



Diarrhea Pathogen Requisition

Date Specimen Collected: Time Specimen Collected:
Laboratory Use Only
Accession Number Date Received Time Received
Practice Name Practice ID
Ordering Physicians Practice Contact Information
Address
City, State, Zip
Phone Fax

Patient and Insurance Information
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name Last Name Middle Initial Gender*
Address Line 1 Address Line 2 City State Zip
DOB Cell/Home Phone* Email
Gender Identity* Race* Ethnicity* Sexual Orientation*
Insured's Name Relationship to Patient Social Security #
Home Phone Cell Phone DOB Gender
Primary Insurance Secondary Insurance
Group # ID# Group # ID#
Address Address
City State Zip City State Zip

Combined Stool Pathogen PCR and Immunoassays

Genesis Diarrhea Pathogen PCR Panel (11 Pathogens with Genotypic Antibiotic Resistance) (CPT 87506) - [Reflex to active toxin detection assay if C.diff positive] and Immunoassays: Calprotectin, Lactoferrin, Anti-tTG, Fecal Pancreatic Elastase, Fecal Immunohistochemical Test (FIT) for Occult Blood, and Fecal Bile Acids

Stool PCR Pathogen Tests

- Genesis Diarrhea Pathogen PCR Panel (11 Pathogens with Genotypic Antibiotic Resistance) - [Reflex to active toxin detection assay if C.diff positive]
Enteric Parasite Panel Only
Genesis Expanded Diarrhea Pathogen PCR Panel** (Includes 22 Pathogens) - [Reflex to active toxin detection assay if C.diff positive]

**Please note that an immunodeficiency diagnosis code must be selected in order for this test to be performed.
If an appropriate immunodeficiency code is not selected, testing will automatically be reflexed to the "Genesis Diarrhea Pathogen PCR Panel".

Additional Stool Tests

Fecal Immunoassays (please do not check these individually if the combined test above is selected)

- Calprotectin
Lactoferrin
Anti-tTG (Fecal Anti-Transglutaminase Ab IgA)
Fecal Pancreatic Elastase (Test for Pancreatic Insufficiency)
Fecal Immunohistochemical Test (FIT) for Occult Blood
Fecal Bile Acids

Other GI Stool Pathogens (these tests are not included in the combined test above)

- Fecal Helicobacter pylori (Antigen)
Fecal Listeria monocytogenes (Real-Time PCR)

Microscopy (these tests are not included in the combined test above)

- Fecal Fat (Semi-quantitative)†
Split Fats Neutral Fat
† If left unchecked we will default to Neutral Fats
Ova and Parasites (Wet Mount, Trichrome Stain, and Enteric Parasite Panel)

ICD-10 Codes

**For 22 pathogen multiplexed panel testing there must be at least one of the immunodeficiency codes in addition to the primary diagnosis code

Primary diagnosis codes:

- Diarrhea, Unspecified with Fever (R19.7/R50.9)
Diarrhea, Unspecified with Hematochezia (R19.7/K92.1)
Diarrhea, Unspecified with Abdominal pain, Generalized (R19.7/R10.0)
Diarrhea, Unspecified with Abdominal pain, Unspecified (R19.7/R10.9)
Diarrhea, Unspecified with other disorders of Electrolyte and fluid balance (R19.7/E87.8)
Diarrhea, Unspecified with other Fecal abnormalities (R19.7/R19.5)
Diarrhea, Unspecified with Epigastric pain (R19.7/R10.13)

Secondary diagnosis codes:

- K90.3 Pancreatic steatorrhea
A04.71 Enterocolitis due to Clostridium difficile, recurrent
A04.72 Enterocolitis due to Clostridium difficile, not specified as recurrent

Immunodeficiency diagnosis codes:

- D84.821 Immunodeficiency due to drugs
D84.89 Other immunodeficiencies
D81.89 Other combined immunodeficiencies
D83.8 Other common variable immunodeficiencies
***D84.81 Immunodeficiency due to conditions classified elsewhere ***MUST PROVIDE UNDERLYING CONDITION
D80.6 Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
B20 Human Immunodeficiency Virus [HIV] disease
D80.2 Selective deficiency of immunoglobulin A [IgA]

Duration of Diarrhea:

- > 7 days diarrhea
Other diarrhea duration

**For 22 pathogen multiplexed panel testing, there must be at least one of the immunodeficiency codes in addition to the primary diagnosis code.

This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.

Patient Authorization: I hereby authorize Genesis Laboratory Management to submit a claim to my insurance company for above services and appeal if necessary on my behalf.

