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 ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

Practice Contact Information
Address _____
Phone _____
Fax _____

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

Name _____ Cell/Home Phone* _____ Date of Birth _____
Full Address _____ Email _____
Gender* _____ Gender ID* _____ Race* _____ Ethnicity* _____ Sexual Orientation* _____

Insured's Name _____ Relationship to Patient _____ Social Security # _____
Cell/Home Phone _____ Date of Birth _____ Gender _____

Primary Insurance _____
Group # _____ ID# _____
Address _____

Secondary Insurance _____
Group # _____ ID# _____
Address _____

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*)†
  - ☐ Split Fats ☐ Neutral Fats
  - † If left unchecked we will default to Neutral Fats
- ☐ Ova and Parasites (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.)

Bacteria

Campylobacter (C. jejuni/C. coli/C. upsaliensis)
Clostridioides difficile (Toxin A/B)****
Salmonella spp.
Vibrio spp. (V. parahaemolyticus/ V. vulnificus/V. cholerae)
Yersinia enterocolitica

Diarrheagenic *E. coli/Shigella*

Shiga-like toxin-producing *E. coli* (STEC)
Shigella/Enteroinvasive *E. coli* (EIEC)

Viruses

Norovirus GI/GII
Rotavirus A, B, C

Parasites

Entamoeba histolytica
Giardia lamblia

Bacterial Genotypic Antibiotic Resistance

Vancomycin Resistance: vanA, vanB, vanC
Nitroimidazole Resistance: nimA, nimD
- *Examples: metronidazole, tinidazole*

Erythromycin Resistance: ermA, ermB, ermC, mefA
Quinolone and Fluoroquinolone Resistance: qnrA, qnrB, qnrS
- *Examples: ciprofloxacin, levofloxacin, moxifloxacin*

Trimethoprim-Sulfamethoxazole resistance: dfrA, dfrA1, dfrA5

Genesis Expanded Diarrhea Pathogen Panel

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

Bacteria

Campylobacter (C. jejuni/C. coli/C. upsaliensis)
Clostridioides difficile (Toxin A/B)****
Plesiomonas shigelloides
Salmonella spp.
Vibrio spp. (V. parahaemolyticus/ V. vulnificus/V. cholerae)
Yersinia enterocolitica

Viruses

Adenovirus F 40/41
Astrovirus
Norovirus GI/GII
Rotavirus A
Sapovirus (I, II, IV, and V)

Diarrheagenic E. coli/Shigella

Enteroaggregative *E. coli* (EAEC)
Enteropathogenic *E. coli* (EPEC)
Enterotoxigenic *E. coli* (ETEC)
Shiga-like toxin-producing *E. coli* (STEC)
subtyping to *E. coli* O157
Shigella/Enteroinvasive *E. coli* (EIEC)

Parasites

Cryptosporidium spp.
Cyclospora cayetanensis
Entamoeba histolytica
Giardia lamblia

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

Enteric Parasite Panel

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

Additional ICD-10 Code Immunodeficiency Descriptions

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