Purpose of This Webinar

Medicare’s compliance requirements have not changed.

All Medicare requirements remain the same. Based on our recent Medicare audit, IGeneX is adding a few requirements to Medicare orders.

Refresh

Review Medicare medical necessity and ordering requirements.

Explain

Share what our Medicare audit found and the requirements we are adding.

Walk through

Complete each section of the new Medicare Test Requisition Form.

What We Learned From Our Medicare Audit

One IGeneX test panel

- Component test
- Component test
- Component test
- Component test

Medicare counts it as

1 test

(one procedure)

not as multiple separate tests and procedures

What this means: in addition to existing Medicare requirements, IGeneX is adding requirements to Medicare orders.

Additional Medicare Order Requirements

1

Individual tests only

Please do not order test panels for Medicare patients.

2

ICD-10-CM for each disease

Use the most appropriate code for each condition being tested, as documented in the patient's medical record.

3

ICD-10-CM for signs and symptoms

Codes for the signs and symptoms that support the need for the ordered test(s).

4

Place of service (draw site)

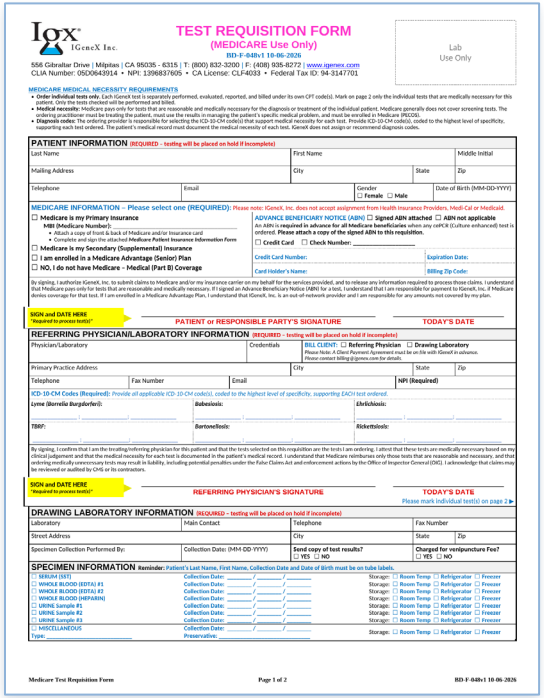
Complete the Drawing Laboratory section to show where the specimen was collected.

Next: how to complete the IGeneX Medicare Test Requisition Form →

IGeneX Inc.

IGeneX Medicare Test Requisition Form Instructions

Form BD-F-048v1 | A quick guide for ordering providers, drawing labs, and staff



TEST REQUISITION FORM
(MEDICARE Use Only)
BD-F-048v1 10-06-2026

556 Gibraltar Drive | Milpitas | CA 95035 - 6315 | T: (800) 832-3200 | F: (408) 935-8272 | www.igenex.com
CLIA Number: 05D0643914 • NPI: 1396837605 • CA License: CLF4033 • Federal Tax ID: 94-3147701

Lab Use Only

MEDICARE MEDICAL NECESSITY REQUIREMENTS

PATIENT INFORMATION (REQUIRED – testing will be placed on hold if incomplete)

MEDICARE INFORMATION – Please select one (REQUIRED):

ADVANCE BENEFICIARY NOTICE (ABN)

SIGN and DATE HERE — PATIENT or RESPONSIBLE PARTY'S SIGNATURE — TODAY'S DATE

REFERRING PHYSICIAN/LABORATORY INFORMATION (REQUIRED – testing will be placed on hold if incomplete)

ICD-10-CM Codes (Required): Provide all applicable ICD-10-CM code(s), coded to the highest level of specificity, supporting EACH test ordered.

SIGN and DATE HERE — REFERRING PHYSICIAN'S SIGNATURE — TODAY'S DATE

DRAWING LABORATORY INFORMATION (REQUIRED – testing will be placed on hold if incomplete)

SPECIMEN INFORMATION Reminder: Patient's Last Name, First Name, Collection Date and Date of Birth must be on tube labels.

Medicare Test Requisition Form — Page 1 of 2 — BD-F-048v1 10-06-2026

Six steps, two pages

1	2	3	4	5	6
Patient Information	**Medicare, ABN, and patient signature**	**Referring physician and signature**	**ICD-10-CM diagnosis codes**	**Drawing lab and specimens**	**Mark individual tests**
Page 1	Page 1	Page 1	Page 1	Page 1	Page 2

Every REQUIRED section must be complete. Incomplete forms are placed on hold until the missing information is received.

