

BCR-ABL1-Like (Philadelphia-like) B-ALL Testing

Institution Name _____ Ordering Pathologist _____
 Billing Contact Name _____ Pathologist NPI _____
 Address _____ Pathologist Phone _____
 Phone _____ Address _____
 Fax (for reporting) _____
 (if different from institution)

Patient's Last Name _____ First Name _____ MI _____
 Provider Pt ID _____ Gender M F DOB ____/____/____ SSN ____-____-____
 Address _____ City, State, Zip _____ Phone _____

MEDICARE ONLY COVERS TESTING THAT IS NECESSARY TO DIAGNOSE OR TREAT, AND IN GENERAL WILL NOT PAY FOR ROUTINE SCREENING.

Bill To Institution Medicare Member # On Insurance Card _____ Please provide a copy of insurance card(s) - FRONT AND BACK
 Guarantor's Name _____ Relationship to Patient _____ DOB ____/____/____
 Collection Date ____/____/____ Time _____

Clinical History _____

ICD-10 Code(s) _____
 Blast % (minimum 25%) _____
 Risk Status _____ WBC _____ CNS Status _____

Check one:

BCR-ABL1-Like B-ALL, Screening Assay Only

Collect: EDTA (Lavender, Pink) 5.0 ml
 CPT Code(s): 81479, G0452-26

BCR-ABL1-Like B-ALL, Reflex to FISH

Collect: EDTA (Lavender, Pink) 5.0 ml AND Sodium-Heparin (Green) 5.0 ml
 CPT Code(s): 81479, G0452-26, 88377 up to x7 (if applicable)

BCR-ABL1-Like B-ALL, Full Algorithm

Collect: EDTA (Lavender, Pink) 5.0 ml AND Sodium-Heparin (Green) 5.0 ml
 CPT Code(s): 81479, G0452-26, 88377 up to x7, 81455, 81245 (if applicable)