



**GenesisLabs**

LABORATORY OF CHOICE

Primarius Pathology

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## Diarrhea Pathogen Requisition

**Date Specimen Collected:** \_\_\_\_\_ **Time Specimen Collected:** \_\_\_\_\_

Laboratory Use Only

Accession Number \_\_\_\_\_

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_

Practice Name \_\_\_\_\_ Practice ID \_\_\_\_\_

Ordering Physicians ☐

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Practice ID \_\_\_\_\_

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### 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) -**

☐ [Reflex to active toxin detection assay if *C.diff* positive] and Fecal Immunoassays: **Calprotectin, Lactoferrin, Pancreatic Elastase, Bile Acids, and Hemoglobin (FIT) for Occult Blood.**

## 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]**

**\*\*An immunodeficiency code is required in order for this test to be performed. If one is not selected testing will default to the "Genesis Diarrhea PCR Panel".**

## Additional Stool Tests

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

- ☐ Calprotectin
- ☐ Lactoferrin
- ☐ Pancreatic Elastase (Test for Pancreatic Insufficiency)
- ☐ Hemoglobin (FIT) for Occult Blood
- ☐ Bile Acids

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

- ☐ Fecal *Helicobacter pylori* (Antigen)

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

☐ Fecal Fat (Semiquantitative)<sup>†</sup>

- ☐ Split Fats ☐ Neutral Fat

<sup>†</sup> If left unchecked we will default to Neutral Fats

☐ Ova and Parasites

(Wet Mount, Trichrome Stain, and Enteric Parasite Panel)

## ICD-10 Codes

### Primary diagnosis codes:

- ☐ **Diarrhea, with Crohn's disease** (R19.7/K50.918)
- ☐ **Diarrhea, with Ulcerative colitis** (R19.7/K51.918)
- ☐ **Diarrhea, with Fever** (R19.7/R50.9)
- ☐ **Diarrhea, with Hematochezia** (R19.7/K92.1)
- ☐ **Diarrhea, with Acute Abdominal pain** (R19.7/R10.0)
- ☐ **Diarrhea, with Electrolyte and fluid balance** (R19.7/E87.8)
- ☐ **Diarrhea, with other Fecal abnormalities** (R19.7/R19.5)
- ☐ **Diarrhea, with Epigastric pain** (R19.7/R10.13)

### Duration of Diarrhea:

- ☐ **> 7 days diarrhea**
- ☐ **Other diarrhea duration**

### Secondary diagnosis codes:

- ☐ A04.71 Enterocolitis due to *Clostridioides difficile*, recurrent
- ☐ A04.72 Enterocolitis due to *Clostridioides 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]

## Statement of Medical Necessity (Required for testing)

- ☐ The patient has a history of recent travel and diarrhea more than 7 days
- ☐ The patient has chronic unexplained diarrhea more than 7 days
- ☐ The patient has immune deficiencies

☐ The patient has IBD and unexplained diarrhea

☐ The patient diarrhea with signs or risk factors for severe disease (fever, bloody diarrhea, dysentery, dehydration, severe abdominal pain, hospitalization and/or immunocompromised state)

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 Patient (REQUIRED)

Date

## Genesis Diarrhea Pathogen Panel

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

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

## Genesis Expanded Diarrhea Pathogen Panel

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

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

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

## Enteric Parasite Panel

*Cryptosporidium* (*C. hominis* and *C. parvum*)  
*Cyclospora cayetanensis*  
*Entamoeba histolytica*  
*Giardia lamblia*

