

Accession #

## NIKE FITNESS STUDIO REQUISITION FORM

LABORATORY USE ONLY	Accession ID: _____	DATE and TIME RECEIVED: RECEIVERS INITIALS: _____	COLLECTORS INITIALS: _____
---------------------	---------------------	--	----------------------------

<b>1. PATIENT INFORMATION (REQUIRED)</b> First Name _____ Last Name _____ DOB (mm-dd-yyyy) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Patient ID _____ Email _____	<b>2. ORDERING PHYSICIAN INFORMATION (REQUIRED for PGx Only)</b> First Name _____ Last Name _____ Medical Credentials _____ NPI _____ Facility NPI _____ Facility Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Office Fax _____
---	---

<b>3. SPECIMEN INFORMATION (REQUIRED)</b> Collection Date _____ Specimen Type: Place of Collection <input type="checkbox"/> Patient's Home <input type="checkbox"/> Nike Fitness Studio <input checked="" type="checkbox"/> Buccal Swab	<b>4. INSURANCE INFORMATION (REQUIRED for PGx Only)</b> Insurance Name _____ Insurance ID _____ Customer Service Phone _____
---	--

**GENETIC PANELS**

**5. TEST(S) REQUESTED**

**Pharmacogenetics Comprehensive Panel- 58 genes (PharmaAssist Program or Insurance)**

**NGx Comprehensive (PharmaAssist Program Only)**  
 DIET AND NUTRITION  
 SPORTS AND FITNESS

**Skin - (PharmaAssist)**

**Oral Health (PharmaAssist)**

**6. MEDICAL NECESSITY / CHART NOTES:** Please complete section 10 and attach required clinical notes regarding medical necessity.

**7. PATIENT INFORMED CONSENT**

I have read and understand the Patient Informed Consent and freely give my consent to Health By Genetics (Lab) to perform the genetic tests as described.

Optional: I consent to the use of my de-identified test samples for research.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**9. ORDER AND CONFIRMATION OF MEDICAL NECESSITY**

By signing below, the ordering healthcare provider orders the test indicated above, confirms that the test ordered is medically necessary for the risk assessment, diagnosis or detection of a disease, illness, impairment, symptom, syndrome, or disorder, and confirms that the ordering healthcare provider:

- Has an on-going relationship with the patient.
- Will use the results in the management of the patient's medical condition,
- Will follow up with the patient once the test results are received to render Additional treatment decisions based on the test results.
- Will maintain a detailed chart with extensive SOAP notes specifying how the test results impacted the medical care and treatment of the patient in follow-up visits.
- Understands that if the patient is a Medicare beneficiary that Medicare may not cover routine screening tests.
- Certifies under penalties of perjury that all local and national CMS coverage guidelines and/or federal screening coverage guidelines of the ordered test have been met.

**Understands**

- That the appropriate prior written consent has been obtained from the patient where required by state law.

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**8. PATIENT PAYMENT OPTIONS**

**INSURANCE OR MEDICARE** \*Please provide copy of front & back of card  
 I am covered by insurance and understand and authorize once a test is ordered by my healthcare provider:

- The Lab may use all information on this form and information provided by my healthcare provider that is necessary for reimbursement.
- The Lab will inform my insurance plan of my test result only if required for preauthorization or payment of additional or reflex testing.
- My plan benefits will be payable to the Lab.
- In the event my insurance sends the payment to me directly, I am responsible for forwarding the check or equivalent payment amount to the Lab.
- I am responsible for any coinsurance, deductible or other patient responsibility amount required by my insurance.

