



NOW TESTING FOR COVID-19 (CORONAVIRUS)

*****Any omissions on Requisition Form may delay test processing and results for your patients.**



PRACTICE INFORMATION

Practice Name: _____
Practice Address: _____ City: _____ State: _____ Zip: _____
Practice Phone: () _____ Practice Fax: () _____



PRIMARY PATIENT INFORMATION

Med Rec #/Patient Identifier:
Patient First Name: _____ MI: _____ Last Name: _____ Suffix: _____
Patient Street Address: _____
City: _____ State: _____ Zip: _____
County: _____ Country: _____
Patient Phone: _____ Patient Date of Birth: _____
Patient Email: _____
Patient Gender: M F Patient Ethnicity: African American Asian Caucasian Hispanic Other



PATIENT INSURANCE INFORMATION

IMPORTANT: Please Include Patient Demographic Sheet (Copy of Insurance Card and ID).

Primary Ins.: _____
Policy#: _____ Group#: _____
Ins. Address: _____ City: _____ State: _____ Zip: _____
Policy Holder: _____ DoB: _____

Secondary Ins.: _____
Policy#: _____ Group#: _____
Ins. Address: _____ City: _____ State: _____ Zip: _____

I hereby authorize the release to **CUUR Diagnostics** of any medical insurance information necessary to process claims for services provided by **CUUR Diagnostics** and its affiliate labs. I hereby authorize **CUUR Diagnostics** to pursue all necessary appeals of full or partial denials of payment in relation to services provided by **CUUR Diagnostics** or its affiliate labs.



Patient Signature: _____



TESTS ORDERED

IMPORTANT: Refer to Page 2 for Full List of Panel Targets.

Collection Date: _____
 Respiratory Infection Panel COVID-19 Screening Test
 Urinary Tract Infection Panel Other _____



REQUIRED DIAGNOSIS (ICD-10) CODES

IMPORTANT: ICD-10 Code Required. Refer to Page 2 for Most Common Codes Per Panel. For Full List Consult the Most Recent ICD-10 Code Book.

Primary Code: _____ Special Instructions: _____
Secondary Code: _____
Other: _____

Statement of Medical Necessity and Provider Signature

I attest that I ordered this test for my patient. To a reasonable degree of medical certainty, I believe this test provides necessary information to treat my patient's condition in the most effective manner. I have provided **CUUR Diagnostics** Laboratories my patient's current insurance information and I understand the **CUUR Diagnostics** Corporate Laboratory and its affiliates will be billing the patient's insurance company and accepting assignment on this claim.

Printed Name of Authorizing Provider: _____
Signature of Authorizing Provider: _____
NPI# of Authorizing Provider: _____ Date: _____



RESPIRATORY PANEL

TARGET

Respiratory Bacteria

Bacteria	Bordetella sp.
Bacteria	B. pertussis
Bacteria	C. pneumoniae
Bacteria	H. influenzae
Bacteria	K. pneumoniae
Bacteria	L. pneumophila
Bacteria	M. pneumoniae
Bacteria	S. aureus
Bacteria	S. pneumoniae

Respiratory Virus

Virus	AdV1
Virus	AdV2
Virus	HBV
Virus	Corona229E
Virus	CoronaHKU1
Virus	CoronaNL63
Virus	CoronaOC43
Virus	Human Enterovirus (pan assay)
Virus	Human Enterovirus D68
Virus	HHV3
Virus	HHV4
Virus	HHV5
Virus	HHV6
Virus	hMPV
Virus	HPV1
Virus	HPV2
Virus	HPV3
Virus	HPV4
Virus	RSVA
Virus	RSVB
Virus	RV1
Virus	RV2
Virus	Influenza A
Virus	Influenza A/H1-2009
Virus	Influenza A/H3
Virus	Influenza B

