

Gastroenterology (GI) Pathology Approved Protocol Selections



Practice Name _____

Account Number _____

At my request, I hereby authorize Inform Diagnostics to perform the Approved Protocols, as individually selected below, that I believe to be medically necessary and appropriate** for the diagnosis and/or treatment of my patients, on specimens that I forward to Inform Diagnostics for diagnostic workup.

It is Inform Diagnostics' responsibility to emphasize clinician choice, proper disclosure, client/clinician education, and to facilitate the ability of a client/clinician to order any testing that he/she believes to be medically necessary and appropriate** for the diagnosis and/or treatment of his/her patients.

STAIN	SPECIMEN(S) TYPE AND MEDICAL RATIONALE — MEDICAL NECESSITY
Alcian Blue/PAS CPT Code: 88313*	<input type="checkbox"/> Gastric specimens: To enhance the detection of intestinal metaplasia ¹ <input type="checkbox"/> Duodenal specimens: To enhance the detection of gastric metaplasia in inflammatory conditions such as peptic duodenitis ¹ <input type="checkbox"/> Esophageal specimens: To enhance the detection of intestinal metaplasia in Barrett's esophagus ^{1,2}
IHC for <i>H. pylori</i> CPT Code: 88342*	<input type="checkbox"/> Gastric specimens: To enhance the detection of <i>Helicobacter pylori</i> ³

Your protocol selections will be implemented within 24–48 hours from receipt at Inform Diagnostics.

Please note that this Approved Protocol Form supersedes and replaces any existing Approved Protocol Form that you may have on file with Inform Diagnostics.

By signing this form, I indicate that I am aware of the test components, the CPT* codes for the components, and the Medicare reimbursement rates for the tests ordered. I am also aware that the use of a blank order may result in the ordering of tests which are not covered, reasonable or necessary. I understand the potential implications of signing a blanket order. I also understand that I have the ability to "Opt Out" of the blanket order protocol for each patient by checking the "Opt Out" box or by writing "Opt Out" on the individual test requisition form for each patient, or for all my patients, by contacting Inform Diagnostics' Client Services team at 866.588.3280.

Pathologist Name _____

Signature _____ Date ____/____/____

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Additional Pathologists

Pathologist Name _____

Signature _____ Date ____/____/____

Pathologist Name _____

Signature _____ Date ____/____/____

Pathologist Name _____

Signature _____ Date ____/____/____

This protocol will be effective on the date that the Medical Director at Inform Diagnostics reviews and approves.

Please return the signed form to Inform Diagnostics

Irving, Texas

Fax 866.688.3280

Email clientservices@informdx.com

Union, N.J.

Fax 908.912.8750

Email clientservices2@informdx.com

Boston

Fax 617.969.3393

Email clientservicesboston@informdx.com

This protocol form has been reviewed and approved by the Medical Director of Inform Diagnostics.

Signature _____ Date ____/____/____

REFERENCES

1. Odze R, Goldblum J; Surgical Pathology of the GI Tract, Liver, Biliary Tract and Pancreas, Second Edition 2009.
2. K.Wang, R.Sampliner. Updated Guidelines 2008 for the Diagnosis, Surveillance and Therapy of Barrett's Esophagus. American Journal of Gastroenterology.
3. Odze R, Goldblum J; Surgical Pathology of the GI Tract, Liver, Biliary Tract and Pancreas, Second Edition 2009.

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

**MEDICAL NECESSITY

The Centers for Medicare and Medicaid Services (CMS) is responsible for administering Medicare and other federally mandated healthcare programs throughout the United States. Medicare laws prohibit payment for services and items deemed by local Medicare Carriers as not medically reasonable and necessary for the diagnosis or treatment of an illness or injury. In such cases, documentation of "medical necessity" is required before a claim may be paid. Medicare, with a few exceptions, will not pay for routine checkups or screening tests, defined as "diagnostic procedures performed in the absence of signs or symptoms."