1 Patient Information

PATIENT INFORMATION (REQUIRED – testing will be placed on hold if incomplete)			
Last Name	First Name		Middle Initial
Mailing Address	City	State	Zip
Telephone	Email	Gender ☐ Female ☐ Male	Date of Birth (MM-DD-YYYY)

Name

Last, first, and middle initial, exactly as shown on the Medicare card.

Contact

Mailing address, city, state, zip, telephone, and email.

Gender and DOB

Check one gender box. Write date of birth as MM-DD-YYYY.

2 Medicare Information and ABN

MEDICARE INFORMATION – Please select one (REQUIRED): Please note: IGeneX, Inc. does not accept assignment from Health Insurance Providers, Medi-Cal or Medicaid.

☐ **Medicare is my Primary Insurance**
MBI (Medicare Number): _____
- Attach a copy of front & back of Medicare and/or Insurance card
- Complete and sign the attached ***Medicare Patient Insurance Information Form***

☐ **Medicare is my Secondary (Supplemental) Insurance**

☐ **I am enrolled in a Medicare Advantage (Senior) Plan**

☐ **NO, I do not have Medicare – Medical (Part B) Coverage**

ADVANCE BENEFICIARY NOTICE (ABN) ☐ **Signed ABN attached** ☐ **ABN not applicable**
An ABN is **required in advance for all Medicare beneficiaries** when any cePCR (Culture enhanced) test is ordered. **Please attach a copy of the signed ABN to this requisition.**

☐ **Credit Card** ☐ **Check Number:** _____

Credit Card Number:	**Expiration Date:**
Card Holder's Name:	**Billing Zip Code:**

Select one

Primary, secondary, Medicare Advantage, or no Part B.

MBI and copies

Enter the MBI. Attach both sides of the card and the Medicare Patient Insurance Info form.

ABN

Any cePCR test needs a signed ABN (CMS-R-131) in advance. Check one box; attach a copy.

Patient signs

Patient or responsible party signs and dates below.

3 Referring Physician

REFERRING PHYSICIAN/LABORATORY INFORMATION (REQUIRED – testing will be placed on hold if incomplete)				
Physician/Laboratory	Credentials	BILL CLIENT: ☐ **Referring Physician** ☐ **Drawing Laboratory** *Please Note: A Client Payment Agreement must be on file with IGeneX in advance.* *Please contact billing@igenex.com for details.*		
Primary Practice Address		City	State	Zip
Telephone	Fax Number	Email	**NPI (Required)**	

The ordering physician MUST be:

- ✓ **The treating physician**
- ✓ **Enrolled in Medicare PECOS**

✓ All fields + NPI

Name, credentials, address, phone, fax, email, and **NPI (required)**

✓ Bill Client

Check only if a Client Payment Agreement is on file.

✓ Physician signs

Sign and date the medical necessity attestation.

4 ICD-10-CM Diagnosis Codes

ICD-10-CM Codes (Required): *Provide all applicable ICD-10-CM code(s), coded to the highest level of specificity, supporting EACH test ordered.*		
Lyme (Borrelia Burgdorferi): _____ ; _____ ; _____	***Babesiosis:*** _____ ; _____ ; _____	***Ehrlichiosis:*** _____ ; _____ ; _____
TBRF: _____ ; _____ ; _____	***Bartonellosis:*** _____ ; _____ ; _____	***Rickettsiosis:*** _____ ; _____ ; _____

At least 1 **Disease (Dx) code** + At least 1 **Sign/symptom code** = Required for **EACH disease tested**

Disease line

Enter codes on the line for each disease ordered (Lyme, TBRF, Babesiosis, etc.).

Most specific

Highest specificity, supported by the medical record.

Provider selects

The ordering provider chooses codes. **IGeneX does not assign or recommend codes.**

4 ICD-10-CM Reference Guide (BD-F-049v1)

For reference only. Not a selection list. Providers write in the codes documented in the medical record.

A. Disease codes

Grouped by disease: Lyme, TBRF, Babesiosis, Bartonellosis, Ehrlichiosis, Anaplasmosis, Rickettsiosis.

B. Signs & symptoms

Grouped by body system: general, hematologic/lab, GI, musculoskeletal, neurologic.

C. Tick exposure

Site-specific S-code for the bite. **W57.XXXA is a secondary code only.**

Reviewed for clinical accuracy by IGeneX's clinical consultant. Codes are grouped by clinical condition, not by coverage or payment. Listing a code does not establish medical necessity or guarantee coverage. The ordering provider selects only codes supported by the patient's medical record.