## Additional ICD-10 Code Immunodeficiency Descriptions

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> D80.0 Hereditary hypogammaglobulinemia<br><input type="checkbox"/> D80.1 Nonfamilial hypogammaglobulinemia<br><input type="checkbox"/> D80.3 Selective deficiency of immunoglobulin G [IgG] subclasses<br><input type="checkbox"/> D80.4 Selective deficiency of immunoglobulin M [IgM]<br><input type="checkbox"/> D80.5 Immunodeficiency with increased immunoglobulin M [IgM]<br><input type="checkbox"/> D80.8 Other immunodeficiencies with predominantly antibody defects<br><input type="checkbox"/> D81.0 Severe combined immunodeficiency [SCID] with reticular dysgenesis<br><input type="checkbox"/> D81.1 Severe combined immunodeficiency [SCID] with low T- and B-cell numbers<br><input type="checkbox"/> D81.2 Severe combined immunodeficiency [SCID] with low or normal B-cell numbers<br><input type="checkbox"/> D81.31 Severe combined immunodeficiency [SCID] due to adenosine deaminase deficiency<br><input type="checkbox"/> D81.4 Nezelof's syndrome<br><input type="checkbox"/> D81.5 Purine nucleoside phosphorylase [PNP] deficiency<br><input type="checkbox"/> D81.6 Major histocompatibility complex class I deficiency<br><input type="checkbox"/> D81.7 Major histocompatibility complex class II deficiency<br><input type="checkbox"/> D81.810 Biotinidase deficiency<br><input type="checkbox"/> D81.818 Other biotin-dependent carboxylase deficiency | <input type="checkbox"/> D82.0 Wiskott-Aldrich syndrome<br><input type="checkbox"/> D82.1 Di George's syndrome<br><input type="checkbox"/> D82.2 Immunodeficiency with short-limbed stature<br><input type="checkbox"/> D82.3 Immunodeficiency following hereditary defective response to Epstein-Barr virus<br><input type="checkbox"/> D82.4 Hyperimmunoglobulin E [IgE] syndrome<br><input type="checkbox"/> D82.8 Immunodeficiency associated with other specified major defects<br><input type="checkbox"/> D83.0 Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function<br><input type="checkbox"/> D83.1 Common variable immunodeficiency with predominant immunoregulatory T-cell disorders<br><input type="checkbox"/> D83.2 Common variable immunodeficiency with autoantibodies to B- or T-cells<br><input type="checkbox"/> D84.0 Lymphocyte function antigen-1 [LFA-1] defect<br><input type="checkbox"/> D84.1 Defects in the complement system<br><input type="checkbox"/> D84.822 Immunodeficiency due to external causes<br><input type="checkbox"/> D89.0 Polyclonal hypergammaglobulinemia<br><input type="checkbox"/> D89.1 Cryoglobulinemia<br><input type="checkbox"/> D89.3 Immune reconstitution syndrome<br><input type="checkbox"/> D89.41 Monoclonal mast cell activation syndrome<br><input type="checkbox"/> D89.42 Idiopathic mast cell activation syndrome<br><input type="checkbox"/> D89.43 Secondary mast cell activation<br><input type="checkbox"/> D89.49 Other mast cell activation disorder | <input type="checkbox"/> D89.810 Acute graft-versus-host disease<br><input type="checkbox"/> D89.811 Chronic graft-versus-host disease<br><input type="checkbox"/> D89.812 Acute on chronic graft-versus-host disease<br><input type="checkbox"/> D89.82 Autoimmune lymphoproliferative syndrome [ALPS]<br><input type="checkbox"/> D89.89 Other specified disorders involving the immune mechanism, not elsewhere classified<br><input type="checkbox"/> Z94.0 Kidney transplant status<br><input type="checkbox"/> Z94.1 Heart transplant status<br><input type="checkbox"/> Z94.2 Lung transplant status<br><input type="checkbox"/> Z94.3 Heart and lungs transplant status<br><input type="checkbox"/> Z94.4 Liver transplant status<br><input type="checkbox"/> Z94.5 Skin transplant status<br><input type="checkbox"/> Z94.6 Bone transplant status<br><input type="checkbox"/> Z94.81 Bone marrow transplant status<br><input type="checkbox"/> Z94.82 Intestine transplant status<br><input type="checkbox"/> Z94.83 Pancreas transplant status<br><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.

\*Gender, Cell/Home Phone, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and the CDC.