**OTHER - Please Specify** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





Accession #

# PHARMACOGENETICS REQUISITION

**14. ICD-10 REFERENCE SHEET. PLEASE SELECT ALL THAT APPLY:**

CIRCULATORY SYSTEM					
<input type="checkbox"/>	I20.0	Unstable angina	<input type="checkbox"/>	I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
<input type="checkbox"/>	I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	<input type="checkbox"/>	I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
<input type="checkbox"/>	I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery	<input type="checkbox"/>	I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
<input type="checkbox"/>	I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	<input type="checkbox"/>	I21.29	ST elevation (STEMI) myocardial infarction involving other sites
<input type="checkbox"/>	I21.4	Non-ST elevation (NSTEMI) myocardial infarction	<input type="checkbox"/>	I21.A1	Myocardial infarction type 2
<input type="checkbox"/>	I21.A9	Other myocardial infarction type	<input type="checkbox"/>	I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
<input type="checkbox"/>	I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	<input type="checkbox"/>	I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
<input type="checkbox"/>	I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites	<input type="checkbox"/>	I25.2	Old myocardial infarction
<input type="checkbox"/>	I69.30	Unspecified sequelae of cerebral infarction	<input type="checkbox"/>	I81	Portal vein thrombosis
<input type="checkbox"/>	I82.0	Budd-Chiari syndrome	<input type="checkbox"/>	I82.1	Thrombophlebitis migrans
<input type="checkbox"/>	I82.210	Acute embolism and thrombosis of superior vena cava	<input type="checkbox"/>	I82.211	Chronic embolism and thrombosis of superior vena cava
<input type="checkbox"/>	I82.220	Acute embolism and thrombosis of inferior vena cava	<input type="checkbox"/>	I82.221	Chronic embolism and thrombosis of inferior vena cava
<input type="checkbox"/>	I82.290	Acute embolism and thrombosis of other thoracic veins	<input type="checkbox"/>	I82.291	Chronic embolism and thrombosis of other thoracic veins
<input type="checkbox"/>	I82.3	Embolism and thrombosis of renal vein	<input type="checkbox"/>	I82.401	Acute embolism and thrombosis of unspecified deep veins of right lower extremity
<input type="checkbox"/>	I82.402	Acute embolism and thrombosis of unspecified deep veins of left lower extremity	<input type="checkbox"/>	I82.403	Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
<input type="checkbox"/>	I82.411	Acute embolism and thrombosis of right femoral vein	<input type="checkbox"/>	I82.412	Acute embolism and thrombosis of left femoral vein
<input type="checkbox"/>	I82.413	Acute embolism and thrombosis of femoral vein, bilateral	<input type="checkbox"/>	I82.421	Acute embolism and thrombosis of right iliac vein
<input type="checkbox"/>	I82.422	Acute embolism and thrombosis of left iliac vein	<input type="checkbox"/>	I82.423	Acute embolism and thrombosis of iliac vein, bilateral
<input type="checkbox"/>	I82.431	Acute embolism and thrombosis of right popliteal vein	<input type="checkbox"/>	I82.432	Acute embolism and thrombosis of left popliteal vein
<input type="checkbox"/>	I82.433	Acute embolism and thrombosis of popliteal vein, bilateral	<input type="checkbox"/>	I82.441	Acute embolism and thrombosis of right tibial vein
<input type="checkbox"/>	I82.442	Acute embolism and thrombosis of left tibial vein	<input type="checkbox"/>	I82.443	Acute embolism and thrombosis of tibial vein, bilateral
<input type="checkbox"/>	I82.451	Acute embolism and thrombosis of right peroneal vein	<input type="checkbox"/>	I82.452	Acute embolism and thrombosis of left peroneal vein
<input type="checkbox"/>	I82.453	Acute embolism and thrombosis of peroneal vein, bilateral	<input type="checkbox"/>	I82.461	Acute embolism and thrombosis of right calf muscular vein
<input type="checkbox"/>	I82.462	Acute embolism and thrombosis of left calf muscular vein	<input type="checkbox"/>	I82.463	Acute embolism and thrombosis of calf muscular vein, bilateral
<input type="checkbox"/>	I82.491	Acute embolism and thrombosis of other specified deep vein of right lower extremity	<input type="checkbox"/>	I82.492	Acute embolism and thrombosis of other specified deep vein of left lower extremity
<input type="checkbox"/>	I82.493	Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral	<input type="checkbox"/>	I82.4Y1	Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity
<input type="checkbox"/>	I82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity	<input type="checkbox"/>	I82.4Y3	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
<input type="checkbox"/>	I82.4Z1	Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity	<input type="checkbox"/>	I82.4Z2	Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity
<input type="checkbox"/>	I82.4Z3	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral	<input type="checkbox"/>	I82.501	Chronic embolism and thrombosis of unspecified deep veins of right lower extremity
