



CLIA - 39D2175506

Cardiomyopathy & Arrhythmia Test Requisition

(Orange Sections Required)

Insurance ordering checklist

- Clinic Note(s) and Pedigree
- ICD-10 Code(s)
- Clinician & Patient Signatures
- Copy of Patient Insurance Card

Order#: Requisition#: Client Acc#: Client Req#:

Save Draft **Submit to Lab**

Patient Information

Last Name: First Name: Middle Name: Patient DOB: Date of Death (if applicable): Date of Discharge (if applicable): **Patient Search**

Street Address: City: State: Country: Zip:

Email Address: Preferred Contact Phone Number:

Biological sex: Gender Identity (if different from marked): Race:

Sending facility

Facility Type:

Facility Name (Facility Code): Address:

Ordering physician and/or other licensed medical professional

Name: Phone: Fax: Email: NPI:

Please add electronic signature here:

Add Signature **Clear**

+ New

Additional results recipients

Medical Professional Name (Clinician Code):

Primary Contact

Genetic Counselor Name (Clinician Code):

Primary Contact

Billing Information





ACCEPTABLE PAYMENT METHODS: Insurance Billing, Clinic or Facility Billing, Patient Pay Billing (Self-Pay).

Please select in the table below either the appropriate insurance provider, Clinic or Facility Billing, or Patient Pay Billing (Self-Pay).

Patient Pay Billing	Clinic or Facility Billing
The Lab will send an electronic invoice to the patient email listed above. The patient will be responsible for all charges related to this Test Requisition; Insurance will not be billed.	The Lab will send an invoice to the Clinic listed above. By selecting this option, the Clinic hereby accepts payment responsibility for all charges related to this Test Requisition.

Insurance Billing: Please contact Patient Care for Eligibility

Attach front and back of insurance card, clinical notes, medical records, and/or letter of medical necessity (LMN) to prevent delays.

	Payer Code	Payer Name	Policy Number	GroupID	Relation To Insured	Active	
1						<input type="checkbox"/>	   

If you do not see your insurance provider in the list above, please choose Other and provide all insurance details in the box below:

Please mark checkbox to confirm your payment method If applicable please mark checkbox to confirm patients insurance card has been added as an attachment

Billing ABN and Patient Protection Plan Information:

A completed Advance Beneficiary Notice (ABN) of coverage is required for Medicare patients who do not meet medical criteria for testing.

Billing laboratory preverifies insurance coverage and will contact the patient after the patient's sample is received if the out-of-pocket amount for testing is estimated to exceed \$100. Insurance pre-verification will not be performed for specific site analyses, unless specifically requested. All tests ordered with a bill type of insurance shall be processed and billed based on payor criteria.

Indications for testing (check all that apply)

Z79.02 Long term (current) use of antithrombotics/antiplatelets

Atherosclerotic Heart Disease of Native Coronary Artery:

- I25.1 Without angina pectoris I25.110 With unstable angina pectoris I25.111 With angina pectoris with documented spasm
 I25.118 With other forms of angina pectoris

Ischemic Heart Disease

- I25.5 Ischemic cardiomyopathy I25.6 Silent myocardial ischemia I25.89 Other forms of chronic ischemic heart disease
 I25.9 Chronic ischemic heart disease, unspecified

Atherosclerosis of Autologous Artery Coronary Artery Bypass Graft(s) With: (*Coverage limited)

- I25.720 Unstable angina pectoris I25.728 Other forms of angina* I25.721 Angina pectoris with documents spasm

Atherosclerosis of Bypass Graft of Coronary Artery of Transplanted Heart:

- I25.760 With unstable angina I25.761 With angina pectoris with documented spasm I25.768 With other forms of angina pectoris
 I25.812 Without angina pectoris

Atherosclerosis of Other Coronary Artery Bypass Graft(s):

- I25.790 With unstable angina pectoris I25.791 With angina pectoris with documented spasm I25.798 With other forms of angina pectoris
 I25.810 With other forms of angina pectoris

Coronary Atherosclerosis Due to:

- I25.83 Lipid rich plaque I25.84 Calcified coronary lesion

Cerebral Infarction Due to Thrombosis of Bilateral:

- I63.013 Vertebral arteries I63.033 Carotid arteries I63.333 Posterior cerebral arteries
 I63.313 Middle cerebral arteries I63.323 Anterior cerebral arteries I63.343 Cerebellar arteries

Cerebral Infarction Due to Embolism of:

- I63.113 Bilateral vertebral arteries
- I63.133 Bilateral carotid arteries
- I63.413 Bilateral middle cerebral arteries
- I63.433 Posterior cerebral arteries
- I63.443 Bilateral cerebellar arteries
- I63.423 Bilateral anterior cerebral arteries

Cerebral Infarction Due to Unspecified Occlusion or Stenosis of: (*Coverage limited)

- I63.213 Bilateral vertebral arteries
- I63.233 Bilateral carotid arteries
- I63.543 Bilateral cerebellar arteries*
- I63.59 Other cerebral artery
- I63.511 Right middle cerebral artery
- I63.512 Left middle cerebral artery
- I63.519 Unspecified middle cerebral artery
- I63.513 Bilateral middle cerebral arteries*
- I63.523 Bilateral anterior cerebral arteries*
- I63.533 Bilateral posterior cerebral arteries*

Occlusion or Stenosis of:

- I66.01 Right middle cerebral artery
- I66.02 Left middle cerebral artery
- I66.03 Bilateral middle cerebral arteries
- I66.8 Other cerebral arteries

Embolism of Thrombosis - Required for Factor II, Factor V: (*Coverage limited)

- I82.91 Chronic embolism and thrombosis of unspecified vein*
- Z79.01 Long-term (current use of) Anticoagulants*

Angina

- I20.0 Unstable angina
- I20.1 Angina pectoris with documented spasm
- I20.8 Other forms of angina pectoris
- I20.9 Angina pectoris, unspecified

ST elevation (STEMI) Myocardial Infarction

- I21.09 Involving other coronary artery of anterior wall
- I21.19 Involving other coronary artery of inferior wall
- I21.11 Involving right coronary artery
- I21.A1 Myocardial infarction type 2
- I21.3 of unspecified site
- I21.29 Involving other sites
- I21.4 Non-ST elevation (NSTEMI) myocardial infarction
- I21.9 Acute myocardial infarction, unspecified
- I21.A9 Other myocardial infarction type

Other:

- I24.1 Dressler's syndrome
- I24.8 Other forms of acute ischemic heart disease
- I24.9 Acute ischemic heart disease, unspecified
- I24.0 Acute coronary thrombosis not resulting in myocardial infarction

Other ICD-10 Code(s):

Specimen Information

Cheek cells / Genotek OCD-100 Collected Date and Time: Collected: Collected By:

Tests requested

- Cardiomyopathy & Arrhythmia Genetic Panel Test