

Patient Name _____ DOB _____ 502750	Patient Name _____ DOB _____ 502750	Patient Name _____ DOB _____ 502750
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502750

10581 Roselle St., Ste. 120, San Diego, CA 92121  
 Tel: (858) 258-9493 Fax: (833) 603-1308  
 Lab Director: Michael Maymind, MD  
 CLIA #05D2158603



Customer Information

**MOLECULAR DIAGNOSTICS via PCR**

Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Gender:  M  F

Date Collected: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Collected: \_\_\_\_:\_\_\_\_ AM / PM

Attach patient demographics with insurance card

Uninsured Patient

Ordering Provider: \_\_\_\_\_

Diagnosis Code(s): \_\_\_\_\_

Ethnicity: (for Covid Testing Only)

- White  Black/African-American  Hispanic/Latino/Spanish Origin  Asian  American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander  Other: \_\_\_\_\_  Refused

**Clinical Information/Medical Necessity:**

- Painful Urination  Sinus Pain  Chills  Altered Mental Status  Shortness of Breath  
 Bloody Urine  Cloudy/Discolored Urine  Cough  Fever  Difficulty Breathing  
 Fever  Abnormal Urine Odor  Flank Pain/Low Abdominal  Frequent Urination  \_\_\_\_\_  
 Contact with/suspected exposure to infection  Right Quadrant Pain  Left Quadrant Pain

URINARY TRACT INFECTION TESTS <i>Urine Specimen Required</i>	
<input type="checkbox"/> Urinalysis	
<input type="checkbox"/> Complete UTI Panel with Antibiotic Resistance Panel <input type="checkbox"/> w/ Sensitivity	
<input type="checkbox"/> Urinary Tract Infection Panel	<input type="checkbox"/> Antibiotic Resistance Panel
<input type="checkbox"/> Acinetobacter baumannii	<input type="checkbox"/> Sulfonamide resistance sulI
<input type="checkbox"/> Candida albicans	<input type="checkbox"/> Trimethoprim resistance dfrA
<input type="checkbox"/> Citrobacter freundii	<input type="checkbox"/> Trimethoprim resistance dfrA
<input type="checkbox"/> Candida glabrata	<input type="checkbox"/> Aminoglycoside aac6-1b/aacA4
<input type="checkbox"/> Enterobacter cloacae	<input type="checkbox"/> Extended-spectrum B-lactamase pan-TEM
<input type="checkbox"/> Enterococcus faecalis	<input type="checkbox"/> Extended spectrum beta lactase DHA-1
<input type="checkbox"/> Escherichia coli	<input type="checkbox"/> Klebsiella pneumoniae carbapenase resistance kpc
<input type="checkbox"/> Methicillin-resistance Staph aureus MRSA	<input type="checkbox"/> Carbapenem Resistance blaOXA-48
<input type="checkbox"/> Klebsiella pneumoniae	<input type="checkbox"/> Glycopeptide resistance vanA2
<input type="checkbox"/> Morganella morganii	<input type="checkbox"/> Glycopeptide resistance vanB
<input type="checkbox"/> Proteus mirabilis	<input type="checkbox"/> Macrolide resistance ermA
<input type="checkbox"/> Pseudomonas aeruginosa	<input type="checkbox"/> Macrolide resistance ermB
<input type="checkbox"/> Staphylococcus aureus	<input type="checkbox"/> Macrolide resistance ermC
<input type="checkbox"/> Staphylococcus saprophyticus	<input type="checkbox"/> Quinolone and fluoroquinolone resistance QnrA and QnrS
<input type="checkbox"/> Streptococcus agalactiae	<input type="checkbox"/> Quinolone and fluoroquinolone resistance QnrB Clade 1-2

RESPIRATORY PATHOGEN TESTS <i>Nasopharyngeal Specimen Required</i>
<input type="checkbox"/> Respiratory Pathogen Panel
<input type="checkbox"/> Influenza A (incl. H1, H3, H5, and H7)
<input type="checkbox"/> Flu Typing (Influenza A serotypes pdH1N1, H3, and H3N2)
<input type="checkbox"/> Influenza B (Yamagata and Victoria lineages)
<input type="checkbox"/> Respiratory Syncytial Virus (incl. type A and B)
<input type="checkbox"/> SARS-CoV2-2 a (ORF1 gene)
<input type="checkbox"/> SARS-CoV2-2 b (ORF8 gene)