<input type="checkbox"/>	I82.502	Chronic embolism and thrombosis of unspecified deep veins of left lower extremity	<input type="checkbox"/>	I82.503	Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
<input type="checkbox"/>	I82.511	Chronic embolism and thrombosis of right femoral vein	<input type="checkbox"/>	I82.512	Chronic embolism and thrombosis of left femoral vein
<input type="checkbox"/>	I82.513	Chronic embolism and thrombosis of femoral vein, bilateral	<input type="checkbox"/>	I82.521	Chronic embolism and thrombosis of right iliac vein
<input type="checkbox"/>	I82.522	Chronic embolism and thrombosis of left iliac vein	<input type="checkbox"/>	I82.523	Chronic embolism and thrombosis of iliac vein, bilateral
<input type="checkbox"/>	I82.531	Chronic embolism and thrombosis of right popliteal vein	<input type="checkbox"/>	I82.532	Chronic embolism and thrombosis of left popliteal vein
<input type="checkbox"/>	I82.533	Chronic embolism and thrombosis of popliteal vein, bilateral	<input type="checkbox"/>	I82.541	Chronic embolism and thrombosis of right tibial vein
<input type="checkbox"/>	I82.542	Chronic embolism and thrombosis of left tibial vein	<input type="checkbox"/>	I82.543	Chronic embolism and thrombosis of tibial vein, bilateral
<input type="checkbox"/>	I82.551	Chronic embolism and thrombosis of right peroneal vein	<input type="checkbox"/>	I82.552	Chronic embolism and thrombosis of left peroneal vein
<input type="checkbox"/>	I82.553	Chronic embolism and thrombosis of peroneal vein, bilateral	<input type="checkbox"/>	I82.561	Chronic embolism and thrombosis of right calf muscular vein
<input type="checkbox"/>	I82.562	Chronic embolism and thrombosis of left calf muscular vein	<input type="checkbox"/>	I82.563	Chronic embolism and thrombosis of calf muscular vein, bilateral
<input type="checkbox"/>	I82.591	Chronic embolism and thrombosis of other specified deep vein of right lower extremity	<input type="checkbox"/>	I82.592	Chronic embolism and thrombosis of other specified deep vein of left lower extremity
<input type="checkbox"/>	I82.593	Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral	<input type="checkbox"/>	I82.5Y1	Chronic embolism and thrombosis of unspecified deep veins of right proximal lower extremity
<input type="checkbox"/>	I82.5Y2	Chronic embolism and thrombosis of unspecified deep veins of left proximal lower extremity	<input type="checkbox"/>	I82.5Y3	Chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
<input type="checkbox"/>	I82.5Z1	Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity	<input type="checkbox"/>	I82.5Z2	Chronic embolism and thrombosis of unspecified deep veins of left distal lower extremity
<input type="checkbox"/>	I82.5Z3	Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral	<input type="checkbox"/>	I82.601	Acute embolism and thrombosis of unspecified veins of right upper extremity
<input type="checkbox"/>	I82.602	Acute embolism and thrombosis of unspecified veins of left upper extremity	<input type="checkbox"/>	I82.603	Acute embolism and thrombosis of unspecified veins of upper extremity, bilateral
<input type="checkbox"/>	I82.611	Acute embolism and thrombosis of superficial veins of right upper extremity	<input type="checkbox"/>	I82.612	Acute embolism and thrombosis of superficial veins of left upper extremity
<input type="checkbox"/>	I82.613	Acute embolism and thrombosis of superficial veins of upper extremity, bilateral	<input type="checkbox"/>	I82.621	Acute embolism and thrombosis of deep veins of right upper extremity
<input type="checkbox"/>	I82.622	Acute embolism and thrombosis of deep veins of left upper extremity	<input type="checkbox"/>	I82.623	Acute embolism and thrombosis of deep veins of upper extremity, bilateral
<input type="checkbox"/>	I82.701	Chronic embolism and thrombosis of unspecified veins of right upper extremity	<input type="checkbox"/>	I82.702	Chronic embolism and thrombosis of unspecified veins of left upper extremity
<input type="checkbox"/>	I82.703	Chronic embolism and thrombosis of unspecified veins of upper extremity, bilateral	<input type="checkbox"/>	I82.711	Chronic embolism and thrombosis of superficial veins of right upper extremity
<input type="checkbox"/>	I82.712	Chronic embolism and thrombosis of superficial veins of left upper extremity	<input type="checkbox"/>	I82.713	Chronic embolism and thrombosis of superficial veins of upper extremity, bilateral
<input type="checkbox"/>	I82.721	Chronic embolism and thrombosis of deep veins of right upper extremity	<input type="checkbox"/>	I82.722	Chronic embolism and thrombosis of deep veins of left upper extremity
<input type="checkbox"/>	I82.723	Chronic embolism and thrombosis of deep veins of upper extremity, bilateral	<input type="checkbox"/>	I82.A11	Acute embolism and thrombosis of right axillary vein
<input type="checkbox"/>	I82.A12	Acute embolism and thrombosis of left axillary vein	<input type="checkbox"/>	I82.A13	Acute embolism and thrombosis of axillary vein, bilateral