4 Reference Guide: A. Disease Codes

Lyme disease	
A69.20	Lyme disease, unspecified
A69.21	Meningitis due to Lyme disease
A69.22	Other neurologic disorders in Lyme disease
A69.23	Arthritis due to Lyme disease
A69.29	Other conditions associated with Lyme disease
Tick-borne relapsing fever (Borrelia spp.)	
A68.1	Tick-borne relapsing fever
A68.9	Relapsing fever, unspecified
Babesiosis	
B60.00	Babesiosis, unspecified
B60.01	Babesiosis due to Babesia microti
B60.02	Babesiosis due to Babesia duncani
B60.03	Babesiosis due to Babesia divergens
B60.09	Other babesiosis

Bartonellosis	
A44.8	Other forms of bartonellosis
A44.9	Bartonellosis, unspecified
Ehrlichiosis	
A77.40	Ehrlichiosis, unspecified
A77.49	Other ehrlichiosis
Anaplasmosis	
A79.82	Human granulocytic anaplasmosis
Rickettsiosis (spotted fever group)	
A77.0	Rocky Mountain spotted fever
A77.8	Other spotted fevers
A77.9	Spotted fever, unspecified

For reference only. Not a selection list. IGeneX does not assign or recommend diagnosis codes. See BD-F-049v1 for the full notice.

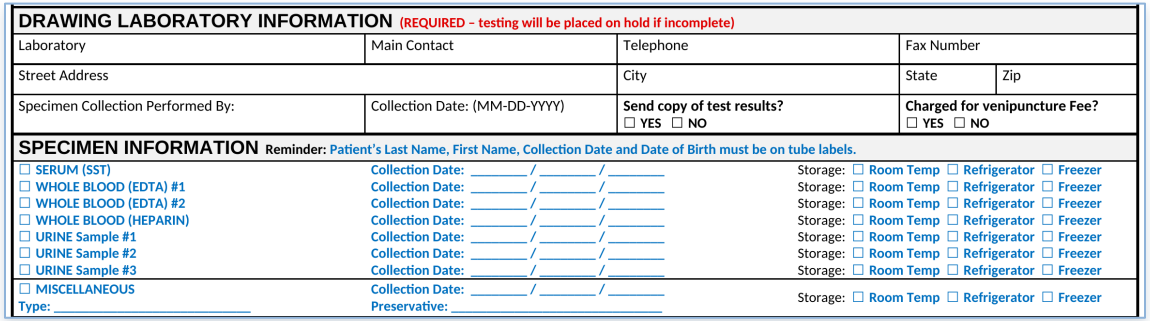
4 Reference Guide: B. Signs and C. Tick Exposure

General / constitutional	
R50.9	Fever, unspecified
R68.83	Chills (without fever)
R53.83	Other fatigue
R59.1	Generalized enlarged lymph nodes
Hematologic / laboratory findings	
D59.9	Acquired hemolytic anemia, unspecified
D69.6	Thrombocytopenia, unspecified
D72.819	Decreased white blood cell count, unspecified
R74.01	Elevation of levels of liver transaminase levels
Gastrointestinal	
R11.0	Nausea
R11.10	Vomiting, unspecified

Musculoskeletal	
M25.50	Pain in unspecified joint
M13.80	Other specified arthritis, unspecified site
M79.10	Myalgia, unspecified site
Neurologic	
R51.9	Headache, unspecified
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness
G51.0	Bell's palsy
G62.9	Polyneuropathy, unspecified
C. Tick exposure	
S-code	Site-specific S-code for nonvenomous insect bite
W57.XXXA	Bitten or stung by nonvenomous insect and other nonvenomous arthropods, initial encounter (secondary only)

For reference only. Not a selection list. IGeneX does not assign or recommend diagnosis codes. See BD-F-049v1 for the full notice.

5 Drawing Laboratory and Specimens



DRAWING LABORATORY INFORMATION (REQUIRED – testing will be placed on hold if incomplete)

Laboratory	Main Contact	Telephone	Fax Number	
Street Address		City	State	Zip
Specimen Collection Performed By:	Collection Date: (MM-DD-YYYY)	**Send copy of test results?** ☐ YES ☐ NO	**Charged for venipuncture Fee?** ☐ YES ☐ NO	

SPECIMEN INFORMATION Reminder: Patient's Last Name, First Name, Collection Date and Date of Birth must be on tube labels.