Signature of Physician or Other Authorized NPI Provider (REQUIRED) Date

Signature of Patient (REQUIRED) Date

Accessioner Initials 1 2

*Gender, Cell/Home Phone, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and the CDC. **For Genesis Expanded Diarrhea Pathogen Panel, at least 1 immunodeficiency code must be indicated. ICD-10 Codes are listed for information purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient.

Genesis Diarrhea Pathogen Panel

(11 Pathogens with Genotypic Antibiotic Resistance. Reflex to active toxin detection assay if *C.diff* positive.)

<p>Bacteria</p> <p><i>Campylobacter</i> (<i>C. jejuni</i>/<i>C. coli</i>/<i>C. upsaliensis</i>)</p> <p><i>Clostridium difficile</i> (Toxin A/B)****</p> <p><i>Salmonella</i> spp.</p> <p><i>Vibrio</i> spp. (<i>V. parahaemolyticus</i>/<i>V. vulnificus</i>/<i>V. cholerae</i>)</p> <p><i>Yersinia enterocolitica</i></p>	<p>Bacterial Genotypic Antibiotic Resistance</p> <p><i>Vancomycin Resistance</i>: <i>vanA</i>, <i>vanB</i>, <i>vanC</i></p> <p><i>Nitroimidazole Resistance</i>: <i>nimA</i>, <i>nimD</i></p> <p style="padding-left: 20px;">• <i>Examples</i>: metronidazole, tinidazole</p> <p><i>Erythromycin Resistance</i>: <i>ermA</i>, <i>ermB</i>, <i>ermC</i>, <i>mefA</i></p> <p><i>Quinolone and Fluoroquinolone Resistance</i>: <i>qnrA</i>, <i>qnrB</i>, <i>qnrS</i></p> <p style="padding-left: 20px;">• <i>Examples</i>: ciprofloxacin, levofloxacin, moxifloxacin</p> <p><i>Trimethoprim-Sulfamethoxazole resistance</i>: <i>dfrA</i>, <i>dfrA1</i>, <i>dfrA5</i></p>
<p>Diarrheagenic <i>E. coli</i>/Shigella</p> <p>Shiga-like toxin-producing <i>E. coli</i> (STEC)</p> <p><i>Shigella</i>/Enteroinvasive <i>E. coli</i> (EIEC)</p>	
<p>Viruses</p> <p>Norovirus GI/GII</p> <p>Rotavirus A, B, C</p>	<p>Parasites</p> <p><i>Entamoeba histolytica</i></p> <p><i>Giardia lamblia</i></p>

Genesis Expanded Diarrhea Pathogen Panel

(22 Pathogens. Reflex to active toxin detection assay if *C.diff* positive. Note: DOES NOT report genotypic antibiotic resistance.)

<p>Bacteria</p> <p><i>Campylobacter</i> (<i>C. jejuni</i>/<i>C. coli</i>/<i>C. upsaliensis</i>)</p> <p><i>Clostridium difficile</i> (Toxin A/B)****</p> <p><i>Plesiomonas shigelloides</i></p> <p><i>Salmonella</i> spp.</p> <p><i>Vibrio</i> spp. (<i>V. parahaemolyticus</i>/<i>V. vulnificus</i>/<i>V. cholerae</i>)</p> <p><i>Yersinia enterocolitica</i></p>	<p>Viruses</p> <p>Adenovirus F 40/41</p> <p>Astrovirus</p> <p>Norovirus GI/GII</p> <p>Rotavirus A</p> <p>Sapovirus (I, II, IV, and V)</p>
<p>Diarrheagenic <i>E. coli</i>/Shigella</p> <p>Enteropathogenic <i>E. coli</i> (EPEC)</p> <p>Enterotoxigenic <i>E. coli</i> (ETEC)</p> <p>Shiga-like toxin-producing <i>E. coli</i> (STEC)</p> <p style="padding-left: 20px;">subtyping to <i>E. coli</i> O157</p> <p><i>Shigella</i>/Enteroinvasive <i>E. coli</i> (EIEC)</p>	
<p>Parasites</p> <p><i>Cryptosporidium</i> spp.</p> <p><i>Cyclospora cayetanensis</i></p> <p><i>Entamoeba histolytica</i></p> <p><i>Giardia lamblia</i></p>	

****Reflex to active Toxin detection by EIA for PCR positive samples

Enteric Parasite Panel

<i>Cryptosporidium</i> (<i>C. hominis</i> and <i>C. parvum</i>)	<i>Entamoeba histolytica</i>
<i>Cyclospora cayetanensis</i>	<i>Giardia lamblia</i>