Coronavirus COVID-19 if "Respiratory Panel with COVID-19" Test Ordered

MOST COMMON ICD-10 CODES

ICD-10	Description	ICD-10	Description
J06.9	Acute upper respiratory infection, unspecified	C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
J16.8	Pneumonia due to other specified infectious organisms	C77	Secondary and unspecified malignant neoplasm of lymph nodes
J18.8	Other pneumonia, unspecified organism	C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
J18.9	Pneumonia, unspecified organism	C78.0	Secondary malignant neoplasm of lung
J20.8	Acute bronchitis due to other specified organisms	D14.3	Benign neoplasm of bronchus and lung
J20.9	Acute bronchitis, unspecified	D14.30	Benign neoplasm of unspecified bronchus and lung
J21.8	Acute bronchiolitis due to other specified organisms	D14.31	Benign neoplasm of right bronchus and lung
J21.9	Acute bronchiolitis, unspecified	D14.32	Benign neoplasm of left bronchus and lung
J22	Unspecified acute lower respiratory infection	D3A.090	Benign carcinoid tumor of the bronchus and lung
J01.90	Acute sinusitis, unspecified	J00	Acute nasopharyngitis [common cold]
J01.91	Acute recurrent sinusitis, unspecified	J01	Acute sinusitis
J01.00	Acute maxillary sinusitis, unspecified	J02	Acute pharyngitis
J01.01	Acute recurrent maxillary sinusitis	J03	Acute tonsillitis
J01.10	Acute frontal sinusitis, unspecified	J04.0	Acute laryngitis
J01.11	Acute recurrent frontal sinusitis	J04.1	Acute tracheitis
J01.20	Acute ethmoidal sinusitis, unspecified	J05.1	Acute epiglottitis
J01.21	Acute recurrent ethmoidal sinusitis	J06	Acute upper respiratory infections of multiple and unspecified sites
J01.30	Acute sphenoidal sinusitis, unspecified	J06.0	Acute laryngopharyngitis
J01.31	Acute recurrent sphenoidal sinusitis	J67	Hypersensitivity pneumonitis due to organic dust
J01.40	Acute pansinusitis, unspecified	J67.0	Farmer's lung
J01.41	Acute recurrent pansinusitis	J67.8	Hypersensitivity pneumonitis due to other organic dusts
J01.80	Other acute sinusitis	J67.9	Hypersensitivity pneumonitis due to unspecified organic dust
J01.81	Other acute recurrent sinusitis	R06	Abnormalities of breathing
J15.9	Unspecified bacterial pneumonia	R97	Abnormal tumor markers
J18.1	Lobar pneumonia, unspecified organism	Z85	Personal history of malignant neoplasm
J18.2	Hypostatic pneumonia, unspecified organism	Z85.1	Personal history of malignant neoplasm of trachea, bronchus and lung
C34	Malignant neoplasm of bronchus and lung	Z85.11	Personal history of malignant neoplasm of bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	Z85.9	Personal history of malignant neoplasm, unspecified
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung		



URINARY TRACT INFECTION PANEL

TARGETS

UTI Gram Positive Bacteria

Bacteria	E. faecalis
Bacteria	E. faecium
Bacteria	S. saprophyticus
Bacteria	S. agalactiae

UTI Gram Negative Bacteria

Bacteria	A. baumannii
Bacteria	C. freundii
Bacteria	E. aerogenes
Bacteria	E. cloacae
Bacteria	E. coli
Bacteria	K. oxytoca
Bacteria	K. pneumoniae
Bacteria	M. morganii
Bacteria	P. mirabilis
Bacteria	P. vulgaris
Bacteria	P. stuartii
Bacteria	P. aeruginosa

UTI Fungal

Yeast	C. albicans
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MOST COMMON ICD-10 CODES

ICD-10	Description	ICD-10	Description
N39.0	Urinary tract infection, site not specified	N34	Urethritis and urethral syndrome
N30.00	Acute cystitis without hematuria	N34.1	Nonspecific urethritis
N30.01	Acute cystitis with hematuria	N34.2	Other urethritis
N30.90	Cystitis, unspecified without hematuria	N34.3	Urethral syndrome, unspecified
N30.91	Cystitis, unspecified with hematuria	N36	Other disorders of urethra
R82.81	Pyuria	N37	Urethral disorders in diseases classified elsewhere
N30.20	Other chronic cystitis without hematuria	N39	Other disorders of urinary system
N30.21	Other chronic cystitis with hematuria	N39.4	Other specified urinary incontinence
N30.80	Other cystitis without hematuria	N39.41	Urge incontinence
N30.81	Other cystitis with hematuria	N39.498	Other specified urinary incontinence
A56.2	Chlamydial infection of genitourinary tract, unspecified	N39.9	Disorder of urinary system, unspecified
A64	Unspecified sexually transmitted disease	O23	Infections of genitourinary tract in pregnancy
I12	Hypertensive chronic kidney disease	O23.0	Infections of kidney in pregnancy
I13	Hypertensive heart and chronic kidney disease	O23.1	Infections of bladder in pregnancy
M02.3	Reiter's disease	O23.2	Infections of urethra in pregnancy
N10	Acute pyelonephritis	O23.4	Unspecified infection of urinary tract in pregnancy
N13	Obstructive and reflux uropathy	O23.51	Infection of cervix in pregnancy
N18	Chronic kidney disease (CKD)	O86.2	Urinary tract infection following delivery
N18.9	Chronic kidney disease, unspecified	P39.3	Neonatal urinary tract infection
N23	Unspecified renal colic	R10.2	Pelvic and perineal pain
N26.9	Renal sclerosis, unspecified	R30.0	Dysuria
N30	Cystitis	R77	Other abnormalities of plasma proteins
N30.0	Acute cystitis	R78.81	Bacteremia
N30.1	Interstitial cystitis (chronic)	R82	Other and unspecified abnormal findings in urine
N30.10	Interstitial cystitis (chronic) without hematuria	R94.4	Abnormal results of kidney function studies
N30.11	Interstitial cystitis (chronic) with hematuria	Z87.440	Personal history of urinary (tract) infections
N30.2	Other chronic cystitis		