<table>
<thead>
<tr>
<th><strong>TESTING REQUESTED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IMMUNOHISTOCHEMISTRY LEVEL OF SERVICE – MUST SELECT ONE</strong></td>
</tr>
<tr>
<td><strong>BREAST CANCER</strong></td>
</tr>
<tr>
<td>HE22 requires formalin-fixed tissue; equivocal HE22 results (2+) will be reflexed to FISH</td>
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<tr>
<td>Panels:</td>
</tr>
<tr>
<td>ER, PR, HER2 (IHC), HER2 (FISH), Ki-67, HE22 (IHC)</td>
</tr>
<tr>
<td>Reflex Options:</td>
</tr>
<tr>
<td>HE22 (IHC):</td>
</tr>
<tr>
<td>- 1+ to 2+</td>
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<tr>
<td>- 3+ to FISH</td>
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<tr>
<td>HE22 (FISH):</td>
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<td>- 1+ to 2+</td>
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<tr>
<td>HER2 (IHC):</td>
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<tr>
<td>- 1+ to 2+</td>
</tr>
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<tr>
<td>HER2 (FISH):</td>
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<tr>
<td>- 1+ to 2+</td>
</tr>
<tr>
<td>- 3+ to FISH</td>
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</tbody>
</table>

**Individual Tests:**

- ER (IHC)
- PR (IHC)
- HER2 (IHC)
- E-Cadherin
- Plexins (IHC)
- HE22 (FISH)
- HE22 (IHC)

**COLORECTAL CANCER**

Tumor and normal tissue (frozen/fixed paraffin block) required for MS (PCR)

| Panels: |
| Comprehensive NSCLC Predictive Panel (Extended KRAS/NRAS, BRAF V600, ERBB2, ALK, ROS1, RET, BCR-ABL, NTRK1, MET, FGFR2, FGFR3, DDR2, PD-L1 IHC) |
| Reflex Options: |
| - ERBB2 (IHC), BRAF V600 (FISH) |
| - HER2 (FISH) |
| - PD-L1 (IHC) |
| - Other: |
| - PD-L1 (IHC) |

**NON-SMALL CELL LUNG CANCER**

- Comprehensive NSCLC Predictive Panel (Extended KRAS/NRAS, BRAF V600, ERBB2, ALK, ROS1, RET, BCR-ABL, NTRK1, MET, FGFR2, FGFR3, DDR2, PD-L1 IHC) |
- Squamous Cell vs Adenocarcinoma (IHC classification) |
- Adenocarcinoma (IHC classification) |
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When ordering tests for which Medicare or Medicaid reimbursements will be sought, physicians should order only those tests from the front of this sheet.

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When ordering tests for which Medicare or Medicaid reimburs
Determining Necessity of Advance Beneficiary Notice of Noncoverage (ABN) Completion*

1. **Diagnose.** Determine your patient’s diagnosis.

2. **Document.** Write the diagnosis code(s) on the front of this requisition.

3. **Verify.** Determine if the laboratory test(s) ordered for the patient is subject to the Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity.

4. **Review.** If the diagnosis code for your patient does not meet the medical necessity requirements set forth by Medicare or the test is being performed more frequently than Medicare allows, an ABN should be completed.

*An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.

How to Complete an Advance Beneficiary Notice of Noncoverage (ABN)

Medicare is very specific in requiring that all of the information included on the ABN must be completed. Additionally, LabCorp requests that the specimen number or bar code label be included on the form. To be valid, an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131).
2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient’s red, white, and blue Medicare card.
3. Indicate the test(s)/procedure(s) which may be denied within the relevant reason column.
4. Include an estimated cost for the test(s)/procedures(s) subject to the ABN.
5. Have “Option 1”, “Option 2”, or “Option 3” designated by the beneficiary.
6. Be signed and dated by the beneficiary or his/her representative prior to the service being rendered.

★ Codons included in Colorectal Cancer Mutation Testing:

- KRAS/NRAS
  - Exon 2: Codons 12 and 13
  - Exon 3: Codons 59 and 61
  - Exon 4: Codons 117 and 146

IntelliGEN® Gene List

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<tbody>
<tr>
<td>ABLI</td>
<td>BRAF</td>
<td>EGFR</td>
<td>FGFR1</td>
<td>GNAQ</td>
<td>IDH2</td>
<td>KRAS</td>
<td>NPM1</td>
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<td>SMARCB1</td>
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