



Request for Diagnosis Coding  
Amendments or Modifications

The Balanced Budget Act of 1997, Section 4317(b), requires that physicians and practitioners provide diagnostic information when ordering certain items or services furnished by another entity. The patient's diagnosis or diagnosis code must be present at the time that the physician or practitioner orders a service for the patient. A Request for Coding Review must be completed and submitted to medical coding; the information will be reviewed for accuracy with the order as it was written at the time of service. The determination may or may not result in the addition of codes and/or the resubmission of claims.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(first) (MI) (last)*

Account Number: \_\_\_\_\_ Date of Lab Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ordering Physician/Practitioner: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Specific Diagnosis/ICD-10 Code(s) to be added: \_\_\_\_\_

Was Diagnosis/ICD-10 Code(s) present in patient's medical record on or before the date the laboratory service was ordered?  Yes  No (If Yes, please complete and sign below, verifying that the documentation is indeed present in the patient's medical record at your office/practice/facility. If No, the claim cannot be altered.)

Please complete the following, sign, and date.

Form completed by: \_\_\_\_\_  
*(Print Name) (Signature) (Date)*

Contact information: \_\_\_\_\_  
*(Phone) (FAX) (e-mail address)*

Please FAX completed form to:

**BayCare Laboratories – Billing Department**  
**FAX 813-635-7737**