unsaturated Iron Binding Capacity NA 83540 NA 83550	Test No. 001321 When ordered and billed individually CPT Code used NA 83540 NA 83550	NuSwab® (VG) w/ Candida (6sp) Test No. 180042 When ordered as a profile CPT Codes used: 87801; 87661; 87798(x3) When ordered individually use Test No. - - - Components Trichomonas vaginalis Candida species Gardnerella vaginalis NA NA NA	Test No. 180042 When ordered as a profile CPT Codes used: 87801; 87661; 87798(x3) When ordered individually use Test No. - - - Components Trichomonas vaginalis Candida species Gardnerella vaginalis NA NA NA	Vaginits/Vaginosis, DNA Probe Test No. 180028 When ordered as a profile, CPT codes used: 87480, 87510, 87660 When ordered and billed individually CPT Code used NA NA NA

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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. 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, 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

Human Immunodeficiency Virus (HIV) Testing (Diagnosis): 86689, 86701, 86702, 86703, 87390, 87391, 87534, 87535, 87537, 87538
 Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring): 87536, 87539
 Lipids: 80061, 82465, 83700, 83701, 83704, 83718, 83721, 84478
 Lymphocyte Mitogen Response Assays: 86353
 Pap Smears, Diagnostic: 88141-88175
 Pap Smears, Screening: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001
 Partial Thromboplastin Time (PTT): 85730
 Prostate Cancer Screening Test: G0103
 Prostate Specific Antigen: 84153
 Prothrombin Time: 85610
 Screening for Cervical Cancer with Human Papillomavirus (HPV) Testing: G0476
 Screening for Hepatitis B Virus (HBV) Infection: G0499, 86704, 86706, 87340, 87341
 Screening for Hepatitis C Virus (HCV) in Adults: G0472
 Screening for Sexually Transmitted Infections (STIs): 86592, 86593, 86631, 86632, 86780, 87110, 87270, 87320, 87340, 87341, 87490, 87491, 87590, 87591, 87800, 87810, 87850
 Serum Iron Studies: 82728, 83540, 83550, 84466
 Sweat Test: 82438, 89230
 Thyroid Testing: 84436, 84439, 84443, 84479
 Tumor Antigen by Immunoassay CA 15-3 & CA 27.29: 86300
 Tumor Antigen by Immunoassay CA 19-9: 86301
 Tumor Antigen by Immunoassay CA 125: 86304
 Urine Bacterial Culture: 87086, 87088

- 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