Respiratory Pathogen Panel Requisition

RP17-0101

Genex Laboratory Professional Corporation
13766 Alton Pkwy, Suite 144
Irvine, CA 92618 CLIA # 05D2068632

Phone (949) 527-6517
FAX (949) 527-6525
www.genexlpc.com

Patient		Provider	
Last Name		Physician	
First Name		NPI	
D.O.B.		Phone	
Gender		FAX	
Phone		Email	
Address			
Patient Email			

Specimen	
Specimen Type	
Date Collected	
Time Collected	
Collected By	

Clinical History (ICD-10 Codes)

Respiratory Pathogens to be tested

❑ **Complete Respiratory Panel including Bacterial and Viral Pathogens consisting of:**

Viral Panel: Adenovirus ,Coronavirus OC43, Influenza B , Parainfluenza (PIV 2) , Coronavirus 229E, Influenza A, Human Metapneumonvirus, Parainfluenza (PIV 3) Coronavirus HKU1, Influenza A/H3, Human Rhinovirus/Enterovirus, Parainfluenza (PIV 4), Coronavirus NL63, Influenza A/2009-H1, Parainfluenza 1 (PIV1), Respiratory Syncytial Virus

Bacterial Panel: Bordetella Pertussis, Chlamydophila pneumonia, Mycoplasma pneumoniae

REIMBURSEMENT: Genex Laboratory Prof. Corp. (GNXLPC) will make every reasonable effort to obtain reimbursement for the ordered tests above. I hereby authorize GNXLPC to release to Medicare and/or any insurance carrier providing medical benefits to me and any health plan to which I am a member any and all medical or other information necessary for claims purposes. I hereby authorize payment of medical insurance benefits to the party who bills for these claims and accepts assignments. I understand that if my insurance company pays me directly for the services provided by GNXLPC that I am responsible for forwarding such payment to GNXLPC. **I understand that I am responsible for any outstanding balances, deductible/co-payments as required by my plan.** I authorize GNXLPC to release the result of this testing to the treating physician. I hereby authorize my insurance benefits to be paid directly to GNXLPC.

Patient Signature **Date**

Provider Signature **Date**

Diagnosis ICD-10 Codes

NOTE: For the convenience of the ordering physicians, the below ICD-10 codes are listed. Physicians are not required to use these codes but should report the diagnostic codes that best describes the reason for performing the test

MARK	ICD-10	Description
❑	J06.9	Upper respiratory tract infection NOS, acute or subacute,
❑	J06.9	Upper respiratory disease, acute
❑	J06.9	Infection, Infected respiratory tract, viral NOS
❑	J06.9	Tracheopharyngitis, acute
❑	J39.9	Disease, diseased ,Upper respiratory tract
❑	J11.00	Influenza, unidentified virus, with pneumonia
❑	J11.1	Influenza, unidentified virus, with other respiratory manifestations
❑	J11.2	Influenza, unidentified virus, with gastrointestinal manifestations
❑	J11.83	Influenza, unidentified virus, with otitis media
❑	J11.89	Influenza, unidentified virus, with other manifestations
❑	J04.2	Laryngotracheitis, acute
❑	J37.0	Laryngitis, chronic
❑	J04.0	Laryngitis, acute
❑	J37.1	Laryngotracheitis, chronic
❑	J02.8	Acute pharyngitis due to other specified organisms
❑	J02.9	Acute pharyngitis, unspecified
❑	J31.1	Chronic nasopharyngitis
❑	J31.2	Chronic pharyngitis
❑	J18.0	Bronchopneumonia, unspecified organism
❑	J18.1	Lobar pneumonia, unspecified organism
❑	J18.8	Other pneumonia, unspecified organism
❑	J18.9	Pneumonia, unspecified organism
❑	J12-J12.9	Viral pneumonia
❑	J13-J17	Bacterial pneumonia
❑	J00	Rhinitis, infective
❑	J03.80	Tonsillitis, acute due to other specified organism
❑	J03.81	Tonsillitis, acute recurrent due to other specified organism
❑	J03.90	Tonsillitis, acute unspecified
❑	J03.91	Tonsillitis, acute recurrent unspecified
❑	A37.90	Whooping cough
❑	A37.91	Whooping cough with pneumonia
❑	A37.80	Whooping cough due to Bordetella, bronchiseptica
❑	A37.81	Whooping cough due to Bordetella, bronchiseptica, with pneumonia
❑	A37.10	Whooping cough due to Bordetella, parapertussis
❑	A37.11	Whooping cough due to Bordetella, parapertussis, with pneumonia
❑	A37.00	Whooping cough due to Bordetella pertussis
❑	A37.01	Whooping cough due to Bordetella pertussis, with pneumonia
❑	J16.00	Pneumonia caused by infections with the genus chlamydia, chlamydophila pneumoniae
❑	J15.7	Pneumonia due to Mycoplasma pneumoniae

Patient Insurance Information *(required)*

Please include a photocopy of insurance card(s) (both sides)

PLEASE SELECT A BILLING OPTION & COMPLETE THE INFORMATION BELOW:

❑ Medicare	❑ Medicaid	❑ Insurance	❑ Credit Card	❑ Workers Comp/Auto/LOP	❑ Information Attached
Primary Insurance Carrier		Primary Ins. Policy/ID No.		Primary Ins. Group No.	
PATIENT RELATIONSHIP TO INSURED:					
❑ Self	❑ Spouse	❑ Dependent	❑ Other		
Secondary Insurance		Policy/ID No.		Group No.	