Test Name	Test Code	Effective Date
Test Ordering	**N/A**	**N/A**

Regulations mandate that the performing laboratory have a written or electronic request for patient testing from an authorized person to order testing as defined by state law per the Clinical Laboratory Improvement Amendments as amended ("CLIA"). The BioReference® Health (BRH) test requisition forms are designed to emphasize ordering provider choice with selecting tests and encourage ordering providers to order only those tests, which the ordering provider believes, are appropriate and medically necessary for the diagnosis or treatment of each patient.

The ordering provider must clearly document their intent to perform a specific test (or tests) in the patient's medical record, along with the appropriate ICD-10 diagnosis code(s) to the highest level of specificity to support the medical necessity of the ordered testing. It is crucial that the ordering provider accurately document the intent for the specific service requested, to support the medical necessity. Services billed to Medicare and other payers that are not appropriately documented and medically necessary may result in recoupment of those payments from the laboratory.

BioReference test requisitions allow space to denote all information required for our Billing Department to submit clean claims to Medicare, Medicaid, and all Commercial, Federal, and State-Funded insurance payers. The following information is necessary for any request for testing. Failure to provide the required information may result in BioReference contacting the health care provider's office via telephone, fax, or HIPAA secure email to obtain the missing billing information.

- Patient's full, legal name as listed on their current health insurance policy
- Patient's mailing address, including city, state, and zip code
- Patient's date of birth
- Patient's biological gender at birth
- Patient's insurance company name, complete ID or policy number, and complete group number, if applicable (if possible, a copy of the front and back of the patient's insurance card should be sent along with the test requisition)
- Ordering Provider or referring physician's name and NPI number (must be authorized Ordering Provider with BioReference).
- ICD-10 diagnosis code(s) to the highest level of specificity for each Test ordered. ICD-10 diagnosis code(s) must be documented in the patient's medical record
- If using BioReference manual paper test requisitions, the signature of the ordering provider, including the provider's credentials
- Submission of test order by electronic means must include a valid electronic signature of the ordering provider, including provider credentials and system time/date stamp

If BRH receives a test order on a non-BRH test requisition form, an incomplete BRH test requisition form, or a handwritten test order, processing of the test order may be delayed.

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BRH has three (3) options available by which an authorized ordering provider may order BRH testing. They include: 1) manual paper test requisitions; 2) online test ordering via our HIPAA-compliant proprietary electronic ordering system, InsightDx®; and 3) EMR interface. Online ordering and EMR interface ordering are more efficient methods of test ordering, and help reduce potential human errors in the order creation and entry process. Failure to provide a complete, clear, and accurate test requisition may result in a delay in processing of a test order. Without a valid test order, the medical necessity of the CPT code billed is not supported.

Handwritten test orders on test requisitions may delay the processing of the test order. For example, please note that when the laboratory receives a handwritten test order for a "CBC", the laboratory will perform a "CBC w/DIFF, Platelet Ct.". BRH test requisition forms include Test Code 0034-9 CBC w/o DIFF (Hemogram)/Plat. Ct. for those ordering providers who do not want a CBC w/DIFF.

BRH Test Requisitions include both test codes 0053-9 CBC w/DIFF, Platelet Ct. and 0034-9 CBC w/o DIFF (Hemogram)/Platelet Ct. Both test codes have been and will continue to be offered through InsightDx®, EMR interfaces, and on hard copy test requisitions.

Test Name	Test Code	Effective Date
D-dimer	**TS24-0**	**Immediately**

BioReference® is pleased to offer TS24-0 D-dimer. D-dimer is used in the assessment of fibrinolysis.

	New Test Information
Primary Container	ALQC - Aliquot Plasma-Citrated-Blue Top
Minimum Volume	1.0 ml Plasma
Turn Around Time*	1 day
Transportation Temp	Refrigerated
Stability	4 days at 2-8˚C
Methodology	Immunoturbidimetric
Reference Range	<0.5 ug FEU/mL
Collection Instructions	ALQC: Collect full blue-top (citrated) tube. Centrifuge Blue-top at high speed for 15 minutes. Transfer plasma into a plastic transfer tube. Label with date/time collected, PLASMA, patient's name, and date of birth (DOB).
CPT Code(s)**	85379x1

Test Name	Test Code	Effective Date
Clostridium Difficile Toxins A+B Genes by DNA Amplification (Retired)	**3614-5**	**Immediately**

Test code 3614-5 Clostridium Difficile Cytotoxin AB is retired effective immediately. The suggested alternative is test code B137-1 Clostridium Difficile Toxins A+B Genes By DNA Amplification.

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	Previous Test Information	New Test Information
Primary Container	Serum or Red top	Stool
Minimum Volume	1 ml of serum	20-30 grams
Turn Around Time*	10 Days	2 Days
Transportation Temp	Refrigerate	Refrigerate
Stability	7 Days	5 Days Refrigerated
Methodology	Antibody Neutralization	LAMP DNA Amplification
Reference Range	<1:2	Negative
Collection Instructions	SST Fill tube, invert gently 5 times, label and centrifuge after 30 min.	STG. Using an applicator stick, place 20-30 gms of stool in the cup. Label with patient's name and date of birth (DOB).
Profile Components	N/A	N/A
CPT Code(s)**	87230	87493x1

Test Name	Test Code	Effective Date
Oxalate, Serum/Plasma	**3789-5**	**Immediately**

Sample collection and other test information changes.

	Previous Test Information	New Test Information
Primary Container	Red Top	ALQRD – Red Top aliquot
Minimum Volume	0.7 ml	2 ml
Transportation Temp	Refrigerate	Strict Frozen
Stability	7 Days Frozen	30 Days Frozen
Methodology	Enzymatic Assay (EZA)	Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS)

Questions? Please contact your Account Executive or Customer Service directly at 800-229-5227.

Best regards,
The BioReference® Team

*TAT is based upon receipt of the specimen at the laboratory.
**CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

Healthcare providers should only order panels if each test in the panel is medically necessary.

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