Accession #

## PHARMACOGENETICS REQUISITION

**14. ICD-10 REFERENCE SHEET CONTINUED. PLEASE SELECT ALL THAT APPLY:**

CIRCULATORY SYSTEM CONTINUED					
<input type="checkbox"/>	I82.A21	Chronic embolism and thrombosis of right axillary vein	<input type="checkbox"/>	I82.A22	Chronic embolism and thrombosis of left axillary vein
<input type="checkbox"/>	I82.A23	Chronic embolism and thrombosis of axillary vein, bilateral	<input type="checkbox"/>	I82.B11	Acute embolism and thrombosis of right subclavian vein
<input type="checkbox"/>	I82.B12	Acute embolism and thrombosis of left subclavian vein	<input type="checkbox"/>	I82.B13	Acute embolism and thrombosis of subclavian vein, bilateral
<input type="checkbox"/>	I82.B21	Chronic embolism and thrombosis of right subclavian vein	<input type="checkbox"/>	I82.B22	Chronic embolism and thrombosis of left subclavian vein
<input type="checkbox"/>	I82.B23	Chronic embolism and thrombosis of subclavian vein, bilateral	<input type="checkbox"/>	I82.C11	Acute embolism and thrombosis of right internal jugular vein
<input type="checkbox"/>	I82.C12	Acute embolism and thrombosis of left internal jugular vein	<input type="checkbox"/>	I82.C13	Acute embolism and thrombosis of internal jugular vein, bilateral
<input type="checkbox"/>	I82.C21	Chronic embolism and thrombosis of right internal jugular vein	<input type="checkbox"/>	I82.C22	Chronic embolism and thrombosis of left internal jugular vein
<input type="checkbox"/>	I82.C23	Chronic embolism and thrombosis of internal jugular vein, bilateral	<input type="checkbox"/>	I82.811	Embolism and thrombosis of superficial veins of right lower extremity
<input type="checkbox"/>	I82.812	Embolism and thrombosis of superficial veins of left lower extremity	<input type="checkbox"/>	I82.813	Embolism and thrombosis of superficial veins of lower extremities, bilateral
<input type="checkbox"/>	I82.890	Acute embolism and thrombosis of other specified veins	<input type="checkbox"/>	I82.91	Chronic embolism and thrombosis of unspecified vein
<input type="checkbox"/>	I10	Essential (primary) hypertension	<input type="checkbox"/>	I48.0	Paroxysmal atrial fibrillation
<input type="checkbox"/>	I48.11	Longstanding persistent atrial fibrillation	<input type="checkbox"/>	I48.19	Other persistent atrial fibrillation
<input type="checkbox"/>	I50.1	Left ventricular failure, unspecified	<input type="checkbox"/>	I50.20	Unspecified systolic (congestive) heart failure
<input type="checkbox"/>	I50.30	Unspecified diastolic (congestive) heart failure	<input type="checkbox"/>	I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
<input type="checkbox"/>	I50.89	Other heart failure	<input type="checkbox"/>	I50.9	Heart failure, unspecified
<input type="checkbox"/>	Z86.79	Personal history of other diseases of the circulatory system	<input type="checkbox"/>	Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
<input type="checkbox"/>	Z98.61	Coronary angioplasty status	<input type="checkbox"/>	Z98.62	Peripheral vascular angioplasty status
<input type="checkbox"/>	Z94.1	Heart transplant status	<input type="checkbox"/>	C34.90*	Malignant neoplasm of unspecified part of unspecified bronchus or lung
<input type="checkbox"/>	B44.0	Invasive pulmonary aspergillosis			