☐ SERUM (SST)	Collection Date: ____ / ____ / ____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ WHOLE BLOOD (EDTA) #1	Collection Date: ____ / ____ / ____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ WHOLE BLOOD (EDTA) #2	Collection Date: ____ / ____ / ____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ WHOLE BLOOD (HEPARIN)	Collection Date: ____ / ____ / ____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ URINE Sample #1	Collection Date: ____ / ____ / ____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ URINE Sample #2	Collection Date: ____ / ____ / ____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ URINE Sample #3	Collection Date: ____ / ____ / ____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer
☐ MISCELLANEOUS Type: _____	Collection Date: ____ / ____ / ____ Preservative: _____	Storage: ☐ Room Temp ☐ Refrigerator ☐ Freezer

Drawing lab

Name, contact, address, phone, and fax.

Collection

Who collected the specimen, and the collection date.

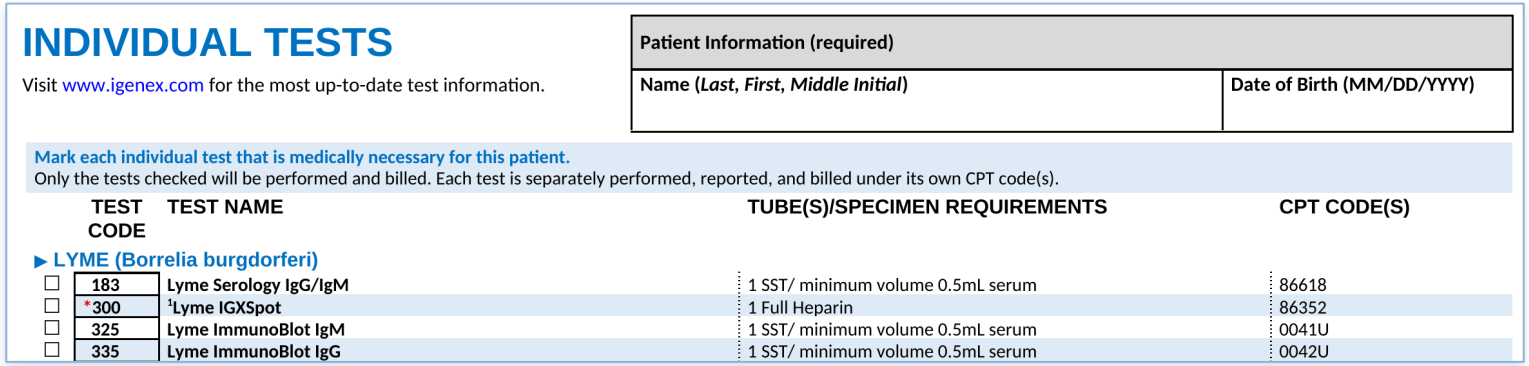
Each specimen

Check the type, enter its collection date, and mark storage.

Label tubes

Last name, first name, collection date, and DOB.

6 Page 2: Mark Individual Tests



INDIVIDUAL TESTS

Visit www.igenex.com for the most up-to-date test information.

Patient Information (required)	
Name (*Last, First, Middle Initial*)	Date of Birth (MM/DD/YYYY)

Mark each individual test that is medically necessary for this patient.
Only the tests checked will be performed and billed. Each test is separately performed, reported, and billed under its own CPT code(s).

	TEST CODE	TEST NAME	TUBE(S)/SPECIMEN REQUIREMENTS	CPT CODE(S)
▶ LYME (Borrelia burgdorferi)				
☐	183	Lyme Serology IgG/IgM	1 SST/ minimum volume 0.5mL serum	86618
☐	*300	[1]Lyme IGXSpot	1 Full Heparin	86352
☐	325	Lyme ImmunoBlot IgM	1 SST/ minimum volume 0.5mL serum	0041U
☐	335	Lyme ImmunoBlot IgG	1 SST/ minimum volume 0.5mL serum	0042U

Patient ID

Write the patient name and DOB at the top of page 2.

Necessary only

Check only medically necessary tests. Only checked tests are billed.

Speciation

Order only together with its ImmunoBlot test.

cePCR (C codes)

Require a signed ABN in advance.

Before You Send

- ✓ Patient section complete, with DOB as MM-DD-YYYY
- ✓ Medicare status, MBI, card copies, and insurance form
- ✓ Signed ABN attached for any cePCR test
- ✓ Treating, PECOS-enrolled physician with NPI, signed and dated
- ✓ ICD-10-CM: 1 disease + 1 sign/symptom code per disease tested
- ✓ Tubes labeled; tests marked on page 2

Questions? Call (800) 832-3200 or email Medicare@igenex.com