

How to Complete a Genova Diagnostics Test Requisition

A SIMPLE GUIDE TO BEGINNING THE TEST SUBMISSION PROCESS

Our test requisition form gathers information to:

- Process the selected test
- Bill the responsible party
- File a claim for reimbursement, if applicable

Fully and accurately completing this form will help ensure timely processing and delivery of test results.

- A** The name of the physician ordering the services should be checked.
- B** Be sure the physician/practitioner's signature has been provided
- C** The ordering practitioner should sign the order (unless the kit has been shipped directly to the patient with information pre-poulated).

The numbers in each box correspond to the sections you will need to fill out on the back of the form.

IMPORTANT: If Bill Insurance Payment with Patient Payment or Bill Medicare is selected, the physician is required to specify diagnosis codes for each test ordered. (see STEP D)

- D** Be sure that diagnosis code(s) has been selected/provided by the practitioner For Genova Diagnostics to file a claim for Medicare or other insurance, a diagnosis code must be specified.

- E** Record the date of the last specimen collected

- F** Confirm that a test option has been selected (by the practitioner)

Requisition

123-456-78

Patients or Health Care Providers collecting specimens, please fill in date of collection.

Phlebotomy Code: P C

Date Final Sample Collected: Mo. Day Year

Sample Type: Fasting Blood, Urine (First Morning Void) and Buccal Swab

* If billing Medicare, you must check ALL COMPONENTS you want Genova to run. #86

NutrEval (FMV Amino Acids) with Nutrient & Toxic Elements IIP 179 CP 379

NutrEval (FMV Amino Acids) without Nutrient & Toxic Elements IIP 179 CP 318

Profile Components	CPT Codes: Other/MC
Metabolic Analysis Profile	
Creatinine, Urine	82570
Citric Acid	82507
Lactic Acid	83605
Pyruvic Acid	84210
Vanilmandelic Acid	84585
Homovanillic Acid	83150
5-OH-Indoleacetic Acid	83497
Organic Acids	83921 x19/2
Essential & Metabolic Fatty Acids	82542
Biotenic Acid	82726
Docosahexaenoic Acid	82726
Lignoceric Acid	82726
Nervonic Acid	82726
Tricosanoic Acid	82726
Amino Acids Analysis, Urine	82139
β-OHG	82542
Glutathione	82978
Lipid Peroxides, Urine	84311
Coenzyme Q10 (Ubiquinone)	82542
Nutrient & Toxic Elements	
Arsenic	82175
Cadmium	82300
Copper	82525
Lead	83655
Magnesium	83735
Manganese	83785
Mercury	83825
Potassium	84132
Zinc	84630

Add-on Tests

Vitamin D 82306 IIP 10 CP 35

Genomic Add-ons

Genomic markers are not billable to Medicare or other insurance carriers. Please include a payment method for the full cost of each genomic marker, if applicable.

MTHFR (C677T & A1298C) IIP 30 CP 30

COMT (V158M) IIP 30 CP 30

APOE IIP 30 CP 30

TNF-α IIP 30 CP 30

Profile components available individually on separate requisitions.

NutrEval Profiles are not currently available in New York State

Physician's Signature & Date (required)

Please document medical necessity and the specific order for the test in the patient's medical record or progress notes with a signature and date from the referring physician in addition to providing a diagnosis code below.

Definition of Medical Necessity

All claims submitted to Medicare/Medicaid for Genova Diagnostics' laboratory services must be for tests that are medically necessary. "Medically necessary" is defined as a test or procedure that is reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. Consequently, tests performed for screening purposes will not be reimbursed by the Medicare program. Physicians may deem it medically necessary to order a single test or a portion of a profile.

Billing Options Check only one option below. If no billing option selected, practitioner account may be billed.

