QDxPathology SERVICES

SPECIMEN ID:

4181R-1 Rev N

RPP
Respiratory Pathogen Panels

R0000663394
CLIA ID# 31D2026917

PATIENT INFORMATION (Required)

Date of Collection: ____________________ Time of Collection: ____________________
Last Name: ____________________ First Name: ____________________
DOB: (MM/DD/YYYY): _____ / _____ / __________ SSN #: ____________________
(SSN # required for self-pay patients only)
Cell #: ____________________ Street Address: ____________________
City: ____________________ State: ______________ Zip: __________

Gender Identity and Sexual Orientation

- ☐ Male
- ☐ Female
- ☐ Non-Binary/Genderqueer
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Choose not to disclose
- ☐ Straight or Heterosexual
- ☐ Lesbian, Gay or Homosexual
- ☐ Bisexual
- ☐ Other: ____________________

Race and Ethnicity - Select all that apply

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ White
- ☐ Choose not to disclose
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non-Latino
- ☐ Other: ____________

Guidelines for patient demographics are provided by NJDOH/CLIS (NJSA 45:9-42.46 to -42.49)

REFERRING PROVIDER INFO. (Required)

INSURANCE INFO. (Required)

Policyholder Name: ____
Insurance Name: ____

For patients using Medicare, a completed and signed ABN form must accompany the specimen and this test requisition.

Group #: ________________________________
Policy #: ________________________________

Please provide a copy of the front & back of insurance card(s).

- ☐ Bill Insurance
- ☐ Bill Client
- ☐ Self Pay

PANELS & TESTS

☐ **RPP - Essential -** nasal or nasopharyngeal swab - **includes Flu A (3 subtypes), Flu B, RSV and Sars-COV-2 RT-PCR**

***For patients with specific medical necessity only** (must complete ABN on reverse) -** nasal or nasopharyngeal swab ☐ **RPP - Extended**

These can be ordered alone or in addition to the panels above:

☐ **Sars-COV-2 RT-PCR -** nasal or nasopharyngeal swab

☐ **Group A Strep RT-PCR -** throat swab in Liquid Amies Medium

See back page for list of pathogens and complete ABN.

Common ICD-10 Codes (must be from the patient's medical record)

- ☐ J20.8 Acute bronchitis due to other specified organisms
- ☐ J22 Unspecified acute lower respiratory infection
- ☐ J80 Acute respiratory distress syndrome
- ☐ J98.8 Other specified respiratory disorders
- ☐ R05.1 Acute Cough
- ☐ R05.2 Subacute Cough
- ☐ R05.3 Chronic Cough
- ☐ R06.2 Wheezing
- ☐ R06.02 Shortness of breath
- ☐ R07.0 Pain in throat
- ☐ R50.81 Fever presenting with conditions classified elsewhere
- ☐ R50.9 Fever unspecified
- ☐ R13.10 Dysphagia, unspecified
- ☐ R51.9 Headache, unspecified
- ☐ R53.81 Malaise and fatigue
- ☐ R68.83 Chills (without fever)
- ☐ Z20.822 Contact with and suspected exposure to COVID-19
- ☐ Z86.16 Personal history of COVID-19
- ☐ A37.90 Whooping Cough, unspecified species without pneumonia
- ☐ B95.0 Streptococcus, group A, as the cause of diseases classified elsewhere
- ☐ J04.0 Acute laryngitis
- ☐ J06.9 Acute upper respiratory infection, unspecified
- ☐ J11.1 Flu like symptoms with other respiratory manifestations
- ☐ J02.9 Acute, unspecified
- ☐ J03.01 Acute recurrent streptococcal tonsillitis
- ☐ Z20.828 Contact with and suspected exposure to other viral communicable disease
- ☐ Z01.818 Encounter for other preprocedural examination, preprocedural examination NOS
- ☐ Other ________________________________
- ☐ J40** Bronchitis, not specified as acute or chronic
- ☐ J12.89** Other viral pneumonia

PROVIDER MUST SIGN TO APPROVE TESTING

Provider Signature: ________________________________

CMS requires provider signature on all requisitions. QDx Pathology Services is responsible for verifying signature prior to performing testing.

Patient Signature: ________________________________

I authorize the release of medical information related to services provided herein to my health plan/insurance carrier and authorize payment directly to QDx Pathology Services and/or lab services provider. I assume responsibility for payment of charges not covered by my healthcare insurer.

300 Columbus Circle, Suite A, Edison, NJ 08837 | Tel: (866) 909-PATH | Fax: (908) 272-1478 | www.qdxpath.com

PEEL LABEL HERE ▼ PEEL LABEL HERE ▼ PEEL LABEL HERE ▼ PEEL LABEL HERE ▼

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QDxPathology SERVICES

RPP - Essential

Includes:

- Influenza A Including:
  - Influenza A H1
  - Influenza A H1-2009
  - Influenza A H3
- Flu B
- Respiratory Syncytial Virus A/B (RSV)
- Sars-COV-2 RT-PCR

RPP - Extended

Viruses

- Adenovirus
- Coronavirus (229E, HKU1, NL63, OC43)
- Human Metapneumovirus
- Human Rhinovirus/ Enterovirus
- Influenza A Including:
  - Influenza A H1
  - Influenza A H1-2009
  - Influenza A H3
- Influenza B
- Parainfluenza 1&2
- Parainfluenza 3
- Parainfluenza 4
- Respiratory Suncytial Virus A/B

Bacteria

- Chlamydia pneumoniae
- Bordetella pertussis
- Mycoplasma pneumoniae

A. **QDx Pathology Services, 300 Columbus Circle, Suite A, Edison, NJ 08837, 1-866-845-6842**

B. **Patient Name:** **C. Identification Number:**

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for **D. lab tests** below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D. lab tests** below.

D. Checked Lab Test(s) Only:	☐ RPP Essential: $99.84 ☐ RPP Extended: $265.41	☐ Sars-COV-2 RT-PCR $35.92 ☐ Group A Strep: $24.56 ☐ Other ___________________________
E. Reason Medicare May Not Pay:	Medicare does not pay for this test for your condition	
F. Estimated Cost		

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D. lab tests** listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: **Check only one box. We cannot choose a box for you.**

☐ **OPTION 1.** I want the **D. lab tests** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN**.** If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D. lab tests** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

☐ **OPTION 3.** I don't want the **D. lab tests** listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Patient please sign and complete

I. Signature:	**J. Date:**

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