



STONE MOLECULAR

Information highlighted in GREEN and a TEST ORDER is required

Client Name: _____ Provider: _____ _____
 Account Number: _____ _____ _____
 _____ _____ _____

1. Patient Demographics (attach a copy of patient demographics & insurance info.) Patient Medical Record Number: _____

Last Name: _____ First Name: _____ D.O.B.: _____ Gender: M F
 Patient Street Address: _____ City: _____ State: _____ Zip: _____
 Patient Phone Number: _____ Bill to: Commercial Medicare Medicaid Self-Pay Client Bill Workers Comp
 Insurance Co: _____ Insurance ID#: _____ Group #: _____
 Insurance Address: _____ City: _____ State: _____ Zip: _____
 ICD-10 Codes (ICD Diagnosis codes are mandatory): _____

2. Specimen Collection Information

Specimen Collector: _____ Date Collected: _____ Time Collected: _____ AM
 _____ PM

3. Comprehensive Molecular Panels

| Order Code | Panel Name | Microorganisms | Site | Sample Type |
|---|------------|---|---|--------------------------------|
| <input type="checkbox"/> 401040 - Comprehensive StoneSwab Panel | | Chlamydia trachomatis, Neisseria gonorrhoeae, Herpes Simplex Virus 1, Herpes Simplex Virus 2, Human Papilloma Virus | <input type="checkbox"/> Vaginal | <input type="checkbox"/> Swab* |
| <input type="checkbox"/> 4019600 - Respiratory Panel | | Virus: Adenovirus, Bocavirus, Coronavirus 229E, Coronavirus HKU-1, Coronavirus NL63, Coronavirus OC43, Enterovirus, Influenza A, Influenza B, Metapneumovirus A/B, Parainfluenza Virus Type 1, Parainfluenza Virus Type 2, Parainfluenza Virus Type 3, Parainfluenza Virus Type 4, Parechovirus, Respiratory Syncytial Virus A/B, Rhinovirus; Bacteria: Bordetella pertussis, Chlamydomphila pneumoniae, Haemophilis influenzae, Klebsiella pneumoniae, Legionella (pneumophila/longbeach), Moraxella catarrhalis, Mycoplasma pneumoniae, Salmonella spp, Staphylococcus aureus, Streptococcus pneumoniae | <input type="checkbox"/> Nasal | <input type="checkbox"/> Swab* |
| <input type="checkbox"/> 76160004 - Nail Panel | | Acremonium strictum, Alternaria, Aspergillus niger, Aspergillus terreus, Candida albicans, Candida glabrata, Candida krusei, Candida lusitaniae, Candida parapsilosis, Candida tropicalis, Epidermophyton floccosum, Fusarium solani, Microsporium audouinii, Microsporium canis, Neofusicoccum mangiferae, Trichophyton interdigitale and Trichophyton rubrum | <input type="checkbox"/> Toe <input type="checkbox"/> Finger | <input type="checkbox"/> Nail |
| <input type="checkbox"/> 4019800 - Wound Panel | | Acinetobacter baumannii, Bacteroides spp., Citobacter aerogenes, Enterbacter cloacae, Enterococcus faecalis, Enterococcus faecium, Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, Morganella morganii, Pseudomonas aeruginosa, Proteus mirabilis, Proteus vulgaris, Staphylococcus aureus, Streptococcus pyogenes Antibiotic Resistance Panel Included (See reverse side)** | Please Specify: | <input type="checkbox"/> Swab* |
| <input type="checkbox"/> 401200 - Bacterial Vaginosis Panel | | Bacterial vaginosis, Trichomonas vaginalis, Candida spp., Candida krusei, and Candida glabrata | <input type="checkbox"/> Cervical <input type="checkbox"/> Vaginal | <input type="checkbox"/> Swab* |

4. Individual Molecular Tests

| Order Code - Test Name | Sample Type | Order Code - Test Name | Sample Type |
|--|---|---|---|
| <input type="checkbox"/> 400010 - Chlamydia trachomatis | <input type="checkbox"/> Swab <input type="checkbox"/> Urine | <input type="checkbox"/> 400050 - Human Papilloma Virus High Risk | <input type="checkbox"/> Swab |
| <input type="checkbox"/> 400030 - Herpes Simplex Virus 1 | <input type="checkbox"/> Swab | <input type="checkbox"/> 400020 - Neisseria gonorrhoea | <input type="checkbox"/> Swab <input type="checkbox"/> Urine |
| <input type="checkbox"/> 400040 - Herpes Simplex Virus 2 | <input type="checkbox"/> Swab | <input type="checkbox"/> 400100 - Trichomonas vaginalis | <input type="checkbox"/> Swab <input type="checkbox"/> Urine |
| <input type="checkbox"/> 430060 - Candidiasis | <input type="checkbox"/> Swab | | |

5. Additional Tests (Include test name and order code)

Other

Provider Signature Attestation: I am a licensed medical professional. I acknowledge that the test requested herein is medically necessary and the patient is eligible for the test. I attest that the documentation of medical necessity for tests ordered is documented in the patient's medical record, which will be made available upon request of performing laboratory and/or third-party payer. Note: Tests not ordered by the physician who is treating the beneficiary are not reimbursable. Order codes are updated but CPT Codes are not impacted.

Provider's Signature: _____ Date: _____



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The following commonly used diagnosis codes are listed as a convenience only. Ordering physicians should use ICD-10 codes that best describe the reason for performing tests, whether or not that code is listed below.

| Order Code | ICD-10 Codes |
|--|---|
| 401040 - Comprehensive StoneSwab Panel | Z11.3 - Encounter for screening for infections with predominately sexual mode of transmission Z72.51 - High-risk heterosexual behavior Z72.52 - High-risk homosexual behavior Other: _____ |
| 401060 - Respiratory Panel | J06.9 - Acute upper respiratory infection, unspecified J20.9 - Acute bronchitis, unspecified J22 - Acute lower respiratory infection, unspecified Other: _____ |
| 76160004 - Nail Panel | B35.1 - Onychomycosis fungal infection of the nail Other: _____ |
| 4019800 - Wound Panel | L02.612 - Cutaneous abscess of left foot L02.611 - Cutaneous abscess of right foot L03.116 - Cellulitis of left lower limb L03.115 - Cellulitis of right lower limb Other: _____ |
| 401200 - Bacterial Vaginosis Panel | N76.0 - Acute vaginitis, bacterial R39.9 - Unspecified symptoms and signs involving the genitourinary system N39.9 - Disorder of urinary system, unspecified Other: _____ |

*Acceptable Swab/Transport Media Types

Comprehensive STONE Swab Panel: Thin Prep (Puritan swab preferred)

Respiratory: Copan eSwab

Wound: Copan eSwab

Bacterial Vaginosis (BV): Thin Prep (Puritan swab preferred), Aptima Unisex swab

STD/STI: For Individual Molecular Tests: Aptima Unisex swab or Aptima Urine Kit (Chlamydia trachomatis, Neisseria gonorrhoea and Trichomonas vaginalis)

Herpes Simplex Virus I/II (HSV I/II): Thin Prep (Puritan swab preferred), Aptima Unisex swab, eSwab (Lesion only)

**Antibiotic Resistance Panel

Antibiotic Resistance Genes

KPC (*carbapenem resistant, ex: imipenem*)

mecA (*methicillin resistance, also includes penicillins*)

SHV (*beta-lactamase, affects ampicillin*)

Van A (*vancomycin and teicoplanin resistant*)

Van B (*vancomycin resistant-teicoplanin susceptible*)

VIM (*carbapenem, cephalosporin and penicillin resistance*)