

SUPERB DIAGNOSTIC TESTING – REQUISITION FORM

Information marked with * is required by CDC. Test cannot be performed without this information.

1. Patient Information*

First Name*: _____ Street*: _____
Last Name*: _____ City*: _____ State*: _____ Zip*: _____
Gender*: Male Female SSN*: _____
(Driver License or State ID if no SSN – write "None" if no document available)
Date of Birth*: _____ Race*: _____
(mm / dd / yyyy)

2. Insurance Information*

Policy Holder Information*

First Name: _____ Payer Name: _____
Last Name: _____ Member ID: _____
Date of Birth: _____ Group ID: _____
(mm / dd / yyyy)

Relationship to Patient (check one)*:

- Self Child
 Spouse Other
 Parent

Please include the following*:

- Copy of ID/ Driver License
 Copy of insurance card

OR

Email ID and insurance card to:
info@superbdx.com

3. Test to be performed*

TEST:	ICD 10 Codes:
<input type="checkbox"/> COVID PCR	<input type="checkbox"/> R50.9: Fever, Unspecified
<input type="checkbox"/> COVID + FLU A/B PCR	<input type="checkbox"/> R05: Cough
<input type="checkbox"/> COVID + FLU A/B + RSV PCR	<input type="checkbox"/> J02.9: Acute pharyngitis, unspecified (Sore throat)
<input type="checkbox"/> Respiratory Pathogen Panel PCR	<input type="checkbox"/> R06.02: Shortness of breath
<input type="checkbox"/> Gastrointestinal (GI) Panel PCR	<input type="checkbox"/> Other (Specify code): _____
<input type="checkbox"/> Wound Pathogen Panel PCR	<input type="checkbox"/> R19.7 Diarrhea Unspecified
<input type="checkbox"/> Nail Pathogen Panel PCR	<input type="checkbox"/> J80: Acute respiratory distress syndrome
<input type="checkbox"/> Other: _____	<input type="checkbox"/> J20.8: Acute bronchitis due to other specified organisms
	<input type="checkbox"/> J22: Unspecified acute lower respiratory infection
	<input type="checkbox"/> Other (Specify code) _____

(Please refer to page 2 and 3 for ICD 10 codes)

List ICD 10 Code(s): _____

4. Specimen Information*

Specimen Type*:

- Nasopharyngeal/ Nasal Swab
 E-Swab (for Wound PCR)
 Nail curetting (for Nail PCR)

For Nail and Wound PCR ONLY:

Location Site*: _____

Date of Collection*: _____

Time of Collection*: _____

5. Provider Information Only*

Name: _____ Fax: _____ Street: _____
Phone: _____ NPI #: _____ City: _____ State: _____ Zip: _____
Provider Signature: _____ Email: _____



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Please insure that all ICD-10 codes checked on the Requisition Form are representative of the patient being seen and their health considerations.
 For a comprehensive listing please refer to the most recent ICD-10 coding manual.
 Ultimately the assignment of the proper diagnosis code(s) is the responsibility of the ordering physician.

ICD-10 WOUND CODES COVERED

Primary Codes

- Pressure ulcer of:**
- () L89.143 Left lower back, stage 3
 - () L89.144 Left lower back, stage 4
 - () L89.154 Sacral region, stage 4
 - () L89.314 Right buttock, stage 4
 - () L89.323 Left buttock, stage 3
 - () L89.313 Right buttock, stage 3
 - () L89.324 Left buttock, stage 4
 - () L89.513 Right ankle, stage 3
 - () L89.893 Other site, stage 3
 - () L89.894 Other site, stage 4
- Non-pressure chronic ulcer of:**
- () L97.212 Right calf w fat layer exposed
 - () L97.222 Left calf w fat layer exposed
 - () L97.312 Right ankle w fat layer exposed
 - () L97.411 Right heel and midft lmt to brkdwn skin
 - () L97.412 Right heel and mid-foot w fat layer exposed
 - () L97.413 Right heel and mid-foot w necros muscle
 - () L97.419 Right heel and mid-foot w unspecified severt
 - () L97.422 Left heel and mid-foot w fat layer exposed
 - () L97.423 Left heel and midfoot w necros muscle
 - () L97.429 Left heel and mid-foot w unspecified severt
 - () L97.512 Other part right foot w fat layer exposed
 - () L97.522 Other part left foot w fat layer exposed
 - () L97.811 Other part right low leg limited to brkdwn skin
 - () L97.812 Other part right low leg w fat layer exposed
 - () L97.821 Other part left low leg limited to brkdwn skin
 - () L97.822 Other part left low leg w fat layer exposed
 - () L97.912 Unspecified part of right low leg w fat layer exposed
- Oral Wound:**
- () S01.5 Open wound of lip and oral cavity
 - () K12.2 Cellulitis and abscess of mouth
- Celluitis of:**
- () L03.115 Right lower limb
 - () L03.116 Left lower limb

