

# Machaon Diagnostics

## ADAMTS-13 Test Drawing Kit Form

National Service with Labs in California and Louisiana  
 Medical Director: Brad H. Lewis, MD (Oakland, CA lab)  
 Medical Director: Gloria Coker, MD (New Orleans, LA lab)  
 Phone: (510) 839-5600 Fax: (510) 839-6153

Turnaround Time: 24 hours, M-F; order STAT for weekend testing

www.MachaonDiagnostics.com  
 1-800-566-3462

PATIENT INFORMATION <i>(complete or attach)</i>			SUBMITTING FACILITY		
Patient's Name: (Last, First, M.I.)		Gender: (circle one) M / F	Facility Phone Number: _____ Fax Number for Results: _____		
Specimen Date: (MM/DD/YY) Time: AM / PM		Date of Birth: (MM/DD/YY)			
Medical Record / ID#:		Patient's Social Security #:			
ORDERING PHYSICIAN INFORMATION			BILLING INFORMATION		
Physician's Name: (Last, First, M.I.)		Fax Number for Results:	Bill to: <input type="checkbox"/> Facility <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <input type="checkbox"/> Medicare		
Physician's direct phone number to call results: <i>(called with 24 hours)</i>			Patient status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		
Would you like us to reflex to our 48-hour aHUS Genetic Panel when the ADAMTS-13 Activity is >5%? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(3mL EDTA whole blood sample required)</small>			<input type="checkbox"/> <b>STAT</b> <small>Samples shipped for weekend analysis must be ordered STAT. Mark FedEx Airbill for 'SATURDAY Delivery.'</small>		
CLINICAL INFORMATION <i>(if available)</i>			TEST SELECTION		
Last Plasma Infusion Date: (MM/DD/YY)		LDH: (U/L)	<input type="checkbox"/> ADAMTS-13 Activity reflex Inhibitor		<small>Reflexes to Antibody</small>
Creatinine: (mg/dL)	PLT Count: (K/ $\mu$ L)	Hemoglobin: (mg/dL)	<input type="checkbox"/> ADAMTS-13 Activity and Inhibitor		<small>Reflexes to Antibody</small>
Clinical Suspicion: (circle one) TMA / TTP / HUS / Shiga toxin-related HUS / aHUS / Other			<input type="checkbox"/> ADAMTS-13 Activity, Inhibitor and Antibody		
SPECIMEN COLLECTION, PROCESSING AND SHIPPING / <i>call for draw kits (free shipping)</i>					
Specimen Collection and Processing			Specimen Shipping		
1. Draw 1 blue top tube (3.2% sodium citrate).			6. Place all forms into document sleeve of the biohazard bag.		
2. Spin tube for cell-free plasma (approx. 15 minutes at 2000 x g).			7. Ensure that no patient-specific information is visible.		
3. Transfer approximately 1mL into the provided sample tube.			8. Place biohazard bag into the provided FedEx Clinical Pak.		
4. Label tube with patient first and last name, draw date and DOB.			9. Complete the provided FedEx Airbill and affix Airbill pouch to Pak.		
5. Enclose tube in Styrofoam box and seal in biohazard bag.			10. Call FedEx 800-238-5355 for a pick-up.		
<b>Note: Samples can be shipped room temperature, frozen or refrigerated. Please call for guidance.</b>					
OUTPATIENT ONLY: INSURANCE BILLING INFORMATION <i>(complete or attach)</i>					
Insurance Company: <i>(Medicare patients must sign ABN on reverse)</i>			Patient Address:		Patient Phone Number:
Insurance Policy / Medicare Number:		Insurance Group Number:	Patient City:		State: Zip Code:
Insurance Company Address:			Authorization Number:		
Insurance Company City:		State:	Zip Code:		
DIAGNOSIS CODE(S):			OUTPATIENT ONLY: PATIENT SIGNATURE		
ICD-10 Code:			Machaon Diagnostics may need to obtain additional information from your physician to complete these services. I hereby authorize the release of medical information related to the services described herein and authorize payment directly to Machaon Diagnostics. Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare only. The activity test is \$248 and reflexes to the inhibitor (\$530) and antibody test (\$250); shipping charges may apply. I agree to assume responsibility for payment of all charges not covered by my healthcare insurer.		
ICD-10 Code:		ICD-10 Code:	Patient's Signature: _____ Date: _____		
ICD-10 Code:			X: _____		
ADDITIONAL INFORMATION					
Machaon Diagnostics is a specialized coagulation and platelet laboratory that provides comprehensive clinical evaluations of bleeding and clotting patients. Most evaluations can be completed within 24 hours, 7 days a week. Machaon Diagnostics is a California-licensed, CLIA-accredited, CAP-accredited, clinical laboratory approved to provide high-complexity testing services. Machaon Diagnostics is a PARTICIPATING PROVIDER of Medicare only. Patients with insurance coverage other than Medicare are considered OUT-OF-NETWORK and will be billed for services not covered by their insurance provider. Medicare patients must sign an ABN, either located on the reverse side of this form or downloaded from the Machaon Diagnostics website. Patient insurance billing services are provided in accordance with the Machaon Insurance Billing Policy. HMO or medical group covered patients may need a prior authorization if they seek full reimbursement. For more information please visit <a href="http://www.MachaonDiagnostics.com">www.MachaonDiagnostics.com</a> or call (510) 839-5600.					

