



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

MMGL BRCA & LYNCH REQUISITION

Client 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 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 4 columns: Referring Physician, Referring Institution, Phone, Fax. Sub-headers: 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

Diagnosis: _____ Collection Date: _____ Time: _____ (Oam Opm) Footnote: Case/Accn _____

All tests include pathologist interpretation at a separate additional charge.

- [] BRCA 1 & 2 Sequencing and Deletion/Duplication (BOPND) (Commercial & Medicare) CPT 81162
[] w/Reflex to Reanalysis of NGS Data (RND)
[] BRCA 1 & 2 Sequencing NGS (BOPN) (Medicaid) CPT 81163
[] w/ Reflex to Reanalysis of NGS Data (RND)
[] Hereditary Breast and Ovarian Cancer High-Moderate Risk Germline NGS Panel (MIBOC) CPT 81162
ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, PALB2, PTEN, TP53
[] Other:
[] Hereditary Breast and Ovarian Cancer Comprehensive Germline NGS Panel (MIBCC) CPT 81432
ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, STK11, CHEK2, EPCAM, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, PTEN, RAD51C, RAD51D, TP53, FANCC, XRCC2
[] Colorectal Cancer Germline NGS Panel (MICOL) CPT 81435
APC, ATM, AXIN2, BMPR1A, CDH1, CHEK2, EPCAM, GREM1, MLH1, MSH2, MSH6, MUTYH, PMS2, POLD1, POLE, PTEN, SMAD4, STK11, TP53

Additional Information / Physician Notes:

(please draw pedigree & indicate breast, ovarian & other cancers in relatives)