



Michigan Medicine Laboratories (MLabs)

mllabs.umich.edu
800.862.7284
FAX: 734.936.0755

SPECIMEN SHIPMENTS ONLY:

N-LNC Specimen Processing, 2800 Plymouth Rd, Bldg 35, Ann Arbor, MI 48109-2800

Client
Ward

Patient Reg or MRN:

Patient Name: Last First MI
Birthdate: Gender: OM OF
Ordering Doctor: Last First NPI#

- Bill To: Client (Referring Institution)
Patient Self-Pay: client attests that patient has been informed of charges to be billed by Michigan Medicine
Patient Insurance: attach complete patient and insurance demographics
Traditional Medicare is primary payer: Yes No
If Yes: Inpatient on DOS Outpatient on DOS Non Patient on DOS attach signed ABN if applicable

MLabs requires complete patient demographics, insurance information and ICD-10 diagnosis codes to bill the patient or their insurance carrier. MLabs reserves the right to bill the client if this information is not provided or if we are unable to bill successfully. Testing for Medicare patients will be billed to the client as applicable under CMS law.

Prior Authorization: Most insurance carriers require prior authorization to reimburse molecular or genetic testing.

- Prior Authorization obtained. Authorization number:
MLabs to apply for Prior Authorization, please attach:
MLabs Clinical History Form
A copy of the patient's most recent comprehensive medical record from the requesting clinician, such as an outpatient clinical note, inpatient consultation note, or discharge summary that includes pathology report, relevant laboratory test results, clinical history, family history, current medications, assessment and plan.
Required documentation available in MiChart/CareEverywhere

Informed Consent:

A consent form is required by Michigan law for presymptomatic or predictive genetic tests. It is the responsibility of the physician (or designee) to obtain this consent. If desired, a UMHS Request and Consent for Genetic Testing form can be obtained by contacting MLabs at 800-862-7284 or online at https://mlabs.umich.edu/media/188.

- Informed consent obtained (please attach a copy).

ICD-10 CODES

ICD-10 code input fields

ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only tests that are medically necessary for the diagnosis and treatment of the patient.

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Table with columns: Referring Physician, Referring Institution, Phone, Fax, Address, City, State, ZIP, Country

This request to order tests from MLabs certifies to MLabs that (1) the ordering physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting MLabs to report results for each test ordered to the ordering physician.

PATIENT HISTORY/DIAGNOSIS - REQUIRED INFORMATION

Collection Date: Time: (Oam Opm) Footnote: Case/Accn #
Differential diagnosis / Clinical question(s): Pregnancy Pre-conception Other:
Ethnic Background of Origin: Caucasian - European Caucasian - Jewish (Ashkenazi) Hispanic Asian Black Other:
Mixed Ethnic Origin, please specify:
Is there a family history of Cystic Fibrosis? Yes No Unknown If yes, please provide details:
If specimen is from baby's Father, please include:
Baby's Mother's Name: Mother's Registration Number:
Mother's CF Screening Result: Positive Negative If Positive, What Mutation:

All tests include pathologist interpretation at a separate additional charge.

Cystic Fibrosis Carrier screening is not a Medicaid or Medicare covered benefit. It is not on the Medicaid fee schedule and Medicare doesn't cover genetic screening tests for patients without symptoms. Please contact MLabs if you have any questions.

- Cystic Fibrosis Carrier Screening (CFCAR/MMGL): CPT 81220
Cystic Fibrosis Diagnostic Mutation Detection (CFDXL)(MMGL): CPT 81220
CFTR Gene Sequencing (CFTRS)(MMGL): CPT 81223
CFTR Deletion/Duplication (CFTD)(MMGL): CPT 81222
CFTR Targeted Sequencing, Familial (CFTRF)(MMGL): CPT 81221

Specimen Type for all assays: Peripheral Blood, 5-10 mL Lavender/EDTA tube