Patient Name:

Identification Number:

## ADVANCED BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

**NOTE:** If Medicare does not pay for the checked items below, you may have to pay. Medicare does not pay for everything, including laboratory testing that your healthcare provider has good reason to think you need. We expect Medicare not to pay for the tests checked below.

<b>Check Ordered Tests:</b>	<p><b>*See reasons (1.), (2.) or (3.) below.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ADAMTS-13 Activity [85397]</li> <li><input type="checkbox"/> ADAMTS-13 Antibody [83520]</li> <li><input type="checkbox"/> ADAMTS-13 Inhibitor [85397, 85335]</li> <li><input type="checkbox"/> aHUS Genetic Panel [81479x12]</li> <li><input type="checkbox"/> Anticardiolipin Antibody [86147x3]</li> <li><input type="checkbox"/> Antithrombin III [85300]</li> <li><input type="checkbox"/> Dabigatran Level [85635]</li> <li><input type="checkbox"/> Factor II Mutation [81240]</li> <li><input type="checkbox"/> Factor V Mutation [81241]</li> <li><input type="checkbox"/> Factor VIII Activity [85240]</li> <li><input type="checkbox"/> Factor IX Activity [85250]</li> <li><input type="checkbox"/> Fibrinogen Activity [85384]</li> <li><input type="checkbox"/> Fondaparinux Level [85520]</li> <li><input type="checkbox"/> Heparin Level [85520]</li> <li><input type="checkbox"/> HIT Antibody Confirmation [86022x2]</li> <li><input type="checkbox"/> HIT Antibody Screen [83520]</li> <li><input type="checkbox"/> Lupus Anticoagulant Index [85370x2]</li> <li><input type="checkbox"/> Mixing Studies - aPTT [85730, 85732]</li> <li><input type="checkbox"/> Mixing Studies - PT [85610, 85611]</li> <li><input type="checkbox"/> MTHFR (C677T) [81291]</li> <li><input type="checkbox"/> MTHFR (A1298C) [81291]</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Platelet Aggregation [85576x11]</li> <li><input type="checkbox"/> Platelet Antibodies [86022x3]</li> <li><input type="checkbox"/> Plavix Test Genotype [81225]</li> <li><input type="checkbox"/> Plavix Test LTA [85576x4]</li> <li><input type="checkbox"/> Protein C [85303]</li> <li><input type="checkbox"/> Protein S [85306]</li> <li><input type="checkbox"/> PT/INR [85610]</li> <li><input type="checkbox"/> PTT [85730]</li> <li><input type="checkbox"/> Ristocetin-induced LTA [85576x4]</li> <li><input type="checkbox"/> RVVT [85613]</li> <li><input type="checkbox"/> TCT [85670]</li> <li><input type="checkbox"/> TCT with protamine [85670]</li> <li><input type="checkbox"/> Venous blood draw [36415]</li> <li><input type="checkbox"/> vWF Antigen [85246]</li> <li><input type="checkbox"/> vWF Activity [85245]</li> <li><input type="checkbox"/> vWF Multimer [85247]</li> <li><input type="checkbox"/> Warfarin Test Genotype [81227]</li> <li><input type="checkbox"/> Courier S&amp;H Charge [99000]</li> <li><input type="checkbox"/> STAT Charge, M-F [99058]</li> <li><input type="checkbox"/> STAT Charge, weekend [99050]</li> </ul> <p><b>*Please visit <a href="http://www.clot.md">www.clot.md</a> to view test CPT code(s) and units.</b></p>	<b>List other tests here:</b>
<b>Reason Medicare May Not Pay:</b>	<ol style="list-style-type: none"> <li>1. Medicare does not pay for these tests for your condition.</li> <li>2. Medicare does not pay for these tests as often as this (denied as too frequent).</li> <li>3. Medicare does not pay for experimental or research use tests.</li> </ol>		
<b>Estimated Cost:</b>	\$ Please Ask Us		

**What you need to know:**

- Read this notice so that 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 tests checked above.

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

<b>OPTIONS: Check only one box. We cannot choose a box for you.</b>
<input type="checkbox"/> <b>OPTION 1. I want the tests marked above.</b> I may be asked to pay now, but I also want Medicare billed for an official decision on payment, which will be 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, I will be refunded any payments I made to Machaon Diagnostics, less co-pays or deductibles.
<input type="checkbox"/> <b>OPTION 2. I do not want the tests marked above.</b> I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

**This notice gives your opinion, not an official Medicare decision.** If you have 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 understood this notice. You will also receive a copy.

<b>Signature:</b>	<b>Date:</b>
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.