Bill Practitioner Account Complete on reverse: 1
Not available in the states of NY, NJ, and RI

Bill Medicare or Tricare Complete on reverse: 1 2 4
Medicare Advantage Plans use the Bill Insurance option below. All Medicaid plans use the No Insurance option

Total Medicare Payment if All Tests Ordered and Medically Necessary: \$ 409.17

Bill Insurance with Patient Payment* Complete on reverse: 1 2 3 4
Initial Insurance Payment from Patient: \$

No Insurance Billing - (Cash Pay)* Complete on reverse: 1 3 4

Pre-payment- please include full Cash Price amount Amount Enclosed: \$

Payment plan- please include 25% of the Cash Price amount* Initial Installment: \$

*For payments & pricing please visit www.gdx.net/pay or ask your healthcare practitioner.

Potential ICD-10 Codes and Conditions

IMPORTANT: Please select or add the appropriate ICD-10 diagnosis code(s).

R53.83 Other Fatigue

E61.9 Deficiency Of Nutrient Element, Unspecified

E63.9 Nutritional Deficiency, Unspecified

F41.9 Anxiety Disorder, Unspecified

G47.9 Sleep Disorder, Unspecified

L30.9 Dermatitis, Unspecified

R53.82 Chronic Fatigue, Unspecified

Other Codes: _____

CPT & ICD-10 Codes
Due to the possibility of regulatory and/or methodology changes, CPT and ICD-10 codes are subject to change without prior notification.

THIS SPACE FOR LAB USE ONLY

For **patients without insurance**, please complete these sections:



For **patients with insurance, and other government programs**, please complete these sections:



Patients must complete the back page of this requisition

G To begin specimen processing, the patient's information must be clearly legible on the form.

H **Important information for patients living in the states of OH or NH**
Certain tests performed in your state require supplemental information. Please fill out this section.

I **Provide insurance information**
Fill out this section if an insurance claim needs to be filed.

Patients who do not wish to have an insurance claim filed, should not complete this section.

J **Provide a Payment**
Complete this section to provide payment information for your initial payment with specimen submission if selecting to have commercial insurance (including Medicare Advantage) billed or paying the cash price for your test. Please review the instructions carefully and visit www.gdx.net for full details of our billing options.

To obtain pricing and to pay online, please visit the Patient Resource Center at www.gdx.net/prc.

K **A signature is required from the Patient/Responsible Party**

L **Open Your Account** in the Patient Resource Center at www.gdx.net/prc so you can view test results, make payments, and take health surveys.

Please complete indicated sections below as referenced in Billing Options on requisition front. (Please use black or blue pen)

1 Patient Information Section Required for all patients

Full SSN required for insurance billing and online access to your test results.

Patient Date of Birth mm/dd/yyyy: - - - Sex: M F Social Security #: - - -
 Patient Name (last): (first): (middle):
 Mailing Address: City: State: Zip: -
 Cell Phone: County: Country:
 Alternate Phone: Race: American Indian/Alaskan Native Asian Black/African-American
 Native Hawaiian/Pacific Islander White Multiracial Other Unknown
 Email: Ethnicity: Hispanic Non-Hispanic Other Unknown
 Responsible Party Name: (Other legal guardian or if patient is a minor child)
 Name (last): (first): (middle):
 If you reside in OH or NH, the following fields are required:
 Occupation: Employer Address: Employer:
 Please note: We do not participate with Medicaid. All Medicaid patients should use the no insurance option.




2 Insurance Information Section

List your primary insurance information here. Include copies of all your health insurance cards to ensure accurate claim filing.

Insurance Company: (Print clearly) Subscriber Name: Please include frontback copy of all health insurance cards
 Claims Address: Subscriber ID #/Medicare #: Group #:
 City/State/Zip: Subscriber Date of Birth: (mm/dd/yyyy)
 Phone #: Relation to Patient: Self Spouse Other

3 Payment Section For Bill Insurance / No Insurance

Visit www.gdx.net/pay for additional details and to make your payment online!