BLOOD & IMMUNE SYSTEM					
<input type="checkbox"/>	C84.40	Peripheral T-cell lymphoma, not classified, unspecified site	<input type="checkbox"/>	C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
<input type="checkbox"/>	C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	<input type="checkbox"/>	C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
<input type="checkbox"/>	C91.00	Acute lymphoblastic leukemia not having achieved remission	<input type="checkbox"/>	C91.01	Acute lymphoblastic leukemia, in remission
<input type="checkbox"/>	C91.02	Acute lymphoblastic leukemia, in relapse	<input type="checkbox"/>	C92.00	Acute myeloblastic leukemia, not having achieved remission
<input type="checkbox"/>	C92.01	Acute myeloblastic leukemia, in remission	<input type="checkbox"/>	C92.02	Acute myeloblastic leukemia, in relapse
<input type="checkbox"/>	B20	Human immunodeficiency virus [HIV] disease	<input type="checkbox"/>	M35.00	Sjogren syndrome, unspecified

MENTAL DISORDERS					
<input type="checkbox"/>	F32.1	Major depressive disorder, single episode, moderate	<input type="checkbox"/>	F32.2	Major depressive disorder, single episode, severe without psychotic features
<input type="checkbox"/>	F32.3	Major depressive disorder, single episode, severe with psychotic features	<input type="checkbox"/>	F32.4	Major depressive disorder, single episode, in partial remission
<input type="checkbox"/>	F32.9	Major depressive disorder, single episode, unspecified	<input type="checkbox"/>	F33.1	Major depressive disorder, recurrent, moderate
<input type="checkbox"/>	F33.2	Major depressive disorder, recurrent severe without psychotic features	<input type="checkbox"/>	F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
<input type="checkbox"/>	F33.41	Major depressive disorder, recurrent, in partial remission	<input type="checkbox"/>	F33.9	Major depressive disorder, recurrent, unspecified
<input type="checkbox"/>	F40.01	Agoraphobia with panic disorder	<input type="checkbox"/>	F40.11	Social phobia, generalized
<input type="checkbox"/>	F41.0	Panic disorder [episodic paroxysmal anxiety]	<input type="checkbox"/>	F41.1	Generalized anxiety disorder
<input type="checkbox"/>	F43.11	Post-traumatic stress disorder, acute	<input type="checkbox"/>	F43.12	Post-traumatic stress disorder, chronic
<input type="checkbox"/>	F52.0*	Hypoactive sexual desire disorder	<input type="checkbox"/>	F60.5	Obsessive-compulsive personality disorder
<input type="checkbox"/>	F11.23	Opioid dependence with withdrawal	<input type="checkbox"/>	F20.0	Paranoid schizophrenia
<input type="checkbox"/>	F20.1	Disorganized schizophrenia	<input type="checkbox"/>	F20.2	Catatonic schizophrenia
<input type="checkbox"/>	F20.3	Undifferentiated schizophrenia	<input type="checkbox"/>	F20.5	Residual schizophrenia
<input type="checkbox"/>	F20.81	Schizophreniform disorder	<input type="checkbox"/>	F20.89	Other schizophrenia
<input type="checkbox"/>	F31.0	Bipolar disorder, current episode hypomanic	<input type="checkbox"/>	F31.11	Bipolar disorder, current episode manic without psychotic features, mild
<input type="checkbox"/>	F31.12	Bipolar disorder, current episode manic without psychotic features, moderate	<input type="checkbox"/>	F31.13	Bipolar disorder, current episode manic without psychotic features, severe
<input type="checkbox"/>	F31.2	Bipolar disorder, current episode manic severe with psychotic features	<input type="checkbox"/>	F31.31	Bipolar disorder, current episode depressed, mild
<input type="checkbox"/>	F31.32	Bipolar disorder, current episode depressed, moderate	<input type="checkbox"/>	F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
<input type="checkbox"/>	F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features	<input type="checkbox"/>	F31.61	Bipolar disorder, current episode mixed, mild
<input type="checkbox"/>	F31.62	Bipolar disorder, current episode mixed, moderate	<input type="checkbox"/>	F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
<input type="checkbox"/>	F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features	<input type="checkbox"/>	F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
<input type="checkbox"/>	F31.73	Bipolar disorder, in partial remission, most recent episode manic	<input type="checkbox"/>	F31.75	Bipolar disorder, in partial remission, most recent episode depressed
<input type="checkbox"/>	F31.77	Bipolar disorder, in partial remission, most recent episode mixed	<input type="checkbox"/>	F84.0	Autistic disorder
<input type="checkbox"/>	F95.2	Tourette's disorder	<input type="checkbox"/>	F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
<input type="checkbox"/>	F90.2	Attention-deficit hyperactivity disorder, combined type	<input type="checkbox"/>	F90.8	Attention-deficit hyperactivity disorder, other type