Additional ICD-10 Code Immunodeficiency Descriptions

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|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> D80.0 Hereditary hypogammaglobulinemia <input type="checkbox"/> D80.1 Nonfamilial hypogammaglobulinemia <input type="checkbox"/> D80.3 Selective deficiency of immunoglobulin G [IgG] subclasses <input type="checkbox"/> D80.4 Selective deficiency of immunoglobulin M [IgM] <input type="checkbox"/> D80.5 Immunodeficiency with increased immunoglobulin M [IgM] <input type="checkbox"/> D80.8 Other immunodeficiencies with predominantly antibody defects <input type="checkbox"/> D81.0 Severe combined immunodeficiency [SCID] with reticular dysgenesis <input type="checkbox"/> D81.1 Severe combined immunodeficiency [SCID] with low T- and B-cell numbers <input type="checkbox"/> D81.2 Severe combined immunodeficiency [SCID] with low or normal B-cell numbers <input type="checkbox"/> D81.31 Severe combined immunodeficiency [SCID] due to adenosine deaminase deficiency <input type="checkbox"/> D81.4 Nezelof's syndrome <input type="checkbox"/> D81.5 Purine nucleoside phosphorylase [PNP] deficiency <input type="checkbox"/> D81.6 Major histocompatibility complex class I deficiency <input type="checkbox"/> D81.7 Major histocompatibility complex class II deficiency <input type="checkbox"/> D81.810 Biotinidase deficiency <input type="checkbox"/> D81.818 Other biotin-dependent carboxylase deficiency | <ul style="list-style-type: none"> <input type="checkbox"/> D82.0 Wiskott-Aldrich syndrome <input type="checkbox"/> D82.1 Di George's syndrome <input type="checkbox"/> D82.2 Immunodeficiency with short-limbed stature <input type="checkbox"/> D82.3 Immunodeficiency following hereditary defective response to Epstein-Barr virus <input type="checkbox"/> D82.4 Hyperimmunoglobulin E [IgE] syndrome <input type="checkbox"/> D82.8 Immunodeficiency associated with other specified major defects <input type="checkbox"/> D83.0 Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function <input type="checkbox"/> D83.1 Common variable immunodeficiency with predominant immunoregulatory T-cell disorders <input type="checkbox"/> D83.2 Common variable immunodeficiency with autoantibodies to B- or T-cells <input type="checkbox"/> D84.0 Lymphocyte function antigen-1 [LFA-1] defect <input type="checkbox"/> D84.1 Defects in the complement system <input type="checkbox"/> D84.822 Immunodeficiency due to external causes <input type="checkbox"/> D89.0 Polyclonal hypergammaglobulinemia <input type="checkbox"/> D89.1 Cryoglobulinemia <input type="checkbox"/> D89.3 Immune reconstitution syndrome <input type="checkbox"/> D89.41 Monoclonal mast cell activation syndrome <input type="checkbox"/> D89.42 Idiopathic mast cell activation syndrome <input type="checkbox"/> D89.43 Secondary mast cell activation <input type="checkbox"/> D89.49 Other mast cell activation disorder | <ul style="list-style-type: none"> <input type="checkbox"/> D89.810 Acute graft-versus-host disease <input type="checkbox"/> D89.811 Chronic graft-versus-host disease <input type="checkbox"/> D89.812 Acute on chronic graft-versus-host disease <input type="checkbox"/> D89.82 Autoimmune lymphoproliferative syndrome [ALPS] <input type="checkbox"/> D89.89 Other specified disorders involving the immune mechanism, not elsewhere classified <input type="checkbox"/> Z94.0 Kidney transplant status <input type="checkbox"/> Z94.1 Heart transplant status <input type="checkbox"/> Z94.2 Lung transplant status <input type="checkbox"/> Z94.3 Heart and lungs transplant status <input type="checkbox"/> Z94.4 Liver transplant status <input type="checkbox"/> Z94.5 Skin transplant status <input type="checkbox"/> Z94.6 Bone transplant status <input type="checkbox"/> Z94.81 Bone marrow transplant status <input type="checkbox"/> Z94.82 Intestine transplant status <input type="checkbox"/> Z94.83 Pancreas transplant status <input type="checkbox"/> Z94.84 Stem cells transplant status |
|--|--|---|

Listed for reference only - Applicable codes must be indicated on front side of test requisition. When reporting ICD-10-CM code R19.7 one of the immunodeficiency diagnosis codes listed above must also be reported to support medical necessity and provide coverage for CPT code 87507.