



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, documentation must be submitted along with this form. 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, along with all supporting documentation from the physician, to:

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