Accession #

## PHARMACOGENETICS REQUISITION

14. ICD-10 REFERENCE SHEET CONTINUED. PLEASE SELECT **ALL** THAT APPLY:

### NERVOUS SYSTEM

<input type="checkbox"/>	G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
<input type="checkbox"/>	G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
<input type="checkbox"/>	G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
<input type="checkbox"/>	G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
<input type="checkbox"/>	G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
<input type="checkbox"/>	G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
<input type="checkbox"/>	G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
<input type="checkbox"/>	G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
<input type="checkbox"/>	G40.811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
<input type="checkbox"/>	G40.812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
<input type="checkbox"/>	G40.813	Lennox-Gastaut syndrome, intractable, with status epilepticus
<input type="checkbox"/>	G40.814	Lennox-Gastaut syndrome, intractable, without status epilepticus
<input type="checkbox"/>	G47.09	Other insomnia
<input type="checkbox"/>	G89.11	Acute pain due to trauma
<input type="checkbox"/>	G89.18	Other acute postprocedural pain
<input type="checkbox"/>	G89.29	Other chronic pain
<input type="checkbox"/>	G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
<input type="checkbox"/>	G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
<input type="checkbox"/>	G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
<input type="checkbox"/>	G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
<input type="checkbox"/>	G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
<input type="checkbox"/>	G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
<input type="checkbox"/>	G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
<input type="checkbox"/>	G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
<input type="checkbox"/>	Z48.811	Encounter for surgical aftercare following surgery on the nervous system
<input type="checkbox"/>	G10	Huntington's disease
<input type="checkbox"/>	G24.01	Drug induced subacute dyskinesia
<input type="checkbox"/>	G47.411	Narcolepsy with cataplexy
<input type="checkbox"/>	G47.419	Narcolepsy without cataplexy
<input type="checkbox"/>	T75.3XXA	Motion sickness, initial encounter
<input type="checkbox"/>	T75.3XXD	Motion sickness, subsequent encounter
<input type="checkbox"/>	T75.3XXS	Motion sickness, sequela

### GENITO & URINARY SYSTEM

<input type="checkbox"/>	N95.8*	Other specified menopausal and perimenopausal disorders	<input type="checkbox"/>	N39.41*	Urge incontinence
<input type="checkbox"/>	N39.46*	Mixed incontinence	<input type="checkbox"/>	Z94.0	Kidney transplant status
<input type="checkbox"/>	C18.9	Malignant neoplasm of colon, unspecified	<input type="checkbox"/>	C19	Malignant neoplasm of rectosigmoid junction
<input type="checkbox"/>	C20	Malignant neoplasm of rectum	<input type="checkbox"/>	C49.9*	Malignant neoplasm of connective and soft tissue, unspecified
<input type="checkbox"/>	C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	<input type="checkbox"/>	Z85.030	Personal history of malignant carcinoid tumor of large intestine
<input type="checkbox"/>	Z85.038	Personal history of other malignant neoplasm of large intestine	<input type="checkbox"/>	Z85.040	Personal history of malignant carcinoid tumor of rectum

