



PROPATH

A Sonic Healthcare Anatomic Pathology Practice

PROVIDER DIAGNOSIS CHANGE REQUEST FORM

Please Fax back to (833) 706-2437

Client Account Name: _____

Referring Physician: _____

Client Contact Name & Phone #: _____

Patient Name: _____ DOB: _____

ProPath Case #: _____ DOS: _____

Claim Payer: _____ ProPath Acct #: _____

No changes to the diagnosis code(s) provided on the original requisition.

If changes, please specify which test each diagnosis should be applied to. Each ICD-10 code must include the complete code set (e.g. Z12.4, R87.810, etc).

TEST	NEW ICD
Pap	
HPV (If ordered as HPV Only or Regardless of Result)	
<i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i>	
Herpes simplex virus 1 and 2	
<i>Trichomonas vaginalis</i>	
<i>Gardnerella vaginalis</i>	
<i>Candida</i>	
Infectious agent detection by nucleic acid (ie: <i>Mycoplasma Genitalium</i> <i>Mycoplasma Hominis</i> , <i>Syphilis</i> , <i>Ureaplasma species</i>)	
BV Expanded Panel (<i>Gardnerella vaginalis</i> , <i>Atopobium vaginae</i> , BVAB2, <i>Megasphaera</i> 1, <i>Lactobacillus</i> Spp)	

TEST	NEW ICD
HCG, Beta quantitative	
Hemoglobin A1C	
CBC	
CA125	
Factor V	
T3, Free	
T4, Free	
Estradiol (E2)	
Vitamin D	
Vitamin B12	
Obstetric panel (80081)	
Gestational diabetes GTT	
MTHFR	
Urine culture (87086)	
Culture (87070)	
Hepatitis B Surface Antigen	
Hepatitis C Antibody	
Acute Hepatitis Panel (80074)	
TSH	
Lipid panel (80061)	
Other:	

Provider Signature: _____

Date: _____

(Provider signature is required)