Secondary Codes

- () E11.621 Type 2 diabetes mellitus with foot ulcer
- () E11.622 Type 2 diabetes mellitus with other skin ulcer
- () I70.203 Unsp atherosclerotic native arteries of extremities, bilateral legs
- () I70.232 Atherosclerotic native arteries of right leg w ulceration of calf
- () I70.234 Atherosclerotic native art of right leg w ulcer of heel and mid-foot
- () I70.244 Atherosclerotic native art of left leg w ulcer of heel and mid-foot
- () I70.245 Atherosclerotic native arteries of left leg w ulceration oth prt foot
- () I87.311 Chronic venous hypertension w ulcer of r low extremity
- () I87.312 Chronic venous hypertension w ulcer of l low extremity
- () I87.313 Chronic venous hypertension w ulcer of bilateral low extremity
- () I87.332 Chronic venous htn w ulcer and inflammation of l low extremity
- () M86.171 Other acute osteomyelitis, right ankle and foot
- () M86.172 Other acute osteomyelitis, left ankle and foot
- () M86.18 Other acute osteomyelitis, other site
- () S31.105S Unsp open wound abd wall, periumb rgn w/o penet perit cav, sqla
- () S81.001A Unspecified open wound, right knee, initial encounter
- () S81.002A Unspecified open wound, left knee, initial encounter
- () S81.801A Unspecified open wound, right lower leg, initial encounter
- () S81.802A Unspecified open wound, left lower leg, initial encounter
- () T81.31XA Disruption of external operation (surgical) wound, NEC, init
- () T86.821 Skin graft (allograft) (autograft) failure
- () T86.828 Other complications of skin graft (allograft) (autograft)

ICD-10 NAIL CODES COVERED

- Cellulitis:**
- () L03.0 and acute lymphangitis of finger and toe
 - () L03.01 of finger
 - () L03.011 of right finger
 - () L03.012 of left finger
 - () L03.019 of unspecified finger
 - () L03.03 of toe
 - () B35.8 Other dermatophytosis
 - () B35.9 Dermatophytosis, unspecified
 - () B36.9 Superficial mycosis, unspecified
 - () L00-L99 Diseases of the skin and subcutaneous tissue
 - () L00-L08 Infections of the skin and subcutaneous tissue
 - () L60.0 Ingrowing nail
 - () L60.1 Onycholysis
 - () L60.2 Onychogryphosis
 - () L60.3 Nail dystrophy
 - () L60.4 Beau's lines
 - () L60.5 Yellow nail syndrome
 - () L60.8 Other nail disorders
 - () L60.9 Nail disorder, unspecified

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Test	ICD Code	Description
MRSA	Z11.2	Screening for bacterial infectious agent
Herpes Simplex Virus ½ (HSV 1&2)	B00.2	Oral lesion – Herpesviral
	B00.0	Eczema herpeticum
	B00.1	Herpetivirus vesicular dermatitis
Respiratory Pathogen Panel	R50.9	Fever, unspecified
	R53.1	Weakness
	R55	Syncope and collapse
	R68.83	Chills (without fever)
	R06.02	Shortness of breath
	R06.03	Acute respiratory distress
	R06.1	Stridor
	R06.2	Wheezing
	R06.82	Tachypnea, not elsewhere classified
	R07.1	Chest pain on breathing
	R04.2	Hemoptysis
	R05.1	Acute cough
	J84.113	Idiopathic non-specific interstitial pneumonitis
	J84.114	Acute interstitial pneumonitis
	J84.115	Respiratory bronchiolitis interstitial lung disease
	J47.0	Bronchiectasis with acute lower respiratory infection
	J47.1	Bronchiectasis with (acute) exacerbation
	J47.9	Bronchiectasis, uncomplicated
	J20.8	Acute bronchitis due to other specified organisms
	J22	Unspecified acute lower respiratory infection
	J41.0	Simple chronic bronchitis
	J41.1	Mucopurulent chronic bronchitis
	J05.10	Acute epiglottitis without obstruction
	J05.11	Acute epiglottitis with obstruction
	J06.0	Acute laryngopharyngitis
	J06.9	Acute upper respiratory infection, unspecified
	J04.0	Acute laryngitis
	J04.10	Acute tracheitis without obstruction
	J04.11	Acute tracheitis with obstruction
	J04.2	Acute laryngotracheitis
	J04.30	Supraglottitis, unspecified, without obstruction
	J04.31	Supraglottitis, unspecified, with obstruction
	J00	Acute nasopharyngitis [common cold]
J02.9	Acute pharyngitis, unspecified	
Gastrointestinal Pathogen Panel	R19.7	Diarrhea, unspecified
C. difficile PCR	R19.7	Diarrhea, unspecified
	K52.9	Noninfective gastroenteritis and colitis, unspecified
	R10.9	Unspecified abdominal pain
	R19.4	Change in bowel habit
COVID PCR OR COVID + FLU A/B + RSV PCR	R50.9	Fever, Unspecified
	R05	Cough
	J02.9	Acute pharyngitis, unspecified (Sore throat)
	R06.02	Shortness of breath
	J80	Acute respiratory distress syndrome
	J20.8	Acute bronchitis due to other specified organisms
J22	Unspecified acute lower respiratory infection	