### ENDOCRINE, NUTRITIONAL, METABOLIC DISORDERS

<input type="checkbox"/>	E16.4	Increased secretion of gastrin	<input type="checkbox"/>	E31.20	Multiple endocrine neoplasia [MEN] syndrome, unspecified
<input type="checkbox"/>	E31.8	Other polyglandular dysfunction	<input type="checkbox"/>	E78.00	Pure hypercholesterolemia, unspecified
<input type="checkbox"/>	E78.01	Familial hypercholesterolemia	<input type="checkbox"/>	E78.1	Pure hyperglyceridemia
<input type="checkbox"/>	E78.2	Mixed hyperlipidemia	<input type="checkbox"/>	E78.49	Other hyperlipidemia
<input type="checkbox"/>	Z86.39	Personal history of other endocrine, nutritional and metabolic disease	<input type="checkbox"/>	E75.22	Gaucher disease

### SIGNS & SYMPTOMS

<input type="checkbox"/>	R11.2	Nausea with vomiting, unspecified
<input type="checkbox"/>	R45.851*	Suicidal ideations
<input type="checkbox"/>	R52	Pain, unspecified

### MUSCULOSKELETAL

<input type="checkbox"/>	M06.89	Other specified rheumatoid arthritis, multiple sites
<input type="checkbox"/>	M06.8A	Other specified rheumatoid arthritis, other specified site

Accession #

## PHARMACOGENETICS REQUISITION

14. ICD-10 REFERENCE SHEET CONTINUED. PLEASE SELECT **ALL** THAT APPLY:

DIGESTIVE SYSTEM					
<input type="checkbox"/>	K21.00	Gastro-esophageal reflux disease with esophagitis, without bleeding	<input type="checkbox"/>	K21.01	Gastro-esophageal reflux disease with esophagitis, with bleeding
<input type="checkbox"/>	K21.9	Gastro-esophageal reflux disease without esophagitis	<input type="checkbox"/>	K22.10	Ulcer of esophagus without bleeding
<input type="checkbox"/>	K22.11	Ulcer of esophagus with bleeding	<input type="checkbox"/>	K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
<input type="checkbox"/>	K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation	<input type="checkbox"/>	K26.7	Chronic duodenal ulcer without hemorrhage or perforation
<input type="checkbox"/>	K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation	<input type="checkbox"/>	Z94.4	Liver transplant status
<input type="checkbox"/>	C16.9	Malignant neoplasm of stomach, unspecified	<input type="checkbox"/>	C25.9	Malignant neoplasm of pancreas, unspecified
<input type="checkbox"/>	B37.81	Candidal esophagitis	<input type="checkbox"/>	B37.89	Other sites of candidiasis
<input type="checkbox"/>	K31.84*	Gastroparesis			

OTHER DISEASE, ENCOUNTER AND STATUS	
<b>Female reproductive</b>	
<input type="checkbox"/>	C50.919* Malignant neoplasm of unspecified site of unspecified female breast
<input type="checkbox"/>	C50.929* Malignant neoplasm of unspecified site of unspecified male breast
<b>Encounter</b>	
<input type="checkbox"/>	Z08 Encounter for follow-up examination after completed treatment for malignant neoplasm
<input type="checkbox"/>	Z48.89* Encounter for other specified surgical aftercare
<input type="checkbox"/>	Z51.0* Encounter for antineoplastic radiation therapy
<b>Status</b>	
<input type="checkbox"/>	Z92.21* Personal history of antineoplastic chemotherapy

**PLEASE LIST ANY ADDITIONAL ICD10 CODES HERE:**

The list above contains commonly used ICD-10 codes. Providers should report diagnosis code(s) based on information recorded in the patient's medical record that best describes the reason for testing. To appropriately bill insurance, Health By Genetics requires ICD-10 codes which 1) are patient specific, 2) prove the medical necessity of the ordered test and 3) are a billable code of the highest specificity.

\* This list is intended to assist ordering physicians in providing ICD-10 Diagnosis Codes as required by Medicare and other Insurers. It includes the most commonly found out-patient diagnoses (generally without complications) but is not complete. This list was compiled from the ICD10-CM 2015, as well as the Medicare Regulations and Manuals issued or authorized by the Centers for Medicaid and Medicare Services. An ICD-10-CM book should be used as a complete reference. The ultimate responsibility for correct coding belongs to the ordering physician. \*