Bill Insurance Option Payment from: Practitioner Patient
 If choosing to have us bill your commercial insurance or Medicare Advantage plan, please follow the steps below to qualify for the lowest out of pocket cost.
 Payment type: Patient online: www.gdx.net/pay (Patient only) 6-Digit Confirmation Code
 Check # Amount: \$ Make checks payable in US dollars to Genova Diagnostics
 Credit Card Authorized Amount: \$
 (Print clearly) Credit Card #:    Background color is for security purposes
 Expiration Date: / CVV:
 Cardholder Signature: Card Holder's Billing Zip Code:
 Printed Name:
 For more payment information, visit our website: www.gdx.net/pay. Your practitioner will also have the payment information on their lab fee schedule.

No Insurance Option (Cash Pay)
 Complete the payment section to the right and provide the Cash Price in one of two ways:
 1. Full Pre-Payment
 2. Payment Plan (for tests \$100 or higher)
 - 25% of cash price (including add-ons) due now
 - Remaining amount charged to credit card provided in 3 equal installments

4 Patient/Responsible Party Acknowledgement Please read and sign below

I have read the Billing Guidelines and I understand my responsibilities as described within them.
 Except in the case of pre-payment I authorize the payment of all medical benefits to be paid directly to Genova Diagnostics and authorize the release of any medical information required for my health plan to process/pay claims resulting from my testing services. I understand that the tests listed on the front of this form may be out of network for my health plan and acknowledge my financial responsibility per my plan benefits and according to the applicable billing guidelines. If Genova Diagnostics participates with my health plan, I acknowledge that payment will be applied toward the patient responsibility after my health plan has processed the claim, and 2) I understand that the tests on the front of this form may be deemed not medically necessary, experimental, or investigational by my health plan and authorize the services to be performed and to be financially responsible for the cash price described in the company's fee schedule.
 Medicare Patients should refer to the Advanced Beneficiary Notice document in the collection pack (if applicable) related to medical necessity for certain tests.
 I authorize Genova Diagnostics to act as my representative in any claim appeal process. I permit a copy of this requisition to be used in place of the original.
 Under the General Data Protection Regulation (GDPR) issued by the European Commission, Genova Diagnostics is a third-party processor of that Customer Personal Data; the above signed Practitioner/Clinician is a controller and/or processor, as applicable, of that Customer Personal Data under the European Data Protection Legislation; and each party will comply with the obligations applicable to it under GDPR Legislation with respect to the processing of that Customer Personal Data. Genova Diagnostics is permitted to process Customer Personal Data only in accordance with applicable law; (a) to provide the services as designated above and related technical support; (b) as further specified via Customer's use of the Services; (c) as documented in the form of the applicable agreement, including this Data Processing Amendment; and (d) as further documented in any other written instructions given by Customer and acknowledged by Genova Diagnostics as constituting instructions for purposes of this Data Processing Amendment. The customer should contact the provider of record for details regarding the scope of processing agreement and subject's personal data rights.

Patient/Responsible Party Name: Date: Signature (required): QUESTIONS? 1-800-522-4762

5 Visit Your Patient Resource Center

Access test results • Make payments • Complete health surveys

GENOVA DIAGNOSTICS 63 Z-Rice Street Asheville, NC 28801 800.522.4762 www.GDX.net
 REV:1019 12345678123

For **Insurance Billing**, please complete these sections:



For **Medicare, Medicaid, and Tricare***, please read & complete these sections:



For **patients without insurance** please complete these sections:



* **Please Note:** Medicare coverage depends on physician's status as a Medicare provider. Medicaid coverage depends on patient's state of residence. See www.gdx.net/billing for full billing program options and guidelines, including information on CHAMPUS and Tricare.

Congratulations! Knowing how to complete this form properly will save you valuable time. If you have further billing questions, please contact us at www.GDX.net, or call us at 800-522-4762.



Call 800.522.4762 or visit our website at www.gdx.net