**AUTHORIZATION/SIGNATURES**

**DONOR:** I certify that the specimen and information provided is my own and has not been substituted or adulterated. I further grant permission for the testing of my specimen for the presence of drugs and/or alcohol. I authorize Birdrock Laboratories to share the information on this form and my test results with my designated insurance carrier if necessary for reimbursement, to appeal any reimbursement denial, and authorize all reimbursements to be paid directly to the laboratory in consideration of services performed. I acknowledge that Birdrock Laboratories may be outside my network of insurance and I may be responsible for the amount due as determined by said insurance. I authorize Birdrock Laboratories to release the results of this testing to the treating authorized healthcare provider or facility.

**ORDERING PROVIDER:** I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. I have certified medical necessity above and/or I have provided the appropriate diagnosis codes (ICD-10) to support medical necessity on this form and understand the Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.

Donor Authorization Signature: _____	Date: _____	Ordering Health Care Provider Signature (Required): _____	Date (Required): _____
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## DIAGNOSIS (ICD-10) CODES

### Commonly Used ICD-10 Diagnosis Codes

#### UA/UTI Codes

B30.9 - Viral conjunctivitis	N39.4 - Other specified urinary incontinence	R21 - Rash and other nonspecified skin conditions
B37.41 - Candidal cystitis and urethritis	N39.41 - Urge incontinence	R31.1 - Benign essential microscopic hematuria
B37.49 - Other urogenital candidiasis	N41.0 - Acute prostatitis	R32 - Unspecified urinary incontinence
M25.5X - Joint disorders (various)	N41.8 - Other inflammatory diseases of prostate	R33 - Retention of urine
N02 - Recurrent and persistent hematuria	O23.1 - Infections of bladder in pregnancy	R35.0 - Frequency of micturition
N30.1 - Interstitial cystitis (chronic)	O23.2 - Infections of urethra in pregnancy	R50.9 - Fever (unspecified)
N30.11 - Interstitial cystitis (chronic) with hematuria	O23.4 - Unspecified infection of urinary tract in pregnancy	Z03.89 - Observation for other suspected conditions
N30.2 - Other chronic cystitis	O23.9 - Other and unspecified genitourinary tract infection in pregnancy	Z87.440 - Personal history of urinary (tract) infections
N34.1 - Nonspecific urethritis	R10.30 - Lower abdominal pain, unspecified	Other: _____
N39.0 - Urinary tract infection, site not specified		

#### Respiratory Codes

J02.9 - Acute Pharyngitis	J03.90 - Acute Tonsillitis	R05 - Cough
J01.90 - Acute Sinusitis, Unspecified	J31.0 - Unspecified Rhinitis	R06.02 - Shortness of breath
J00 - Acute Nasopharyngitis	J06.9 - Acute Upper Respiratory Infections of Unspecified Site	Z11.59 - Encounter for screening for other viral diseases
J43.2 - Centriacinar Emphysema (HCC)	J40 - Bronchitis, Unspecified	Z20.828 - Contact with (and suspected exposure to) other viral communicable diseases
J32.9 - Unspecified Sinusitis, Chronic	J44.9 - COPD	Other: _____
J43.9 - Emphysema, Unspecified	J43.2 - Emphysema, Centrilobular	
J44.9 - Asthma with chronic obstructive pulmonary disease (COPD) (HCC)	R91.1 - Pulmonary Nodule, Solitary	
J01.90 - Acute Sinusitis, Unspecified	R50.9 - Fever, unspecified	

Testing performed by Birdrock Laboratories is compliant with all local and state guidelines and regulations. Any testing performed at our facility is based on current coding:

- CPT **87798** - Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism.
- CPT **87640** - Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique.
- CPT **87641** - Staphylococcus aureus, methicillin resistant, amplified probe technique.
- CPT **87653** - Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique.
- CPT **87481** - Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique.
- CPT **87500** - Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (e.g. enterococcus species van A, van B), amplified probe technique.
- CPT **87150** - Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed.
- CPT **81002** - Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents.

All tests ordered for Medicare or Medicaid reimbursement must meet the program's requirements or the claim may be denied. Testing should **ONLY** be performed when it is considered medically necessary by a qualified healthcare professional.